National Midwifery Institute

INCORPORATED

Why a Pomegranate?

F*ew fruits have as many myths associated*
with them as the pomegranate.
It has been used as a symbol of fertility since the earliest records of life on Earth.
Juicy and full of seeds, it represents abundance and happiness.
In Arabic folklore and poetry, it symbolizes the female breast.
In ancient Greece, it was the fruit of Aphrodite, goddess of love and beauty, and
that of goddess Persephone, who descended to the underworld and fed its seeds
to the souls of the dead to help them with their crossing.

T*oday, the juice of the pomegranate*
is used for its many healing properties.
We embrace it as a symbol of fertility,
birth, and birthing new midwives!

National Midwifery Institute 2019 Handbook

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Accreditation Status

National Midwifery Institute, Inc. is accredited by the national accrediting body for direct entry midwifery education, Midwifery Education Accreditation Council (MEAC), 850 Mt. Pleasant Ave, Ann Arbor, MI 48103.

Graduates of National Midwifery Institute, Inc. qualify for the North American Registry of Midwives (NARM) MEAC Program Graduate application for the Certified Professional Midwife (CPM) credential.

National Midwifery Institute, Inc. has received program approval from the Medical Board of California. NMI graduates are eligible to sit the California licensing exam, which is the same exam all NMI graduates must pass to become CPMs (the NARM Written Examination).

National Midwifery Institute, Inc. does not grant credit or degrees; NMI is not a nursing program. National Midwifery Institute, Inc. is a vocational education and training program.

Program History

National Midwifery Institute, Inc. began as Midwifery Institute of California in 1995. Midwifery Institute of California was pre-accredited in 1996 by MEAC.

Due to substantive changes in the program - relocating the office to Vermont, and changing its name to National Midwifery Institute, Inc. - Midwifery Institute of California, Inc. relinquished (in good standing) pre-accreditation status in September, 2000. National Midwifery Institute, Inc. was again pre-accredited in March 2002.

National Midwifery Institute, Inc. was granted

full MEAC accreditation in October, 2002.

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Philosophy and Purpose Statement

We believe that the study of midwifery is a self-motivated and organic process, springing forth from the fertile ground of community and family. Just as there have always been and will always be birthing women/persons, so the midwife is called into practice. It is our experience that the midwifery model of care is best upheld by students who have studied in their own communities and have become an integral part of the local birth network by the time they are ready to work independently.

We further believe that birth is a transformational process for everyone involved, with its own intrinsic value for personal growth and development. We support woman/pregnant person centered birth, and seek to uphold the rights of women/pregnant persons to define their needs and identify their support systems. While midwives set parameters of safety, it is birthing women/persons who, through the process of informed consent, make decisions regarding their care and the care of their babies.

In the context of midwifery education, we hope to prepare students to practice skillfully, artfully, and sensitively. We are continually inspired by student curiosity and love of learning. Motivated by the memory of our teachers, we support students in forming healthy, egalitarian relationships with instructors, preceptors, clients, fellow students, and other professional colleagues. We are driven to teach students to take responsibility for themselves, both personally and professionally.

It is our purpose to prepare midwives for the scope of practice outlined by the Midwives Alliance of North America (MANA) core competencies, the North American Registry of Midwives (NARM) certification guidelines, the California Midwifery licensing requirements as well as many other state licensure requirements, and International Confederation of Midwives (ICM) International Definition of the Midwife.

"I have been very happy with my education and would highly recommend the school to anyone interested in midwifery."

~ NMI Graduate

NMI Mission Statement

Our mission is to provide exceptional, decentralized, apprenticeship-based direct-entry midwifery education. Our program prepares aspiring midwives to provide comprehensive midwifery care while studying in their own communities, fully in touch with the individuals and families they serve, to assure that the choice of sensitive, competent midwifery care may be readily available to birthing people and their families everywhere.

ICM International Definition of a Midwife

A midwife is a person who has successfully completed a midwifery education program that is duly recognized in the country where it is located and that is based on the ICM Essential Competencies for Basic Midwifery Practice and the framework of the ICM Global Standards for Midwifery Education; who has acquired the requisite qualifications to be registered and/ or legally licensed to practice midwifery and use the title 'midwife'; and who demonstrates competency in the practice of midwifery.

Scope of Practice

The midwife is recognized as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labor and the postpartum period, to conduct births on the midwife's own responsibility and to provide care for the newborn and the infant. This care includes preventative measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance and the carrying out of emergency measures.

The midwife has an important task in health counseling and education, not only for the woman, but also within the family and the community. This work should involve antenatal education and preparation for parenthood and may extend to women's health, sexual or reproductive health and childcare.

A midwife may practice in any setting including the home, community, hospitals, clinics or health units.

"Now I'm much more aware of the psychological/spiritual aspects of not just pregnancy, but of midwifery care itself."

~ NMI Student

Program Goals

National Midwifery Institute graduates are prepared to:

- Qualify for the National Credential Certified Professional Midwife Examination through the North American Registry of Midwives ("NARM"), and state midwifery licensure where provided.
- Provide equitable, sensitive, culturally-competent primary care to clients, families and babies.
- Practice in accordance with the Midwives Model of Care, upholding the professional standards of the CPM credential.
- Apply critical thinking, theoretical knowledge, and informed decision making to make collaborative clinical decisions with clients about their health care.
- Establish or join a midwifery practice within the community where they completed their apprenticeship and have become an integral part of the local birth network.
- Take on their own midwifery apprentices once qualified to do so, thereby enhancing and supporting the apprenticeship model of midwifery education in their own communities.

"I love and struggle with how midwifery challenges me to grow spiritually and emotionally."

~ NMI Student

Program Overview

Our midwifery study and training program consists of a three part formula incorporating antepartum, intrapartum, postpartum, newborn and reproductive health care, plus beginning, intermediate, and advanced practica.

1) Heart & Hands Coursework

Completion of thirteen comprehensive modules (beginning and advanced levels) requires approximately 810 hours of study;

2) Study Group Coursework

Completion of fifty-five topical modules requires approximately 1080 hours of study; and

3) Preceptor-Supervised Apprenticeship

Completion of clinical experience meeting the requirements for the North American Registry of Midwives (NARM) Certified Professional Midwife (CPM) credential and licensing through the California Midwifery Practice Act.

"I'm finding information that makes so much sense that somewhere inside I've always known, and the study materials have helped me to discover it."

~ NMI Student

Meeting NMI curricular requirements requires a high degree of self-motivation. Correspondence education means there are no classrooms, thus students must be well organized and prepared to maintain a commitment to studying and completing assignments. Coursework is submitted to instructors through email. Students work at their own pace within the framework of NMI's minimum clinical and academic progress policies. A student may use the flexibility of these policies to better maintain their other adult responsibilities.

Although students are responsible for securing an apprenticeship, NMI's Clinical Director aids students in finding placements whenever possible. While apprenticing, students should expect to make a full time commitment, as most situations require 24/7, on-call availability. Not only must students work to master clinical skills, they must also work to develop a sound working relationship with their precepting midwife. Both preceptor and student are at all times held accountable to professional ethics of practice and personal behavior.

NMI offers year-round open enrollment; there are no application deadlines. If a student is studying full time (30 hours per week or more spent on course work and clinical training), program requirements can be completed in approximately three years, while a student in a high-volume apprenticeship might finish in less than three years, as long as they meet the NARM required minimum of two years clinical experience, and NMI required minimum enrollment of one year. All students have a maximum of seven years to complete the program, which includes any leaves of absence (granted for a maximum of one year).

NMI acknowledges its students as adult learners, and values the dynamic potential they bring to their education based on life experience, philosophy, and belief system. Faculty and administration are committed to helping students integrate personal, didactic, clinical, and professional experiences.

Curriculum

Based on MANA Core Competencies, the North American Registry of Midwives qualifications for the CPM credential, ICM Essential Competencies for Basic Midwifery Practice, and requirements stated in California Midwifery Practice Act, our curriculum provides preparation in the following areas:

A. The art and science of midwifery, including but not limited to prenatal, labor and delivery, neonatal well care and postpartum care;

B. Communication skills;

C. Anatomy and physiology, genetics, obstetrics and gynecology, embryology and fetal development, neonatology, applied microbiology, chemistry, child growth and development, pharmacology, nutrition, laboratory diagnostic tests and procedures, and physical assessment;

D. Concepts in psychosocial, emotional and cultural aspects of maternal and child care, human sexuality, counseling and teaching, maternal and infant and family bonding process, breastfeeding/chestfeeding, family planning, principles of preventative health and community health;

E. Aspects of normal pregnancy, labor and delivery, postpartum period, newborn care, family planning or routine gynecological care in alternative birth centers, homes and hospitals;

F. Midwifery process, including interventive skills in preventative, remedial and supportive midwifery; development of collegial relationships with health care providers from other disciplines; and behavioral and social sciences;

G. Personal hygiene, client abuse, cultural diversity, and the legal, social and ethical aspects of midwifery;

H. Midwifery management process.

Foundation curricula such as anatomy and physiology, chemistry, genetics, embryology, applied microbiology, child growth and development, nutrition and required social sciences are woven throughout program course work.

"I enjoy the flexibility of a correspondence program that allows me to work in a variety of locations."

~NMI Student

Coursework

Heart & Hands Coursework Overview

Heart & Hands Midwifery Intensives have long been the starting point of instruction for aspiring midwives in the San Francisco Bay Area. As students in other areas expressed interest in the class, Heart & Hands was adapted to a modular course work format so that students could have access to this material regardless of their location.

Heart & Hands Coursework provides an integrated overview of core knowledge and skills for midwifery practice and thus lays the foundation for the rest of the NMI program. Thirteen modules (ten beginning and three advanced; see below for details) incorporate didactic material and many activities for hands-on learning. Course materials are designed to accommodate students at various levels of sophistication. Beginners are always welcome!

Heart & Hands Course Content Includes:

- *History and Politics of Midwifery*
- *Prenatal Care and Complications*
- *Counseling and Communication Skills*
- *Sexuality in the Childbearing Cycle*
- *The Role of Intuition in Caregiving*
- *Facilitating Labor and Assisting Delivery*
- *Labor Complications and Transport*
- *Perineal Assessment and Repair*
- *Newborn Complications and Neonatal Testing*
- *Postpartum Care, Breastfeeding, and Maternal Adjustment*
- *Reproductive Health Care Throughout the Lifecycle*
- *Case Histories: Prenatal, Intrapartum, Postpartum*
- *Collaborative Care and Informed Choice*
- *Charting*
- *Venipuncture and Lab Work*

More About Heart & Hands Coursework

Heart & Hands Midwifery Intensives were originally founded by Elizabeth Davis in 1982. The class was developed at the request of a group of birth assistants seeking to acquire practical midwifery skills. Over the years and by demand, the class evolved to include basic introductory information and emphasis on the intuitive, interpersonal skills essential to effective midwifery care.

While Heart & Hands Coursework is part of the curriculum of National Midwifery Institute, Inc., the offsite and onsite courses (offered in Sebastopol CA, an hour north of San Francisco) are available to students prior to (and regardless of) enrollment in NMI, in keeping with the belief that detailed information on birth, lifelong reproductive health care, and midwifery should be available to anyone interested in exploring these areas. To learn more about the Heart & Hands courses, visit https://elizabethdavis.com.

NOTE: Offsite students may attend selected onsite classes on a drop-in basis; some are especially rich in hands-on practice, contact Elizabeth for schedule and cost. Fees for drop-in classes are payable in advance; space is not guaranteed until fees are paid. Once space is confirmed, fees are non-refundable and non-transferable.

Pretest to Study Group

Upon successful completion of Heart & Hands Coursework, all students enrolled in NMI receive a link to the Pretest, which must be taken before beginning Study Group Coursework. Students do not receive their scores after completing the Pretest, but when they take the test again upon completing Study Group, they are provided with both scores and an opportunity to see how much their knowledge has grown. This test aids Coursework Instructors and Educational Directors in assessing academic progress and determining appropriate coursework revisions.

Questions? Email elizabeth@elizabethdavis.com, or phone/text at (707) 695-6520

Study Group Coursework Overview

As a follow-up to Heart & Hands Course Work, **Study Group Coursework** is intended to help students integrate didactic learning with clinical experiences in apprenticeship.

Study Group Coursework consists of fifty-five modules, with each module focused on a particular topic and its relevance to midwifery care. When Study Group Coursework is completed during apprenticeship, students may spread their work over twelve or more months. Students set their own pace with these studies, as long as they meet NMI's minimum Satisfactory Academic Progress policy (a minimum of 2 modules submitted per quarter). See the Student Portal for more information on the order of module completion and post-tests.

Students begin Study Group Coursework with a set of **ten foundational modules**, which set the stage for more advanced module studies. After completing the ten foundational modules, the remaining modules can be completed in any order, but we recommend that students ask their preceptor or Study Group Instructor for advice on which module might be best to work on next. Study Group modules are highly topical, but together they provide a comprehensive picture of midwifery care. Freedom to choose the order in which the bulk of the modules are submitted is meant to support students in applying relevant clinical experiences to their learning process..

The **three final modules** are about the set-up and practicalities of midwifery practice. These are to be completed just before graduation.

These modules are designed to stimulate the self-motivation and passion for learning that are hallmarks of the professional midwife. While Study Group modules are well suited to independent study, students also organize meetings with other NMI students in their locale, or join the Virtual Group facilitated by NMI.

Sample Study Group Modules

- *Breastfeeding/ Chestfeeding*
- *Breech*
- *Cesarean and VBAC*
- *Charting & Practice Guidelines*
- *Anti-Racism in Midwifery*
- *Ectopic Pregnancy*
- *Liver and Jaundice*
- *Gender and Sexuality*
- *Fertility and Conception*
- *Fetal Heart Rate Patterns*
- *Embryology & Fetal Development*
- *Fetal/Newborn Circulation*
- *First Stage*
- *Grief and Self Care*
- *Hemorrhage*
- *Gestational Diabetes*
- *Genetic & Prenatal Screening*
- *Pharmacology for Midwives*
- *Normal Pregnancy*
- *Physical Assessment*
- *Hypertension*
- *Research Literacy*

- *Life Science*
- *Postpartum Care*
- *Physical, Sexual and Other Abuse*
- *OP, Brow & Face Presentations*
- *Newborn Apnea, Hypoxia, Respiratory Distress*
- *Renal and Urinary Tract Infection*
- *Nutrition and Digestion*
- *Pre-Eclampsia*
- *Ruptured Membranes*
- *Stillbirth and Miscarriage*
- *Post Dates & Post Maturity*
- *Lab Work & Other Clinical Assessment*
- *Postpartum Mood Disorders*
- *Preterm Labor*
- *Meconium*
- *Second Stage*
- *Shoulder Dystocia*
- *Substance Use and Abuse*
- *Pelvic Health Birth Lacerations and Suturing*
- *Third Stage*
- *Consult, Transport & Transfer of Care*
- *Placenta*

More About Study Group Coursework

Study Group was initiated by Shannon Anton in 1994, in response to apprentice midwives in the San Francisco Bay Area who expressed a need for a midwife-facilitated group learning process. Students who attended the first eighteen months of Study Group virtually defined the curriculum. Focus remained on the context of experiential learning, which moved the group from topic to topic.

The Study Group modules were revised every three years until, in 2018, they were fully redrafted by NMI Educational Director and Study Group instructor Erin Ryan, with assistance from Molly Dutton-Kenny. At this time, additional modules were also created, along with a new structure for sequence of submission (see Course Overview, above).

Syllabus: Heart & Hands Beginning Coursework (607.5 contact hours)

1a. Orientation to Midwifery / 45 contact hours

History of Midwifery; The Three Paradigms of Healthcare; Clinical Training Options and Barriers to Practice; Professional Organizations; Resources for Learning; Female Reproductive Anatomy and Physiology; Human Sexuality

1b. Prenatal Care, Part I / 67.5 contact hours

Hygiene for the Midwife; The Female Pelvis, Pelvimetry; Impacts of Sexual and Other Forms of Abuse; Diversity Awareness; Initial Interview; Medical/Health History; Risk Assessment; Routine Maternal Assessments per Trimester; Teratogens in Pregnancy; Genetic Screening; Routine Lab Tests/Screening in Pregnancy

1c. Prenatal Care, Part II / 67.5 contact hours

Fetal Development; Leopold's Maneuvers/Abdominal Palpation; Fundal Height Assessment; Routine Fetal Assessments; Nutrition/Nutritional Counseling; Herbs in Pregnancy; Psycho-social Issues in Pregnancy; The Role of Intuition in Caregiving; Home Visits (frequency and purpose); Preparation for Homebirth

1d. Complications of Pregnancy / 67.5 contact hours

Hyperemesis Gravidarum; Nutritional Anemias; Miscarriage/Abortion: threatened, spontaneous, incomplete, missed and habitual abortion; Ectopic Pregnancy; Hydatidiform Mole; Pyelonephritis (kidney disease); Placenta Previa; Placental Abruption; Gestational Diabetes; Gestational Hypertension; Pre-eclampsia and Eclampsia; Polyhydramnios; Oligohydramnios; Unusual Fetal Presentations; Multiple Pregnancy; Prematurity; Postmaturity; Intrauterine Growth Restriction; Uterine Abnormalities; Rh- Sensitization; Sexually Transmitted Infections; HIV/AIDS TORCH Infections; Hepatitis B, C

1e. Labor Facilitation and Assessment / 67.5 contact hours

Physiology of the Labor Process; Maternal Emotions in Labor ;The Role of the Mother's/Birthing Parent's Support Team; Techniques for Facilitating Progress; Plateaus versus Arrests of Progress; Universal Precautions; Nutrition/Hydration in Labor; Routine Maternal Assessments; Technique and Rationale for Internal Exam; Routine Fetal Assessments; Fetal Heart Tone Patterns in Labor

"With each new bit of knowledge, I felt that I was moving deeper and further down a path shrouded with mystery and meaning for me."

~ NMI Student

1f. Normal Delivery & Immediate Care of the Newborn / 67.5 contact hours

Meconium Staining/Significance and Response; Equipment Used at Births (sterilization and maintenance); Hand Maneuvers to Assist Birth; Preventing Perineal Tears; Placenta Examination; Maternal Stabilization; Newborn Stabilization; APGAR Scoring; Newborn Exam; Routine Maternal Assessments/Third and Fourth Stages; Routine Fetal Assessments/Immediate Postpartum; Supporting the Newborn's Microbiome; Promoting Bonding and Breastfeeding; Postpartum Instructions

1g. Complications of Labor, Part I / 67.5 contact hours

Prolonged Labor; Maternal Exhaustion; Cephalopelvic Disproportion; Posterior Arrest; Asynclitism; Maternal Positioning; Rebozo and Hand Maneuvers to Address Malpresentations; Cesarean Birth and VBAC; Partial Separation of the Placenta/ Third Stage Hemorrhage; Placenta Accreta/Increta/Percreta; Fourth Stage Hemorrhage; Intramuscular Injections; Oxytoxic Medications and Herbs

1h. Complications of Labor & Delivery, Part II / 67.5 contact hours

Fetal Distress; Cord Problems/Prolapsed Cord; Prolonged Rupture of the Membranes; Amniotic Fluid Embolism; Breech Presentation; Shoulder Dystocia; Fetal Anomalies (cleft palate, spina bifida, esophageal atresia, polycystic kidneys, congenital heart defects, trisomies 18 and 21, imperforate anus, hydroencephaly, anencephaly, etc.); Fetal Demise; Transport to Hospital; Client Advocacy/Informed Consent; Neonatal Testing

1i. Postpartum Care and Suturing / 67.5 contact hours

Routine Maternal Assessments, Day 1, Day 3, Day 7 Routine Newborn Assessments, Day 1, Day 3, Day 7 Maternal Complaints/Complications Postpartum Newborn Problems/Complications Postpartum Physiology of Milk Production Breastfeeding Postpartum Blues and Depression Family Dynamics Perineal/Vaginal Lacerations—Assessment, Repair, Follow-up Six Weeks' Check-up Contraceptive Care

1j. Professional Opportunities & Summary / 22.5 contact hours

Clinical Training Opportunities Preparation for Clinical Training/Preparing a Resume Professional Organizations and Support for Clients Student Self-Assessment

"This course has done so much to fortify my confidence in midwifery as my life's pursuit."

~ NMI Student

Syllabus: Heart & Hands Advanced Coursework (202.5 contact hours)

1k. Reproductive Health Assessment & Initial Interview, Applied / 67.5 contact hours

The Midwifery Model of Care, Applied Initial Reproductive Health Exam Medical/Health History, Applied Routine Reproductive Health Assessments Breast Exam: Rationale and Practice Bimanual Assessment: Rationale and Practice Pap Smear and Vaginal/Cervical Cultures Complications in Reproductive Health Care

1l. Prenatal Care, Applied / 67.5 contact hours

Routine Maternal Assessments, Applied Routine Fetal Assessments, Applied Charting Professional Disclosure and Informed Consent Differential Diagnosis of Prenatal Complications Professional Collaboration

1m. Lab Work, Labor and Postpartum Evaluation, Applied / 67.5 contact hours

Differential Diagnosis of Intrapartum Complications Differential Diagnosis of Postpartum Complications Conflict Resolution—Midwife/Client The Grieving Process, Grief Counseling Professional Liability Peer Review Venipuncture Student Self-Assessment

"From the anatomy and physiology presented, I fully understand the simplicity and complexity of the journey of pregnant woman to mother, fetus to baby."

~NMI Student

Syllabus: Study Group Coursework (1080 contact hours for completion)

Midwifery Sciences 380 contact hours

2a. Midwifery Sciences: Social Sciences / 70 contact hours

Anti-Racism in Midwifery; Sexuality and Gender; Grief & Self-Care; Physical, Sexual & Other Abuse; Substance Use & Abuse; Research Literacy

2b. Midwifery Sciences: Physical Science part 1 / 130 contact hours

Nutrition & Digestion; Basic Life Science; Liver & Jaundice; Renal System & Urinary Tract Infection

2c. Midwifery Sciences: Physical Science part 2 / 145 contact hours

Embryology & Fetal Development; Fertility & Conception; Fetal Heart Rate Patterns; Fetal/Newborn Circulation; Prenatal Genetic Screening; Placenta

2d. Midwifery Sciences: Pharmacology for Midwives / 35 contact hours

Midwifery Care & Practice 400 contact hours

2e. Midwifery Care & Practice Part 1: Midwifery Practice / 85 contact hours

Birth Bag and Set Up; Charting & Practice Guidelines; Holistic and Traditional Health and Healing; Consulting, Transfer of Care, & Transporting

2f. Midwifery Care & Practice Part 2: Prenatal Midwifery Care / 65 contact hours

Normal Pregnancy & Prenatal Care; General Pregnancy & Postpartum Ailments; Physical Assessment of the Adult; Labwork and Other Clinical Assessments

2g. Midwifery Care & Practice Part 3: Midwifery Care at Labor & Birth / 110 contact hours

First Stage of Labor; Second Stage of Labor; Spontaneous Release of Membranes (SROM) ;Third Stage of Labor, Physical Assessment of the Newborn

2h. Midwifery Care & Practice Part 4: Midwifery Care Postpartum / 140 contact hours

Normal Labor & Birth, Pelvic Health, Birth Lacerations & Suturing; Postpartum Care; Breast/Chest Feeding; Lifelong Reproductive Healthcare

"The fact that there wasn't a teacher 'breathing down my neck' to get my homework done has given me a good picture of my own commitment—where I lack and where I succeed."

~ NMI Student

Appropriate Intervention in Midwifery Care 300 contact hours

2i. Appropriate Intervention in Midwifery Care Part 1: Pregnancy & Labor / 160 contact hours

Hypertension; Pre-Eclampsia; Gestational Diabetes; Ectopic Pregnancy; Preterm Labor; Uterine Size and EDD Discrepancy; Postdates Management & Postmaturity; Pregnancy Loss: Abortion, Miscarriage, and Stillbirth

2j. Appropriate Intervention in Midwifery Care Part 2: Labor & Birth / 70 contact hours

Artificial Rupture of Membranes; Breech Birth; Twins and Multiples; Cesarean and VBAC; Meconium; OP, Brow & Face Presentations; Shoulder Dystocia

2k. Appropriate Intervention in Midwifery Care Part 3: Postpartum / 70 contact hours

Hemorrhage; Apnea/Hypoxia/Respiratory Distress; Perinatal Mental Health

"It helps to know that this path will get me where I want to be, in a competent and focused way."

~NMI Student

Clinical Instruction: Apprenticeship/Preceptorship

Knowledge and skills gained in the didactic portion of the program serve to prepare stu-dents for active participation in the **apprenticeship experience**. Many students are anxious about finding an apprenticeship. Although there are no guarantees, one of the best ways to go about this is to train and work as a doula. Precepting midwives or other qualified health professionals (see list below) want to know that an apprentice can handle the logistics of being on call and can be counted on in the challenging circumstances of hospital transport. Attending local, birth-related meetings and volunteering to help with community events or political organizing may also be helpful. Potential preceptors are generally more comfortable taking apprentices who are known and respected by their peers and colleagues. Preceptors occasionally contact the program seeking new students, and the NMI Clinical Director makes these opportunities available to students on the NMI website and through regularly emailed newsletters. Although NMI will make every effort to link students with appropriate precepting sites, it is the responsibility of students to select and secure their apprenticeships.

While NMI preceptors do not need to apply or register as NARM Precepting Faculty, they must complete the NMI Preceptor application process and must meet the following minimum qualifications:

- Agree to uphold NMI program goals, the Philosophy and Purpose Statement, and the Mission Statement;
- Demonstrate an effective teaching style, incorporating student input and feedback;
- Work cooperatively with other faculty;
- Complete cultural sensitivity/diversity training or course work;
- Evaluate student progress according to the required schedule;
- Complete and document 30 hours of continuing education every three years (consistent with NARM CEU policy);
- Maintain a professional ethic (as defined by the MANA Statement of Values and Ethics) upholding student confidentiality at all times;
- Agree to participate in conflict resolution, utilizing the program's Grievance Mechanism as necessary;
- Respond appropriately to the suggestions arising from the annual NMI program review.
- Be in active midwifery practice in an out-of-hospital setting;
- Be certified or licensed by a mechanism recognized in their jurisdiction, or maintain the CPM credential where midwifery is not regulated and not prohibited by enforcement of existing law;
- Periodically attend peer review. Preceptors are encouraged to include students in routine peer review, if acceptable within the local midwifery community.

As precepting midwives observe and document increasing skill in their apprentices, they are expected to respond by making additional responsibilities and practice opportunities available. Through a joint process of preceptor and self-evaluation, students document their accomplish-ments and progress at their own pace towards meeting NMI program objectives and mastering MANA core competencies.

The Apprenticeship Experience

Apprenticeships are generally based in home birth or birth center practices. Students can also expect to attend hospital births in the event of transport, which gives them an opportunity to learn about and observe obstetrical standards of practice. Students are required to attend a minimum of 2 planned hospital births, either as an observer, student assistant under preceptor supervision, or student primary midwife under preceptor supervision. These planned hospital births are not transports, but may follow a prenatal transfer of care. Additionally, during the course of training within a preceptor's practice, students will likely have the opportunity to consult with other health care providers if complications develop in caregiving or questions arise concerning a client's health status. Students may also have an opportunity to accompany their precepting midwife to peer review sessions, and so may confer with other midwives in the community on practical and professional issues.

While apprenticeship can be completed in two years, three to four years is more common. Apprentices are usually on call 24/7 and are expected to attend all exams and births for every client in their preceptor's practice. Students occasionally do apprentice in practices with multiple preceptors and practices that allow on and off-call hours, but this is less common.

Minimum Timeline Requirements

While students are not required to enter the program having already secured an apprenticeship, NMI maintains a minimum timeline for clinical experience requirements:

- **Within 36 months** of initial enrollment: the student must secure an apprenticeship.
- **Within 42 months** of initial enrollment: the student must begin filing documentation of non-primary experience.
- **Within 60 months** of initial enrollment: the student must begin filing documentation of student-primary care under preceptor supervision.

"This process was one of birthing myself as a midwife… I remind myself that I am in the early stages of labor, and I must be patient and sensitive to tune in to the pace at which this birthing wants to happen."

~ NMI Student

Clinical Requirements for Graduation

Current clinical requirements for graduation from National Midwifery Institute Certificate Program are consistent with those of NARM, as follows:

Functioning in **any role** (observer, doula, family member, friend, beginning apprentice):

- 10 Observe Births

Functioning in the role of **student-assistant midwife under preceptor-supervision**:

- 20 Assist Births
- 22 Assist Prenatal exams
- 3 Assist Initial exams
- 20 Assist Newborn exams
- 10 Assist Postpartum exams

Functioning in the role of **student-primary midwife under preceptor-supervision**:

- 25 Births attended
- 75 Prenatal exams
- 20 Initial exams
- 20 Newborn exams
- 40 Postpartum exams within 24 hours and 6 weeks of birth

Of the 25 required Student-Primary under Preceptor-Supervision births, 10 must be with clients for whom the apprentice provided **Continuity of Care**, with at least:

- 1 prenatal exam in a student-primary or student-assisting role; and birth.

Of the 25 required Student-Primary under Preceptor-Supervision births, an additional 5 must be with clients for whom the apprentice provided **Full Continuity of Care**, with at least:

- 5 prenatal visits spanning two trimesters;
- Birth;
- 1 newborn exam performed within 12 hours of the birth, and;
- 2 postpartum exams occurring between 24 hours and 6 weeks following the birth.

Other Experience Details:

- All Student-Assist prenatal exams, newborn exams, and postpartum exams must be completed before beginning the same categories of clinicals as student-primary midwife under preceptor

supervision.

- 18 Student-Assist births must be completed before beginning Student-Primary under Preceptor-Supervision births, or more at the discretion of the supervising preceptor.
- A minimum of 5 home births must be attended in any role.
- A minimum of 2 planned hospital births must be attended in any role.
- Transports to the hospital from an out-of-hospital setting are limited to 3 out of the 25 Student-Primary under Preceptor-Supervision births: the first 20 Student-Primary under Preceptor-Supervision births may include 2 transports, and the remaining 5 Student-Primary under Preceptor-Supervision births may include 1 transport.
- 10 out-of-hospital Student-Primary under Preceptor-Supervision births must occur within the last 3 years.
- All required minimum clinical experience must occur within the last 10 years.
- A minimum of 10 of the 25 Student-Primary Under Preceptor-Supervision births must be attended in the US or Canada and must occur in out-of-hospital settings.
- NARM requires that the clinical component of a student's midwifery education must be at least two years in duration. California Midwifery Practice Act requires for licensure: a program that is 84 semester units in length, with half of the program consisting of clinical practice (84 semester units equates to 3780 total contact hours, with half being 1890 clinical contact hours.) NMI requires a minimum student enrollment period of twelve months, provided that the student meets the NARM two-year clinical timeframe stated above.

These clinical experiences meet NARM certification standards, California licensing requirements, and licensing requirements of many states.

At this time, NMI is not accepting new out-of-country clinical placements (with exceptions, below). U.S. residents interested in obtaining clinical training abroad may choose to do so, but these experiences will not count toward NMI's clinical requirements for student-assistant under preceptor supervision or student-primary under preceptor supervision phases of clinical training.

- *Clinical experiences obtained in Canada and/or the United Kingdom may be able to be counted toward NMI's clinical experience requirements for graduation.*
- *Applicants who are native or naturalized citizens of countries not listed here, and who secure preceptorships with midwives who are also native or naturalized citizens and are credentialed and legally practicing, may be able to document clinical experiences that will count toward NMI's clinical experience requirements for graduation.*

Advanced placement or transfer students with clinical experience obtained prior to enrollment who do not meet these exceptions may still be able to count out-of-country clinical experiences that they obtained with qualified preceptors prior to January 1, 2015. Please contact NMI to discuss your situation.

Student Rights and Responsibilities

Students have the right:

- to be treated according to behavioral guidelines established by the MANA Statement of Values and Ethics (see Appendix A9, MANA Statement of Values and Ethics).
- to be treated without discrimination on any basis including actual or perceived sex, gender identity, race, color, marital status, ethnic origin, religion, age, sexual orientation, or disability.
- to receive opportunities for clinical midwifery experiences commensurate with previous experience and anticipated program length.
- to self-determination in defining their current learning objectives and goals for acquiring clinical midwifery experience.
- to be excused from clinical duties due to death in the family, a sick family member, or other extenuating circumstances to be fairly negotiated with the preceptor.
- to bathroom and lunch breaks in the course of a workday.
- to be informed of any deficits in their performance as determined by preceptor, with clear guidelines for remediation, as long as this feedback is given privately and not in the presence of clients.
- to give feedback to preceptor regarding any questions or disagreements with preceptor's decisions in caregiving, as long as this feedback is given privately and not in the presence of clients.

Students are required to:

1. Maintain a professional ethic (as defined by the MANA Statement of Values and Ethics), upholding instructor and preceptor confidentiality at all times;
2. Agree to participate in conflict resolution, utilizing the program's Grievance Mechanism as necessary.

Students are expected to submit course work according to **NMI's Satisfactory Academic Progress Policy**. Students are also expected to be respectful and assertive in obtaining their education, asking questions of both academic and clinical faculty until they are satisfied that they have the correct information and understand it. Students are responsible for full participation and engagement with the resources provided and recommended by clinical and academic faculty. If a student's work does not demonstrate comprehension or mastery of a topic, it is returned with feedback and must be resubmitted. Students will be notified of any revisions in course work and will be expected to complete the updated version if the update is significant.

Once a student and preceptor agree to work together, they complete and sign the **NMI Apprentice/Preceptor Work Agreement** and I**nformed Consent Worksheet**. This document must include the following information regarding the preceptor's practice:

- philosophy
- experience and training
- certification and licensure status
- legal standing in the context of preceptor's location and scope of practice
- malpractice insurance status
- number of clients both for the previous year and the current year
- number of midwifery students the preceptor has trained
- number of midwifery students the preceptor takes into the practice at a time (with breakdown of learning opportunities for each student)

While precepting, student midwives are introduced to their preceptor's clients as members of the care team, but clients must be fully informed of the student's apprenticeship status and must give consent to the student midwife's participation in their care.

During clinical training, student and preceptor jointly evaluate student progress regarding skills successfully acquired and those requiring further development. Students and preceptors meet to present and discuss their evaluations on the following schedule: at the close of the initial three-month period, and then every three months UNTIL the student has begun student-primary care under preceptor supervision. Once the student has begun student-primary care under preceptor supervision, these evaluations occur after every five births. Completing a formal skills evaluation after every five (5) births as student-primary midwife under preceptor supervision documents skills attainment over time. It also provides opportunity for student-preceptor pairs to identify strengths as well as areas where growth and improvement are needed as students move forward in their training. When a student is competent to receive a rating of 4 on all required skills, the preceptor completes a final summative skills evaluation. Students are encouraged to suggest revisions in these evaluation mechanisms when completing the annual NMI program review, provided as an online survey each year by May 5th (International Midwives Day).

Preceptors may also recommend specific coursework modules for the student to complete to enhance knowledge and competency as they progress toward mastery of the skills and knowledge necessary for entry-level midwifery practice: these recommendations are shared with the student and the student's Coursework Instructor during each evaluation cycle.

Student evaluation of faculty is integral to assessing faculty performance and facilitating an egalitarian learning experience and working relationship. Faculty are expected to demonstrate responsiveness to the feedback and individual learning needs of their students. Should a serious disagreement develop between a student and instructor, both will participate in conflict resolution, either through mediation or the program's **Grievance Mechanism**.

Student midwives are encouraged to actively participate in professional organizations such as CAM, MANA, and ACNM, as a means of acquiring a broad view of midwifery practice and politics while networking with other midwifery students.

Academic Faculty Rights and Responsibilities

National Midwifery Institute is an equal opportunity employer and educational institution. There shall be no discrimination against any employee, applicant for employment, preceptor, or any student on any basis including actual or perceived sex, gender identity, race, color, marital status, ethnic origin, religion, age, sexual orientation, or disability. This non-discrimination policy applies to all educational policies and programs and to all terms and conditions of employment, which include (but are not limited to): recruitment, hiring, training, compensation, benefits, promotions, disciplinary actions and termination.

Academic Faculty are required to:

- Agree to uphold NMI program objectives, the Philosophy and Purpose Statement, and Mission Statement;
- Demonstrate an effective teaching style, incorporating student input and feedback;
- Work cooperatively with other faculty;
- Maintain updated course content meeting current program objectives;
- Complete cultural sensitivity/diversity training or course work;
- Evaluate student progress according to the required schedule;
- Complete and document 30 hours of continuing education every three years (consistent with NARM CEU policy);
- Maintain a professional ethic (as defined by the MANA Statement of Values and Ethics), upholding student confidentiality at all times;
- Agree to participate in conflict resolution, utilizing the program's Grievance Mechanism as necessary;
- Participate in, and respond appropriately to, suggestions arising from the annual NMI program review.
- Be certified or licensed by a mechanism recognized in their jurisdiction, or maintain the CPM credential where midwifery is not regulated and not prohibited by enforcement of existing law;
- Periodically attend peer review. Preceptors are encouraged to include students in routine peer review, if acceptable within the local midwifery community. If an instructor possesses less than these qualifications*, that individual must be responsible to a qualified faculty member. All academic faculty are strongly encouraged to be NARM Certified.

If the creation of new coursework is deemed necessary by Program Directors, existing instructors shall have first option to generate and teach it.

Academic faculty are also encouraged to serve on midwifery boards and actively participate in professional organizations such as CAM, MANA, NARM, MEAC and ACNM, as a means of keeping program curriculum current. We strongly encourage faculty to participate in community education by:

- *lecturing at local universities and community colleges on midwifery, childbirth and related subjects;*
- *providing in-service training at local hospitals and EMS services;*
- *teaching childbirth classes to expectant parents and leading support groups for pregnant women/people, and new parents;*

- *making presentations to the aspiring midwifery community at state and local midwifery meetings.*

Academic faculty are responsible for receiving and reviewing course work in a timely fashion, and for maintaining contact with students on a regular basis. Academic faculty are also responsible for making updates to course content, texts, and materials in keeping with current standards of practice. On the basis of module-to-module feedback, review provided by students regarding the Coursework Instructor Evaluation of Student form, student review upon course completion, and annual review, they are expected to incorporate student input in course revisions.

Resources for Academic Faculty

Support as an Educator

NMI was founded to preserve community-based midwifery education by developing a curriculum that enhances and supports the apprenticeship model. NMI supports preceptors with resources relevant to adult education and ways to precept students effectively.

Access to MEDLINE with Full Text

All NMI students and faculty, including active clinical preceptors**,** have access to NMI's institutional subscription to MEDLINE with Full Text, to aid in enriching student research and up-to-date clinical practice guidelines informed by experience, intuition, and evidence.

Copyright Resources

NMI provides resources related to copyright online for all prospective and current faculty on our Faculty Copyright Resources page. All faculty and staff at National Midwifery Institute are required to comply with NMI's Copyright Policy and Procedures, specified on our Copyright Resources page. One training/professional development opportunity is scheduled by NMI each year to cover the basics of Copyright, the Doctrine of Fair Use, and NMI Copyright Policy and Procedures.

Although attendance is mandatory for academic faculty, NMI recognizes that the constraints and demands of clinical practice often prohibit clinical faculty from attending live sessions. As such, clinical faculty are exempt from in-person training; instead, NMI provides preceptors with online content on Copyright, the Doctrine of Fair Use, and NMI Copyright Policy. All preceptors are required to initial and sign a Copyright Policy Statement as part of their acceptance process with NMI.

NMI maintains a web resource for prospective and current faculty members to provide orientation to copyright, the doctrine of fair use, and NMI's Copyright Policy and Procedures.

Clinical Faculty Rights and Responsibilities

As an apprenticeship-based midwifery education program, a student's clinical preceptor plays a crucial role in that student's midwifery education and training. NMI's precepting faculty are tasked with teaching the hands-on midwifery skills that are fundamental in the transformation each student makes from student into midwife. In keeping with our mission to provide decentralized midwifery education, with most midwifery students working in their own communities, NMI does not provide students with clinical placements. Rather, NMI students are responsible for finding and securing their own preceptorships. Where requested and available, the NMI Clinical Director may be able to assist students with securing apprenticeships should they be unable to find one locally. Typically, NMI students work with a single preceptor, who teaches all essential clinical skills to the student. However, some students work in multi-preceptor practices, or apprentice with two midwifery practices at the same time. NMI supports the primacy of the student-preceptor relationship and allows preceptor-student pairs to create their best arrangements for their work together.

Clinical Faculty Requirements

National Midwifery Institute is an equal opportunity employer and educational institution. There shall be no discrimination against any employee, applicant for employment, preceptor, or any student on any basis including actual or perceived sex, gender identity, race, color, marital status, ethnic origin, religion, age, sexual orientation, or disability. This non-discrimination policy applies to all educational policies and programs and to all terms and conditions of employment, which include (but are not limited to): recruitment, hiring, training, compensation, benefits, promotions, disciplinary actions and termination.

Clinical faculty for National Midwifery Institute must be health professionals providing primary care for pregnancy and birth in an out-of-hospital setting, postpartum care, newborn care, and may also provide reproductive healthcare services. They may be midwives (LMs, RMs, CPMs, CNMs, etc.), family practice physicians, or other care providers. Contact NMI today to discuss your qualifications!

As precepting midwives observe and document increasing skill in their students, they are expected to respond by making additional responsibilities and practice opportunities available to students at an appropriate rate for their acquisition.

All Clinical Faculty must:

- Agree to uphold NMI Program Goals, Philosophy and Purpose Statement, and Mission Statement;
- Demonstrate an effective teaching style, incorporating student input and feedback;
- Work cooperatively with other faculty;
- Maintain updated clinical skills meeting current program goals;
- Complete cultural sensitivity/diversity training or course work;
- Evaluate student progress according to the required schedule;
- Complete and document 30 hours of continuing education every three years (consistent with NARM CEU policy);

- Maintain a professional ethic (as defined by the MANA Statement of Values and Ethics), upholding student confidentiality at all times;
- Agree to participate in conflict resolution, utilizing the program's Grievance Mechanism as necessary;
- Respond appropriately to the suggestions arising from the annual NMI program review;
- Be in active midwifery practice in an out-of-hospital setting;
- Be certified or licensed by a mechanism recognized in their jurisdiction, or maintain the CPM credential where midwifery is not regulated and not prohibited by enforcement of existing law;
- Periodically attend peer review. Preceptors are encouraged to include students in routine peer review, if acceptable within the local midwifery community.

Once a preceptor and student agree to work together, they complete and sign the NMI Apprentice/Preceptor Work Agreement and Informed Consent Worksheet. This document must include the following information regarding preceptor's practice:

- *philosophy*
- *experience and training*
- *certification or licensure status*
- *malpractice insurance status*
- *numbers of clients both for the previous year and current year*
- *number of students the preceptor has trained*
- *number of students the preceptor takes at a time (with breakdown of learning opportunities for each student)*

The Informed Consent Worksheet may also include a list of the apprentice's expectations of training; however, it is the precepting midwife's responsibility to formulate and file this document. The preceptor/student relationship is formalized when this document has been signed and a copy is filed with the NMI office.

Clinical faculty are also responsible for updating their teaching methods and clinical practice in keeping with current standards of care. On the basis of student evaluation and NMI annual review, they are also expected to incorporate student input in their method and style of precepting.

Clinical faculty are also encouraged to serve on midwifery boards and participate in professional organizations such as CAM, MANA, NARM, MEAC and ACNM, as a means of keeping NMI curriculum current. We strongly encourage faculty to participate in community education by:

- *lecturing at local universities and community colleges on midwifery, childbirth and related subjects;*
- *providing in-service training at local hospitals and EMS services;*
- *teaching childbirth classes to expectant parents and leading support groups for pregnant women/pregnant people, and new parents;*
- *making presentations to the aspiring midwifery community at state and local midwifery meetings.*

Preceptor Payment

Most preceptors realize adequate exchange with an apprentice via assistance with the practice. However, it is possible that a preceptor will charge a student additional fees. Students are responsible for this as a separate agreement.

Preceptor Paperwork

Students are responsible for keeping track of all clinical experience in observe, assist, and primary phases and documenting experience properly. NMI currently supplies students with paper forms to obtain signatures to verify skills and client interactions. In 2019, the option of electronic documentation will become available to students and preceptors who elect this option. Original signatures on forms will still be required per MEAC and NARM requirements.

Integrating Academic and Clinical Experiences

Knowledge and skills gained in the didactic portion of the program swerve to prepare students for active participation during the apprenticeship experience. Through a joint process of preceptor and self evaluation, students document their accomplishments and progress towards meeting NMI program objectives and mastering MANA core competencies. Educational and Clinical Directors at NMI help bridge these aspects of student education and counsel preceptors and students regarding the integration of skills, knowledge, wisdom, and intuition.

Resources for Preceptors

NMI Faculty Preceptor Handbook

For a more in-depth orientation to precepting for National Midwifery Institute students, the NMI Faculty Preceptor Handbook will be available in September 2019.

Supporting Preceptor as Educator

NMI was founded to preserve community-based midwifery education by developing a curriculum that enhances and supports the apprenticeship model. NMI supports preceptors with resources relevant to adult education and ways to precept students effectively.

Access to MEDLINE with Full Text

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Although attendance is mandatory for academic faculty, NMI recognizes that the constraints and demands of clinical practice often prohibit clinical faculty from attending live sessions. As such, clinical faculty are exempt from in-person training; instead, NMI provides preceptors with online content on Copyright, the Doctrine of Fair Use, and NMI Copyright Policy. All preceptors are required to initial and sign a Copyright Policy Statement as part of their acceptance process with NMI.

NMI maintains a web resource for prospective and current faculty members to provide orientation to copyright, the doctrine of fair use, and NMI's Copyright Policy and Procedures.

Faculty Evaluation of Students

Each faculty member maintains evaluation records for their students, regularly updating administration on student progress.

In Heart & Hands Coursework, students' written assignments, research, and post-tests are evaluated for accuracy and completeness. Each module is graded on a rubric system, with a passing score of 7.5 out of 10. Work that is not passing is returned to the student to correct and resubmit. The student will have a total of three tries to achieve a passing score; if this does not occur, remedial work will be assigned and the student must re-submit the entire module, but may not do so until one month from the date of the last non-passing attempt.

In Study Group Coursework, student evaluation is based on written assignments, research, and post-tests are evaluated for accuracy and completeness. Each module is graded on a rubric system, with a passing score of 7.5 out of 10. Work that is not passing is returned to the student to correct and resubmit. The student will have a total of three tries to achieve a passing score; if this does not occur, remedial work will be assigned and the student must re-submit the entire module, but may not do so until one month from the date of the last non-passing attempt.

Academic faculty also provide periodic review to the student, other instructors, and the student's preceptor (if student is apprenticing), using the Course Work Instructor Evaluation of Student form. Heart & Hands instructor submits this form upon completion of five, ten, and 13 modules; Study Group instructor submits this form upon completion of every fifteen modules. These evaluations are also sent to the Program Administrator, to be kept in the student's file.

"I'm comfortable working at my own pace, whether it's tackling a lot if that feels right, or slowing down when that's appropriate."

~ NMI Student

During clinical training, preceptor and student jointly evaluate student progress regarding skills successfully acquired and those requiring further development. Students and preceptors meet to present and discuss their evaluations on the following schedule: at the close of the initial three month period, and then every three months UNTIL the student has begun student-primary care under preceptor supervision. Once the student has begun student-primary care under preceptor supervision, these evaluations occur after every five births.

All faculty are encouraged to suggest revisions in mechanisms for evaluating students when completing the annual NMI program review, provided as an online survey each year by May 5th (International Midwives Day).

Student Evaluation of Self and Faculty

In keeping with our Philosophy and Purpose Statement, it is our intention to support students in taking responsibility for themselves both personally and professionally, and to support them in forming healthy, egalitarian relationships with instructors, preceptors, clients, fellow students, and other professional colleagues. Central to accomplishing these objectives is student evaluation of self and faculty.

Students submit evaluations upon completion of both Heart & Hands and Study Group Coursework, which include self-assessment of didactic, clinical, and personal/interpersonal growth, as well as course critiques and suggestions for improving curriculum. In addition, students are given the opportunity to comment on learning activities and resources at the end of each module they complete.

Apprenticing students submit self and preceptor evaluations on the following schedule: at the close of the initial three month period, and then every three months UNTIL the student has begun student-primary care under preceptor supervision. Once the student has begun student-primary care under preceptor supervision, these evaluations occur after every five births.

Student evaluation of faculty is integral to assessing faculty performance and facilitating an egalitarian learning experience and working relationship. Faculty are expected to demonstrate responsiveness to the feedback and individual learning needs of their students. Should a serious disagreement develop between a student and instructor, both will participate in conflict resolution, either through mediation or the program's Grievance Mechanism.

"I am even more impressed with the modules than I expected to be"

~NMI student

Satisfactory Academic and Clinical Progress Policies

NMI's Satisfactory Academic and Clinical Progress Policies specify minimum coursework progress and schedule for filing experience documentation during clinical training, in order to assess measurable progress toward graduation.

Academic Calendar

- **1st Quarter:** January - February - March
- **2nd Quarter:** April - May - June
- **3rd Quarter:** July - August - September
- **4th Quarter:** October - November - December

Satisfactory Academic Progress Policy

Students must complete at least two modules per quarter with a passing rubric score of 7.5. Students have three tries to successfully complete a module, but if their score remains non-passing, remedial work will be assigned and the entire module must be resubmitted. Should a non-passing score occur at the end of a quarter, the student's opportunity to achieve a passing score will extend to the following quarter.

Without minimum academic progress for a period of two quarters, students are suspended. Reinstatement after suspension must occur within the next three quarters and requires a fee of $350 and completion of at least three modules, or the student is dismissed from the program. Students in full time apprenticeships or other clinical training (with mandatory experience filed) may waive submitting coursework for up to 2.5 years, but must then complete modules at a rate of three per quarter or request a formal leave of absence.

Satisfactory Clinical Progress Policy

While students are not required to enter the program having already secured an apprenticeship, NMI maintains a minimum timeline for clinical experience requirements:

- **Within 36 months** of initial enrollment: the student must secure an apprenticeship and file a completed Student/Preceptor Work Agreement.
- **Within 42 months** of initial enrollment: the student must begin filing documentation of non-primary experience.
- **Within 60 months** of initial enrollment: the student must begin filing documentation of student-primary care under preceptor supervision.

If a student does not meet this timeline, the student is suspended*. Reinstatement after suspension must occur within the next three quarters (see below), or the student is dismissed from the program.

***Under MEAC policy, suspensions do not lengthen the 36-42-60-month Satisfactory Clinical Progress timeline; missing the 36-42- or 60-month deadlines for initiating categories of experience documentation results in suspension without benefit of a grace period. A student who is in compliance with the 36- 42- and 60- month requirements but who was suspended for missing documentation of experience must return from suspension (complete the missing documentation and pay $350 reinstatement fee) within the next three quarters or be dismissed from the program.**

Students must submit experience documentation according to the following schedule: at the close of the initial three month period, and then every three months UNTIL the student has begun student-primary care under preceptor supervision. Once the student has begun student-primary care under preceptor supervision, experience documentation is submitted after every five births.

Each quarterly cycle of experience documentation is due within two weeks of the end of the quarter. If experience documentation is not received by this time for a period of two quarters, the student is suspended. Reinstatement after suspension must occur within the next three quarters and requires a fee of $350 and completion of all delinquent paperwork, or the student is dismissed from the program.

Should student progress be less than satisfactory, preceptor and/or student may seek advice from the Clinical Director, who may, at their discretion, make recommendations to preceptor and/or student.

Dismissal and Reinstatement

A student may be dismissed from the program for the following reasons:

- Fees are delinquent (See Tuition Penalties and Reinstatement);
- Failure to meet parameters of Satisfactory Academic and Clinical Progress Policies
- Student moves and cannot be located;
- Refusal to participate in the program's Grievance Mechanism;
- Unprofessional conduct
- Illegal activity

When appropriate, NMI Directors and Program Administrator attempt to resolve the issue. If the concern is not resolved, the student is notified of their dismissal in writing. Returned mail is held in the student's file.

After dismissal, students are reinstated only by permission of NMI Directors, and by submitting a fee of $350 and all paperwork past due at the time of suspension, as well as any paperwork/forms necessary for reinstatement. Reinstated students are counted as new enrollments, and must comply with all current NMI policies in effect at the time of reinstatement including current tuition and fee schedule and NARM eligibility requirements.

Leaves of Absence

Students have up to seven (7) years to complete the program, with leaves of absence reviewed on a case-by-case basis. Leaves of absence do not extend the seven year time frame for program completion.

Students may request a formal leave of absence for health or family needs, with maximum length of one year. Requests must be in writing. To be granted a leave of absence, the student must be in compliance with NMI's Satisfactory Academic and Clinical Progress Policies, and tuition payments must be current. Tuition payments and requirements for academic and clinical progress compliance resume once the student's leave of absence expires. Students may be granted multiple one year leaves of absence over the course of their enrollment with NMI, but multiple leaves must be separated by at least one full quarter of active program participation, including compliance with tuition, academic, and clinical progress policies. It is the student's responsibility to maintain contact with NMI and keep all contact information current. Students have been granted leave for personal and family transitions such as pregnancy, newborn care, parenting concerns, long distance relocation, the death of a parent, illness and injury.

Withdrawal from the Program

A student may withdraw from the program by notifying the NMI office in writing. Withdrawing students are held to their financial agreement with NMI; refunds are limited to NMI's Refund Policy. Withdrawing students are asked to complete a questionnaire and/or exit interview.

Student Records

Student records are confidential; however, all students are entitled to full disclosure of their academic and clinical records. Students have access to these records through the administration; requests will be met within five working days. Student transcripts are available on request from the NMI office.

Academic faculty maintain student progress information (modules completed and rubric grades), which is kept on file in the NMI office. Upon student request, academic faculty provide course syllabi or letters of reference.

Preceptor documentation of student progress is also kept on file in the NMI office, with updated records sent to the student upon receipt of these documents.

Upon enrollment, students sign a release in the NMI Enrollment Agreement, granting NMI access to student/ graduate NARM test scores and CPM/application status.

Rosters of student and graduate contact information are made available to other students and graduates unless NMI is notified in writing that a student will not allow this.

"Helping a new family with such a sacred event makes me feel blessed."

~NMI Student

Student Resources/Student Life

NMI offers open enrollment year-round. NMI students complete course work and clinical experience requirements at their own pace, but all must meet NMI's minimum academic and clinical progress policies (see Quarterly Progress, below). Students have up to seven years to complete the program (including leaves of absence), but they may graduate earlier, as long as they are enrolled for a minimum of one year and meet NARM's requirement that clinical experience must occur over a minimum of two years.

Correspondence education affords students the opportunity to complete program requirements in their own communities. While NMI's correspondence format means that there are no brick-and-mortar classrooms, NMI students do have access to a vibrant online community for connection, shared experience, and learning opportunities. Students interact with instructors and each other through Virtual Group, a student Facebook group, and an online Student Portal. Comprehensive student services are also provided by email, phone, and videoconferencing.

Students are also encouraged to participate in professional and consumer midwifery and birth organizations at the state, regional, and national level. For listings, contact MANA (see Appendix). For example, students in California can access local chapters of the California Association of Midwives that host regular meetings and social events for practicing and aspiring midwives. In addition, local childbirth and parenting resource centers can help students link with community classes on birth-related topics, investigate part-time employment in the birth community, access childcare, and find support in the area from others who share their interests and concerns. Upon request, students will be assisted in identifying these resources in their own community.

Virtual Group

NMI students are invited to participate in NMI's weekly **Virtual Group**, hosted by NMI Course Work Instructor Erin Ryan. Participants share information and resources during these student-driven study sessions using Zoom, a free online video conferencing platform. At the end of each session, students usually choose a topic for the following week's session. While sessions often focus in-depth on a particular midwifery topic or module, past sessions have also addressed diverse topics such as business management, student/preceptor relationships, and self-care for midwives.

Students call in to Virtual Group using their computer, tablet, smartphone, or landline phone. Virtual Group takes place every Sunday at 5:30 pm PST / 8:30 pm EST.

"There was bonding with other NMI students both in person and online that I appreciated. This actually kept me going and enabled my to finish my studies."

~ NMI graduate

Student and Graduate Facebook Groups

Enrolled students are encouraged to participate in NMI's closed Facebook group. This lively discussion board is a place for students to interact with other students and NMI instructors, with opportunities to share resources, discuss course work, network, and more.

A separate, closed Facebook page is also available to NMI graduates.

Online Student Portal

In the NMI Student Portal, enrolled students access Heart & Hands and Study Group Coursework modules as well as video, audio, and web resources for each module. The Student Portal also includes:

- All NMI forms for download (writable pdfs): experience documentation forms, preceptor application
- NMI orientation materials, including guides to graduation and preparation for the NARM exam
- Digital journal subscription (Midwifery Matters)
- NMI mp3 library: MANA and CAM conference session recordings 2008-present

Quarterly Check-In

NMI sends out quarterly reminders during the third month of each quarter, reminding each student of coursework or paperwork they have due at the end of the month. NMI also sends out quarterly check-in questions to gather information about each student's program participation and to make any updates to their learning plan.

"The quarterly check-in process helps me re-assess my trajectory and review my approach the previous quarter…thereby giving me the information I need to move forward effectively."

~NMI student

Other Student Services

NMI administrative staff and program instructors provide the following services upon request:

- Access to the NMI student Facebook group, weekly virtual Study Group, and Student Portal of the NMI website
- Roster of current student and graduate contact information
- References for students during preceptor interviews
- Updated transcripts
- Informal meetings when attending conferences
- Email and phone contact for questions
- Tuition payment plans
- Options for leave of absence

The NMI office is located in rural Vermont: it is not a public facility. The NMI Office is staffed by the Program Administrator and office support staff. Coursework instructors are available by phone or text Monday through Friday during regular business hours.

Office Hours

The NMI office is open Monday through Friday. During busy office times, appointments are available for phone consultations and may be arranged by email or by leaving a phone message. NMI office hours may be reduced when other schools in Vermont are closed for break:

- last week of December
- third week of February
- last week of April
- July 1-September 1
- The NMI office is closed on national holidays.

Besides their teaching obligations, instructors maintain professional responsibilities in the greater midwifery community: serving on advisory or executive boards, teaching at conferences, doing research or technical writing. Instructors will notify students if they are temporarily unavailable due to personal or professional commitments.

"I feel NMI is available always for any questions or concerns."

~NMI student

NMI Annual Program Review

NMI marks May 5th, International Midwives Day, by annually polling students, graduates, academic and clinical faculty, administration, and program directors with regard to various aspects of program content and operations. Online surveys are sent to invite comment from all parties regarding aspects of program performance:

- *curriculum content*
- *curriculum references/updates*
- *program structure*
- *admissions process*
- *mechanisms of evaluating student progress*
- *methods of informing students of their progress*
- *program resources*
- *student services*
- *facilities/other services*
- *clinical sites*
- *library*
- *administrative facilities*

Survey results are provided to academic faculty, program directors, and administration (with a copy kept on file in the NMI office). After reviewing the survey results, the above parties hold a meeting during the 4th Quarter each year to discuss results and make proposals specific to their own area of responsibility and to that of related parties, and to jointly develop a strategy and timeline for implementation.

"I am inspired enough by the quality of work that I'll be doing that I'm even forgetting to be overwhelmed!"

~NMI Student

At the time of annual review, academic faculty discuss feedback and make plans for curriculum revision. Topics for discussion include method of instruction, selection and purchasing of textbooks and resources, and the content and format of coursework

Decisions regarding changes in preceptor policies will be made in alignment with NARM requirements and in accordance with NMI philosophy, mission statement, program goals, and policies and procedures, with particular sensitivity to the effect such changes may have on the preceptor/student relationship. Students and clinical faculty are invited to respond to any policy changes, and if this feedback justifies policy adjustment, the program directors will adjust accordingly.

"I have been very happy with my experience with NMI. I would recommend the school to anyone interested in midwifery."

~ NMI Graduate

Admissions

NMI Certificate Program

National Midwifery Institute is an equal opportunity employer and educational institution. There shall be no discrimination against any employee, applicant for employment or any student on any basis including actual or perceived sex, gender identity, race, color, marital status, ethnic origin, religion, age, sexual orientation, or disability. This non-discrimination policy applies to all educational policies and programs and to all terms and conditions of employment, which include (but are not limited to): recruitment, hiring, training, compensation, benefits, promotions, disciplinary actions and termination.

Minimum Qualifications for Admission

Students applying for admission to NMI must have earned a high school diploma or its equivalent to be eligible for admission into the NMI Certificate Program. Previous birth experience is strongly encouraged, but not required. Prospective students with minimal birth experience or minimal experience in correspondence education are encouraged to consider enrollment in the Heart & Hands Course, which is available separately from enrollment in NMI's Certificate Program.

All prospective applicants to the NMI Certificate Program are assisted in their enrollment decision by phone interview with the Program Administrator, who then refers the applicant to an Educational Director for additional conversation and screening. During these conversations, the applicant is fully advised of the risks, benefits, and demands of midwifery practice. Qualified applicants self-select regarding their enrollment decision, based on their conversations with the Program Administrator and Educational Director and their own assessment regarding their suitability for the program and the program's suitability for them.

Each state has unique regulations for the practice of midwifery. Educational requirements vary, as do licensing/certification requirements. During the initial phone interview, applicants are advised to contact their state midwifery organization, MANA, or NARM to research guidelines in their anticipated state of practice before deciding to enroll in NMI.

NMI must be legally authorized to operate or exempt from such authorization with all regulatory agencies that govern midwifery education programs, post-secondary education, vocational education, and/or degree-granting institutions in every state or local jurisdiction where our institution has a presence and in which our students *permanently reside*. For a list of states from which we may currently enroll students, visit our States Permission to Operate page on our website. **Please review this list prior to submitting an application.**

"I always felt the admissions process was very personal."

~NMI student

How to File an Application

National Midwifery Institute offers open enrollment year round; applicants may apply and enroll at any time. The enrollment process is self-paced; initial applications are held indefinitely and enrollment may be completed in a matter of days or months, depending on the applicant's preference.

1. The first step is to contact us by phone or email to request an application for admission. An administrator will contact you promptly to set up a phone interview to learn more about your interest in the program and assist you with your enrollment decision.
2. If you decide to apply, you will be sent a link to complete the **Student Application for Enrollment form,** and another to pay the **$75 application fee** online.
3. Following completion of Student Application for Enrollment form and payment of the $75 application fee, contact your high school and request that an official high school transcript be sent directly to our office at National Midwifery Institute, Inc. Administration Office, P.O. Box 863, Middlebury, VT 05753. If instead you earned a GED, contact the state in which you successfully passed the GED and request that verification of your GED be submitted to the NMI Office. If you have other high school degree equivalency documents, request the regulatory agency which bestowed the documents to submit official evidence of your high school degree equivalency to the NMI Office.
4. Upon receipt of your application and application fee, the Program Administrator or an Educational Director will contact you by email to schedule another **phone interview** to provide further details regarding program policies and to answer any remaining questions you may have, as well as to ensure that you have made a fully informed decision to attend NMI.
5. If there are no further questions or concerns following your phone interview, you will be sent an **acceptance letter** stating that you have been accepted into the NMI Certificate Program. You will also receive additional forms that you must complete and return.
6. To complete your enrollment process, you must submit the aforementioned forms, which include: 1) a signed and witnessed NMI Enrollment Agreement; 2) ACH debit authorization form for monthly administrative fee withdrawals; and 3) a signed Academic Integrity Agreement. You must also make your tuition down payment, and we must receive your official high school transcript or its equivalent.
7. When all items listed in #6 are received, you are officially enrolled!

All incoming students are advised to carefully review, read and understand the NMI Handbook and to consult the NMI Schedule For Filing Forms (available from NMI) regarding student responsibilities for filing clinical experience documentation. Students must also obtain a NARM certification application. The NARM application for students in MEAC-accredited schools is available through narm.org.

Procedure Following Enrollment

Upon completion of the enrollment process and within seven business days of enrollment date, you will receive the following by email:

- Official welcome email, including passwords and orientation to the NMI Student Portal, where you can access course work, clinical experience and evaluation forms, contact information for NMI faculty and staff, and the NMI Media Library;
- Login information and orientation to NMI's weekly Virtual Group through Zoom platform;
- An invitation to join NMI's closed Facebook group for current student.

Upon completion of the enrollment process and within 7 business days of enrollment date, you will also receive an official enrollment letter by postal mail, which includes:

- Tuition statement showing down payment and payment plan details, if any;
- Rosters of students and graduates;
- Cultural Competence module;
- Excerpts from NARM CIB Glossary with relevant definitions.

You may immediately begin participating in all NMI curricular activities! Please see our additional policy statements, below.

Advanced Placement Policy

Previous completion of Heart & Hands Coursework and/or previous clinical experience that can be adequately documented transfer with the student upon enrollment.

All clinical experience (with the exception of "observed" births) must include signature confirmation from a qualified preceptor who *directly* observed the student—no exceptions. NMI Administrators will tabulate any remaining clinical experiences necessary for graduation and will inform the student of their findings. If additional clinical experience is necessary, students with prior experience sufficient to begin student primary care under preceptor supervision may, at their preceptor's discretion, be required to attend births as an observer or assistant before beginning student primary care under preceptor supervision.

Transfer Students

In addition to NMI's Advanced Placement Policy, NMI accepts transfer students, who may receive credit for:

- academic coursework completed in other MEAC accredited programs
- academic coursework completed in other accredited, post-secondary institutions
- clinical experiences obtained with, and appropriately documented by, a qualified preceptor

Transfer students enroll with NMI prior to assessment of previous academic experience. Once the transfer student is enrolled, Elizabeth Davis, instructor for the program's initial coursework, Heart & Hands, reviews the student's transcripts to determine any areas in which additional study is necessary to meet beginning course requirements. However, all transfer students must complete the Advanced Heart & Hands Coursework (three modules).

Transfer students may also be able to waive a significant portion of the Study Group Coursework, depending on their academic background and consultation with the instructor.

Regarding prior coursework in anatomy, physiology, microbiology, pharmacology, NMI weaves these core sciences into the curriculum; they are not taught as separate subjects. However, instructors may, at their discretion, grant credit for college level courses taken on these topics.

Previous clinical experience that is appropriately documented transfers with the student upon enrollment. With the exception of "observed" births, all clinical experience must include signature confirmation from a qualified preceptor who *directly* observed the student—no exceptions. NMI Administrators will tabulate any remaining clinical experiences necessary for graduation and will inform the student of their findings. If additional clinical experience is necessary, students with prior experience sufficient to begin student primary care under preceptor supervision may, at their preceptor's discretion, be required to attend births as an observer or assistant before beginning student primary care under preceptor supervision.

Transfer student tuition is the same regardless of how much coursework is waived.

Enrolling as a Transfer Student

National Midwifery Institute offers open enrollment year round; transfer students may apply and enroll at any time. However, the transfer student admissions process is different from that of fully matriculating (standard enrollment) students:

1. The first step in the enrollment process is to contact us. You will be sent a computer link with the NMI Transfer Student Application for Enrollment from, and will be directed to the Payment Portal to pay the $250 transfer student application fee.
2. The remainder of the transfer application enrollment process is similar to the standard enrollment process; a Program Director or Administrator will assist you with next steps.

Students With Disabilities

National Midwifery Institute welcomes students with disabilities. During the application process, NMI discusses with the applicant any disability they have disclosed and any potential impact their disability might have on their educational experience with NMI and their ability to practice midwifery following graduation. NMI provides disabled students with reasonable educational accommodations based upon relevant law, sound ethical practices, and NMI educational standards.

Educational accommodation is defined as any reasonable adjustment required for a student to participate fully in the school community. Students enrolling in NMI who have disclosed a disability are asked to submit information regarding their educational needs in this regard. It is the student's responsibility to request services in a timely manner. It is the responsibility of NMI Program Directors to decide whether a disability has been adequately documented and to identify a list of potential accommodations of the disability, a copy of which is shared with the student.

Learning disabilities can be manifest in a variety of ways, and accommodations will be tailored to the individual. Examples include allowing a student extra time to complete assignments, providing assistance with proofreading written work, and assisting the student in planning the workflow of assignments.

NMI students with disabilities must be aware of certain abilities necessary for completing NMI's academic and clinical experience requirements, as well as for future work as a midwife. These include: communicating effectively with clients; lifting and repositioning clients; motor skills such as suturing; performing physical examinations of clients; operating motor vehicles; working long shifts without breaks; ordering lab tests; administering medications; billing insurance; acting as a supervisor; and many other functions.

NMI Enrollment Policies and Procedures

NMI Non-Discrimination Policy states: *National Midwifery Institute is an equal opportunity employer and educational institution. There shall be no discrimination against any employee, applicant for employment or any student on any basis including actual or perceived sex, gender identity, race, color, marital status, ethnic origin, religion, age, sexual orientation, or disability. This non-discrimination policy applies to all educational policies and programs and to all terms and conditions of employment, which include (but are not limited to): recruitment, hiring, training, compensation, benefits, promotions, disciplinary actions and termination.*

NMI admission and enrollment criteria are designed to admit only students who are reasonably capable of successfully completing and benefiting from the program. Prior to admission, NMI notifies each applicant regarding admission requirements, process and procedures, the nature of the training and education provided, and the program's responsibilities and demands. NMI is committed to consistently and fairly applying its admissions requirements.

Prior to enrollment, the Program Administrator:

- Determines that an applicant meets the institution's admissions requirements;
- Secures documentation to demonstrate that each applicant meets all admission requirements;
- Documents that applicants that applicants rejected did not meet admission requirements.

The Program Administrator consults with an Educational Director regarding any concerns as to the applicant's ability to meet program requirements. Determination of the applicant's ability to benefit from the program must be confirmed prior to matriculation.

NMI permanently maintains documentation that demonstrates that admission requirements have been met or that explains the basis for denial of admission.

Student recruitment, enrollment, and admissions duties are to be conducted in an ethical and professional manner and in keeping with organizational policies and procedures as well as relevant accreditation requirements. Student recruitment, enrollment, and admission duties are geared toward the enrollment of qualified applicants who are likely to complete and benefit from the program, and not geared toward enrolling students simply to obtain enrollments.

Student recruitment and admissions personnel will work to ensure that students are fully informed and able to make considered enrollment decisions without undue pressure. Student recruitment and admissions personnel will only assist prospective students in the area that falls within the purview of their position.

Student recruitment and admissions personnel will not make explicit promises of employment or exaggerated statements regarding employment or salary prospects to prospective students. Student recruitment and admissions personnel will participate in relevant training provided by the institution to enhance their skills as NMI representatives.

Student recruitment and admissions personnel will not discredit other schools or influence any student to leave another school by falsely impugning to another school any of the following: dishonorable conduct; inability to perform according to contracts; or questionable credit standing; nor shall they make false representations or falsely disparage the character, nature, quality, value, or scope of another school's program of instruction or services, or demean another school's students.

NMI's Enrollment Policies and Procedures are in place to ensure that NMI admits only those students who are capable of successfully completing the program. Admission decisions are based on fair, effective, and consistently applied criteria that enable the institution to make an informed decision as to an applicant's ability to achieve the program's objectives.

"I have tuned in to and learned to trust my intuition as an underpinning (not just a tool) of midwifery care."

~NMI Student

New Student Orientation

Initial assignments in Heart & Hands Coursework involve identifying community resources for learning and support, including childbirth resource centers, parenting/postpartum services, and local midwives/midwifery organizations. Students are also provided with a list of online resources.

All new students have immediate access to the NMI Facebook Group and Virtual Group; participation is voluntary but strongly encouraged. New students also gain access to a students-only password protected section of the NMI website where video and audio resources, writable versions of NMI forms, and coursework resources are available.

NMI Educational Directors are also available for new student orientation phone conversations.

"I am but a small player on a big, big stage."

~NMI Student

Tuition and Fees

Standard Enrollment Tuition

As of January 1, 2019, standard enrollment tuition for our Midwifery Certificate Program totals **$19, 400**.

Additional Fees:

- Application fee - **$75**
- Monthly administrative fee - **$25/month** for duration of enrollment

Standard Enrollment Payment Plan

Students enrolling with a payment plan sign a contract to make monthly payments; however, they may also make payments ahead or pay their balance at any time. NMI does not charge interest for the payment plan, but late payment penalties, a reinstatement fee, and processing fees are charged.

- Minimum down payment upon enrollment - **$5000**
- Monthly payments during months 1-12 of enrollment - **$500**
- Payments during months 13-24 of enrollment - **$350**
- Payments during months 25-36 of enrollment - **$350**

All payments are made directly to National Midwifery Institute, Inc. Payment of all tuition and fees must be completed prior to graduation from the program.

Transfer Enrollment Tuition

As of January 1, 2019, transfer enrollment tuition for our Midwifery Certificate Program totals **$17, 100.**

Additional Fees:

- Application fee - **$250** application fee to assess prior clinical experience
- Monthly administrative fee - **$25/month** for duration of enrollment

Transfer Enrollment Payment Plan

- Minimum down payment upon enrollment -**$2500**
- Monthly payments during months 1-12 of enrollment - **$500**
- Monthly payments during months 13-36 of enrollment - **$217**

All payments are made directly to National Midwifery Institute, Inc. Payment of all tuition and fees must be completed prior to graduation from the program.

Personalized Payment Plans Students of Color

Profound racial disparities in maternal and infant health outcomes exist in the United States today. When compared to white maternal and infant health outcomes, non-white families experience significantly increased rates of harm (morbidity and mortality). African Americans are most severely affected: the fetal death rate for African Americans is more than twice that of non-Hispanic whites, while the maternal mortality rate for African Americans is more than three times that of non-Hispanic whites. We believe that midwifery care will help improve these outcomes and reduce racial disparities. Additionally, more midwives of color are needed so every client can access a midwife from their own culture. Aspiring midwives of color may work with NMI staff to design a more flexible and personalized payment plan than our standard payment plan, with a minimum down payment of **$2500.** Contact the NMI office for more information.

Personalized Payment Plans LGBTQIA2+ Students

Research by The Williams Institute in 2011 estimates there are 9 million people in the United States who self-identify as LGBTQIA2+: lesbian, gay, bisexual, transgender, genderqueer, questioning, intersex, asexual, two-spirited, and others who have gender identities and/or sexual orientations that differ from heterosexual and/or cisgender. Additional research reveals that serious health disparities exist between LGBTQIA2+ populations and cisgender and heterosexual populations. LGBTQIA2+ people who experience barriers to accessing and receiving health care identify those barriers to include the intersectionality of issues and personal concerns regarding racism, homophobia, transphobia, gender, misogyny, education, literacy, income, and economic class.

Please see NMI's LGBTQIA2+ Policy Statement to view our institutional response to these issues. We are fully committed to training future midwives to provide aware, sensitive, and informed care to LGBTQIA2+ people without unintentional micro-aggression or further marginalization.

NMI is further committed to supporting LGBTQIA2+ people's access to quality midwifery education. Although NMI is unable to offer full scholarships at this time, aspiring midwives who identify as LGBTQIA2+ have the option to work with NMI staff to design a more flexible and personalized payment plan than our standard payment plan, with a minimum down payment of **$2500.** Contact the NMI office for more information.

Other Financing Options

Meritize Student Loans: Get Credit for Your Merit!

Funding your education on your own merit is within your reach. With a Meritize loan, you can improve your loan terms by sharing your academic profile. Providing your transcript – whether high school, partial or full college or previous skills-based school experience – lets Meritize use your learning history to enhance your credit evaluation and improve your loan options. You don't have to have great credit. You don't have to have a cosigner (but if you do, even better). And you don't have to be an A student to get financial credit for your academic merit.

With a Meritize loan you can:

- Use your transcript to enhance your credit and improve your loan options
- Get pre approved in minutes
- Fund the full cost of tuition on your own merit
- Choose affordable fixed or variable rates
- Select the repayment option that works best for you while you attend school – making full payments, or making interest-only payments for up to 3 years from each loan disbursement date
- Repay your loan over 3 or 5 years
- Avoid prepayment penalty fees if you choose to pay your loan off early
- Get access to free Meritize Career Success Services for job and career support

Visit www.meritize.com or apply directly at www.apply.meritize.com

Additional Expenses for All Students

In addition to program fees, students should expect to incur related expenses. Additional expenses are not covered by NMI and are not included in student tuition and fees. Financing options, including standard and personalized payment plans and Meritize student loan program, do not cover the additional expenses below.

- All students should expect to have phone, internet, and some photocopying and mailing expenses associated with course work completion and program participation.
- Textbook costs (approximately $700 to $1000, or more if a student is building a library for future client use) are not included in course work fees.
- Training in Basic Life Support (required) costs between $50 and $100; Neonatal Resuscitation training (required) can be as much as $400.
- Students applying to take the NARM exam will need a NARM certification application, which can be purchased in hard copy from the NARM website ($50, as of January 2016) or downloaded for free. More information can be found in the NARM certification application and NARM Candidate Information Booklet (CIB).
- Students applying to take the NARM exam are required to pay a NARM certification application fee ($1,100 as of January 2019—contact NARM for current cost). In addition, the computer testing site requires a fee ($120 as of January 2018).
- Some states require apprentices or midwives in training to register with a licensing agency. Fees for this vary.
- During apprenticeship, students must also expect to build their durable equipment supply for future midwifery practice. Stethoscope, blood pressure cuff, fetascope and basic delivery and suturing instruments cost approximately $300. A Doppler costs around $500. An oxygen tank and regulator valve may cost $150 depending on type purchased. Herbal and homeopathic remedies, if desired, usually cost between $7 and $15 each.
- During apprenticeship, students will need 24/7 access to reliable transportation. Most students should expect to have their own car.
- Professional periodicals cost between $35 and $75 annually.
- Memberships in the Midwives' Alliance of North America (MANA) and to state and professional midwifery organizations cost between $35 and $100 each. Student rates may be available.
- Upon completion of the program, application fees for state licensure, certification or registration vary but start at $250. Renewal of these credentials is due every two or three years, with continuing education requirements specific to each state.

Additional Costs for Preceptorship

Most preceptors realize adequate exchange with an apprentice via assistance with the practice. However, it is possible that a preceptor will charge a student additional fees. Students are responsible for this as a separate agreement with the preceptor.

Tuition Frequently Asked Questions

Does National Midwifery Institute accept federal financial aid?

National Midwifery Institute students are ineligible from receiving Title IV funding (Federal Financial Aid) due to NMI's program structure: in order to qualify for Title IV funds, educational institutions must provide on campus programs. As a correspondence program with no campus, NMI does not qualify to receive Title IV funding. However, NMI does offer payment plan options. Financing is also available through our partnership with Meritize.

Can I use the GI Bill to pay for National Midwifery Institute?

Unfortunately, you cannot use the GI Bill to pay for your education with NMI. Although the GI Bill is available for correspondence programs that do not lead to a degree, correspondence programs are only approved if offered by an accredited institution that is degree granting. NMI does not grant degrees.

As an NMI student, will I be eligible for in-school loan deferment of my existing student loans?

Generally, no...But it depends on the type of loan. The US Department of education typically allows students to defer their loans when they are enrolled full time at an eligible school. "Eligible school" is defined as a school that has been approved by the US Department of Education to participate in the Department's Federal Student Aid programs, even if the school does not participate in those programs. Due to the type of program we offer, NMI is not eligible to participate in the Department's Federal Student Aid programs and is therefore not considered an eligible school. However, loan programs and products vary: prior to enrolling in NMI, we encourage you to consult with your loan provider if you hope to defer prior student loans.

Tuition Policies

Tuition Penalties and Reinstatement

Tuition payments past due 30 days will be assigned a $30 late fee for each month that payment is delayed. If tuition payments are not made for three months, the student is suspended from the program. Program instructors and preceptors are notified, and students must discontinue submitting coursework or clinical experience documentation. Transcripts will only reflect student work during the time in which the tuition was paid and current. Students wishing to be reinstated must make arrangements to resume regular payments, pay the accumulated late fees, and pay a reinstatement fee of $350.

If, due to financial hardship, a student wishes to remain in tuition suspension beyond three months, the student must sign and return a Continued Enrollment After Suspension (CEAS) Agreement and provide monthly CEAS payments of $100 each. These CEAS payments must be received within 30 days of the end of each month, or the $30 late penalty raises that month's CEAS payment to $130.

CEAS payments are not tuition payments; no credit for these payments will be granted towards tuition balance owed.

After 90 days of unpaid monthly CEAS payments and penalties, the student is dismissed. Reinstatement of enrollment requires payment of all unpaid fees:

- $90 late fees prior to suspension
- $390 additional late fees and CEAS payments
- $350 reinstatement fee

Re-enrollment following dismissal is at the discretion of NMI Program Directors. As MEAC policy for re-enrollment after dismissal requires NMI to count the student as "new," the student is responsible for monthly payments reflecting the current tuition rate, at a minimum of $500 per month until tuition is paid in full. All fees and tuition must be paid in full prior to graduation. Clinical experiences must also be current according to NARM requirements.

Payment Plan & Refund Policy

Non refundable fees:

- Application fee ($75 for regular students, $250 for transfer students)
- Monthly administrative fee, charged monthly from month of enrollment through month of graduation.
- Tuition credit for previous Heart & Hands Coursework

NMI provides the following Institutional Refund Schedule, based on the period of time from student enrollment date to student withdrawal date:

On or before enrollment date 100%

Day 2 through 7* 100%

Day 8 through 14 ..... 72%

Day 15 through 21 ..... 58%

Day 22 through 28 ..... 44%

Day 29 through 35 ..... 30%

Day 36 through 42 ..... 16%

Day 43 through end of first quarter of enrollment..... No refund

*If a student notifies NMI of their withdrawal from the program within three days of receiving electronic access to NMI Coursework or within seven days after completing enrollment, whichever is later, tuition is 100% refundable. After three days of receiving electronic access to NMI Coursework or after seven days, whichever is later, tuition is refundable according to the above refund schedule.

NMI will pay or credit refunds within 45 days of receiving notification of a student's withdrawal.

California Student Tuition Recovery Fund Notice:

The State of California established the Student Tuition Recovery Fund (STRF) to relieve or mitigate any economic loss suffered by a student in an educational program at a qualifying institution who is or was a California resident while enrolled, if the student enrolled in the institution prepaid tuition, and suffered an economic loss. Unless relieved of the obligation to do so, you must pay the state-imposed assessment for the STRF, or it must be paid on your behalf.

You are not eligible for protection from the STRF and you are not required to pay the STRF assessment, if you are not a California resident, or are not enrolled in a residency program.

It is important that you keep copies of your enrollment agreement, financial aid documents, receipts, or any other information that documents the amount paid to the school. Questions regarding the STRF may be directed to the Bureau for Private Postsecondary Education, 2535 Capitol Oaks Drive, Suite 400, Sacramento, CA 95833, (916) 431-6959 or (888) 370-7589. To be eligible for STRF, you must be a California resident or are enrolled in a residency program, prepaid tuition, paid or deemed to have paid the STRF assessment, and suffered an economic loss as a result of any of the following:

1. The institution, a location of the institution, or an educational program offered by the institution was closed or discontinued, and you did not choose to participate in a teach-out plan approved by the Bureau or did not complete a chosen teach out plan approved by the Bureau.
2. You were enrolled at an institution or a location of the institution within the 120 day period before the closure of the institution or location of the institution, or were enrolled in an educational program within the 120 day period before the program was discontinued.
3. You were enrolled at an institution or a location of the institution more than 120 days before the closure of the institution or location of the institution, in an educational program offered by the institution as to which the Bureau determined there was a significant decline in the quality or value of the program more than 120 days before closure.
3. The institution has been ordered to pay a refund by the Bureau but has failed to do so.
4. The institution has failed to pay or reimburse loan proceeds under a federal student loan program as required by law, or has failed to pay or reimburse proceeds received by the institution in excess of tuition and other costs.
5. You have been awarded restitution, a refund, or other monetary award by an arbitrator or court, based on a violation of this chapter by an institution or representative of an institution, but have been unable to collect the award from the institution.
6. You sought legal counsel that resulted in the cancellation of one or more of your student loans and have an invoice for services rendered and evidence of the cancellation of the student loan or loans.

To qualify for STRF reimbursement, the application must be received within four (4) years from the date of the action or event that made the student eligible for recovery from STRF.

A student whose loan is revived by a loan holder or debt collector after a period of non-collection may, at any time, file a written application for recovery from STRF for the debt that would have otherwise been eligible for recovery. If it has been more than four (4) years since the action or event that made the student eligible, the student must have filed a written application for recovery within the original four (4) year period, unless the period has been extended by another act of law.

However, no claim can be paid to any student without a social security number or taxpayer identification number.

Academic Calendar

NMI offers open enrollment year-round. Students may complete the program and graduate at any time. Students complete coursework at their own pace while meeting or exceeding NMI's minimum academic progress policies, and submit work to coursework instructors throughout the year. Documentation of clinical training is submitted to the NMI office by the end of each quarter of active apprenticeship and filed by the NMI administrative staff.

- **1st Quarter:** January - February - March
- **2nd Quarter:** April - May - June
- **3rd Quarter:** July - August - September
- **4th Quarter:** October - November - December

The NMI office is open Monday through Thursday. During busy office times, appointments are available for phone consultations and may be arranged by email or by leaving a phone message. NMI office hours may be reduced when other schools in Vermont are closed for break:

- last week of December
- third week of February
- last week of April
- July 1-September 1

The NMI office is closed on national holidays. Instructors maintain professional responsibilities in the greater midwifery community: serving on advisory or executive boards, teaching at conferences, doing research or technical writing. Instructors notify students if they will be unavailable due to personal or professional commitments.

Graduation, Certification, and Licensure

Graduation Requirements

In order to graduate from National Midwifery Institute, students are required to:

- Complete all Heart & Hands Coursework
- Complete all Study Group Coursework
- Complete the minimum NMI clinical experience requirements
- File all required paperwork regarding required clinical experiences, as documented by original forms
- Demonstrate competence in each skill on the NARM Skills List, with a rating of at least 4, as recorded by preceptor on the Preceptor Evaluation/ Student Self-Assessment of Midwifery Skills
- Provide evidence of current CPR/BLS (adult and infant) and Neonatal Resuscitation (NRP) certification
- Submit Heart & Hands and Study Group Coursework Instructor Evaluations
- Pay all tuition and fees in full

NARM Certification

Graduates from our certificate program gain the knowledge, abilities and skills necessary for entry-level midwifery practice. Graduates wishing to pursue the North American Registry of Midwives (NARM) Certified Professional Midwife credential (CPM) will qualify under the MEAC Schools application route.

State Licensure/Certification

Over thirty states currently regulate direct-entry midwifery. Almost all of these states license or certify midwives by requiring either the CPM credential or a passing score on the NARM Written Examination. While graduating from our program and passing the NARM Written Examination leads to the CPM credential, application for state licensure/certification is required in many states. State licensing/certification applications are made separately from application to NMI or to NARM. While it is the responsibility of students to determine whether our program is an appropriate step on their path to licensure/certification in their state, NMI Administrators assist students in this process. Contact us to learn more.

More Information

North American Registry of Midwives

- What is a CPM?
- Information for Students or Graduates of a MEAC-accredited program
- NARM CPM Candidate Information Bulletin (CIB)
- Legal Status of Direct-Entry Midwifery State-by-State chart

Midwives Alliance of North America

- Legal Status of US Midwives
- Direct-Entry Midwifery State-by-State Licensure and Contact information

NMI Challenge Program for California Midwifery Licensure

Successful completion of the NMI Challenge Program for California Midwifery Licensure provides access to California licensure for midwives who have completed their clinical training and study, hold a current, active-status Certified Professional Midwife (CPM) credential issued by NARM, and wish to qualify for a California midwifery license without graduating from an approved program.

Requirements for Licensure

National Midwifery Institute California Midwifery License (CML) Challenge Program is not equivalent to our Certificate Program; CML Challenge Program students do not graduate from NMI. If a student decides to change programs within NMI, tuition does not transfer between the Certificate Program and the CML Challenge Program.

In order to complete the CML Challenge Program, the following are required:

1. **A current, active-status Certified Professional Midwife (CPM) credential issued by NARM.**

2. **Fulfillment midwifery didactic requirements:**

   - Completion of the National Midwifery Institute gap analysis process to confirm completion of Academic Experience Requirements consistent with California Midwifery Practice Act. (B&P Code 2512.5 and 2513), as follows:

<u>As identified by the Midwifery Practice Act of California, Business and Professions Code 2512.5, a midwife shall have didactic preparation in each of the following categories:</u>

The art and science of midwifery maternal and child health, including, but not limited to, labor and delivery, neonatal well care, and postpartum care, and communications skills that include the principles of oral, written, and group communications.

Anatomy and physiology, genetics, obstetrics and gynecology, embryology and fetal development, neonatology, applied microbiology, applied microbiology, chemistry, child growth and development, pharmacology, nutrition, laboratory diagnostic test and procedures and physical assessment.

Concepts in psychosocial, emotional, and cultural aspects of maternal and child care, human sexuality, counseling and teaching maternal and infant and family bonding process, breastfeeding, family planning, principles of preventive health, and community health.

Aspects of the normal pregnancy, labor and delivery, the postpartum period, newborn care, family planning or routine gynecological care in alternative birth centers, homes, and hospitals.

The following shall be integrated throughout the entire curriculum:

i. Midwifery process.

ii. Basic intervention skills in preventive, remedial, and supportive midwifery.

iii. The knowledge and skills required to develop collegial relationships with health care providers from other disciplines.

iv. Related behavioral and social sciences with emphasis on societal and cultural patterns, human development, and behavior related to maternal and child health, illness, and wellness.Instruction shall also be given in personal hygiene, client abuse, cultural diversity, and the legal, social, and ethical aspects of midwifery.

v. The program shall include the midwifery management process, which shall include all of the following:

(i) Obtaining or updating a defined and relevant database for assessment of the health status of the client.

(ii) Identifying problems based upon correct interpretation of the database.

(iii) Preparing a defined needs or problem list, or both, with corroboration from the client.

(iv) Consulting, collaborating with, and referring to, appropriate members of the health care team.

(v) Providing information to enable clients to make appropriate decisions and to assume appropriate responsibility for their own health.

(vi) Assuming direct responsibility for the development of comprehensive, supportive care for the client and with the client.

(vii) Assuming direct responsibility for implementing the plan of care.

(viii) Initiating appropriate measures for obstetrical and neonatal emergencies.

(ix) Evaluating, with corroboration from the client, the achievement of health care goals and modifying the plan of care appropriately.

- Receive a passing score on the CML Challenge Written Examination to confirm the midwife-applicant's comprehension of core midwifery knowledge and licensing requirements for California midwives. (B&P Code 2513).

NMI Coursework Instructors, who have completed item writing training supervised by North American Registry of Midwives and are experienced with examination construction and confidentiality, developed the CML Challenge Written Examination. Content areas of the CML Challenge Written Examination are those identified in California Midwifery Practice Act. Passing score is 80%. Retest fee is $500, additional retest fees $300 each.

The CML Challenge Written Examination testing dates occur bi-annually in the Fall and Spring, with the

exam taking place at the Doubletree Hotel in Rohnert Park, CA, which is directly accessible by airport transport busses from Oakland and San Francisco airports. Please contact the CML Challenge Administrator for testing dates and registration details.

3. Fulfillment and verification of experience requirements:

The following clinical experiences are required by the CA Medical Board for midwife-applicants choosing the challenge route to licensure (B&P Code 2513b and Title 16 1379.15):

- 20 initial/new antepartum visits
- 75 return antepartum visits
- 20 labor management experiences
- 20 deliveries (primary attendant)
- 20 newborn assessments
- 40 postpartum visits, within the first 6 weeks after birth

Clinical experience must also meet the currency definition of having occurred within ten years prior to the midwife-applicant's date of application to the CML Challenge Program, AND at least 50% of the clinical experience must have occurred within five years prior to the midwife- applicant's date of application to the CML Challenge Program.

All clinical experience must be verified by a licensed physician and surgeon, and also by a licensed midwife or certified nurse-midwife.

4. Completion of additional experience required for CA Midwifery Licensure:

- A minimum of 5 out-of-hospital births must be attended in any role.
- A minimum of 2 planned hospital births must be attended in any role.

These experiences must also be verified by a licensed physician and surgeon, and by a licensed midwife or certified nurse-midwife.

5. Completion of the following trainings:

- IV certification current at the time of the CML Challenge Written Examination;
- Neonatal Resuscitation (NRP), current at the time of the CML Challenge Written Examination, and;
- Cardiopulmonary Resuscitation/Basic Life Support (CPR/BLS), current at the time of the CML Challenge Written Examination.

Tuition and Timeline

The maximum time for completing the CML Challenge Program is one year one year from date of application, including payment of all fees, remediation (academic or clinical) necessary to meet CML Challenge Program requirements, and completion of CML Challenge Written Examination (extensions may be granted if retakes are necessary).

STEP ONE: $2500 paid with submission of the following CML Challenge forms:

- NMI CML Challenge Program Application
- Midwife-Applicant NARM Records Release
- Academic Transcripts Have Been Requested

Once the midwife-applicant is accepted into the CML Challenge Program, additional forms and instructions will be provided so that following steps may be completed.

STEP TWO: $3000 paid with submission of the following CML Challenge forms:

- Academic Source Documents
- Gap Analysis Chart of Completed Academic Study (including annotated academic source documents)
- Applicant's Experience for Verification
- Physician and Surgeon Verifier Information and Agreement
- Licensed or Certified Nurse-Midwife Verifier Information and Agreement

STEP THREE: $2000 paid to register for the CML Challenge Written Examination, with submission of the following CML Challenge form:

- Intention to Sit the CML Challenge Written Examination

Questions? Contact CML Challenge Administrator Elizabeth Davis elizabeth@elizabethdavis.com.

"I am open to being wrong and to changing my mind. I am growing as a student every day. I feel I know the most about birth when I acknowledge that it is not up to me."

~ an NMI Student

NMI Co-Founders

Elizabeth Davis has been a midwife, educator, and consultant since 1977. She holds a degree in Holistic Maternity Care from Antioch University, and has been certified by the North American Registry of Midwives since 1992. She served as regional representative to the Midwives Alliance of North America for five years, and as president of the Midwifery Education Accreditation Council for one year. She was instrumental in passing midwifery legislation in California, and spearheaded the development of the NARM Certification Task Force to create the CPM credential. Her books, translated into many languages, include the classic *Heart & Hands: A Midwife's Guide to Pregnancy and Birth* (2019 Revised 5th edition); *Orgasmic Birth: Your Guide to a Safe, Satisfying and Pleasurable Birth Experience; The Rhythms of Women's Desire: How Female Sexuality Unfolds at Every Stage of Life*; and *The Women's Wheel of Life*.. In 2015, she received a Lifetime Achievement Award from Midwifery Today. She lives in Sebastopol, California, and is the mother of three children and one grandchild. See her website at https://elizabethdavis.com

Shannon Anton has been a female health care advocate since 1978 and a certified massage therapist since 1988. She is an apprentice-trained midwife, certified in 1992 by the California Association of Midwives (CAM) and the North American Registry of Midwives in 1995. Utilizing the original California Midwifery Licensing Challenge Mechanism, she earned California midwifery license number five. She also served on the CAM Board as regional representative, certification administrator, treasurer for the legislative committee, and was CAM representative to the NARM Certification Task Force during the creation of the CPM credential. She was nominated to the NARM Board in 1993 and served until 2018. She is now retired from NMI.

NMI Co-Program and Educational Directors

Elizabeth Davis, BA, CPM (see bio above)

Erin Ryan, CPM, LM, graduated from UC Berkeley in 1995 and began to pursue midwifery. A former NMI student, she graduated and passed the NARM exam in 2001. She has had a home birth practice since then, and has attended over 900 births, working throughout the U.S. as well as rurally in Bali. In 2017, she completed her Masters in Public Health at UC Berkeley to better support her ongoing international work to advance maternal/child health. Erin has seen babies born in many different environments, and she has worked with parents and families from many different cultures. In all circumstances, the constant has been providing loving care and respect for the mothers and pregnant people she works with. Learn more about Erin's home birth midwifery practice in Vermont at Starry Night Midwife.

NMI Clinical Director

Molly Dutton-Kenny, CPM, RM is a graduate of National Midwifery Institute, a NARM approved preceptor, and a practicing Registered Midwife in Ontario, Canada. She has studied and worked as a midwife in homes, birth centers, and hospitals in the United States, India, Mali, Guinea, and Canada. After becoming a CPM, she completed the International Midwifery Pre-Registration Program (bridging

program) in order to work in Ontario, Canada. Her role as Clinical Director involves helping students complete and document their clinical experiences, mediating challenges between students and preceptors, assisting students in finding clinical apprenticeships, and more. Current projects include simplifying and modernizing the experience documentation forms, and creating a preceptor registry to more readily match preceptors and apprentices. She makes her home in Milton, Ontario with her family. If you have questions about clinical experiences, paperwork, or preceptors, please contact Molly!

NMI Program Owners and Co-Founders
Elizabeth Davis, BA, CPM and Shannon Anton CPM, LM

NMI Program Co-Directors
Elizabeth Davis, BA, CPM and Erin Ryan CPM, LM

NMI Educational Co-Directors
Elizabeth Davis, BA, CPM and Erin Ryan CPM, LM

NMI Clinical Director
Molly Dutton-Kenny, CPM, LM

NMI Program Administrator
Leah Hamilton

Heart & Hands Coursework Instructor
Elizabeth Davis, BA, CPM

Study Group Coursework Instructor
Erin Ryan CPM, LM

Our work continues in thoughtful memorial to:

Dena Burgess
LM, CPM and NMI preceptor

Roxanne Cummings
CNM and NMI preceptor

Nancy Friedrich
CAM Certified Midwife, preceptor to Shannon Anton CPM, LM

Tina Garzero
Midwife, preceptor to Elizabeth Davis BA, CPM

Elizabeth Gilmore
LM, CPM

Abby Kinne
LM, first credentialed CPM

Tish Demmin
LM, a founding mother of MANA

Lisa Showalter
LM, CPM

Jake Sifford

LM, CPM and NMI graduate and preceptor

Marsden Wagner

MD, perinatologist, perinatal epidemiologist, and outspoken midwifery supporter

and to our ancestors, midwives who names we may never know

but whose knowledge and skills we are grateful for today.

Appendix

MANA Documents

MEAC Documents

NMI Policies and Procedures

Midwives Model of Care

The Midwives Model of Care is based on the fact that pregnancy and birth are normal life processes.

The Midwives Model of Care includes:

- Monitoring the physical and social well-being of the mother throughout the childbearing cycle;
- Providing the mother with individualized education, counseling, and prenatal care, continuous hands-on assistance during labor and delivery, and postpartum support;
- Minimizing technical interventions; and
- Identifying and referring women who require obstetrical attention. The application of this woman-centered model of care has been proven to reduce the incidence of birth injury, trauma and cesarean section.

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Supporting Healthy and Normal Physiologic Childbirth: A Consensus Statement by ACNM, MANA, and NACPM*

In 1996, the World Health Organization called for the elimination of unnecessary intervention in childbirth,1 yet currently there are few resources to assist maternity care providers in achieving this goal. The purpose of this consensus statement is to explicitly identify key benchmarks of safe, healthy, and normal physiologic childbirth. This statement will assist maternity care providers, women, policymakers, and payers to protect, promote, and support human childbearing physiology and to avoid overuse of interventions, thus achieving better care, better health, and lower costs.

This consensus statement represents the work of a task force comprised of representatives from three U.S. midwifery organizations whose members are experts on supporting women's innate capacities to birth, and was externally reviewed by maternity care organizations and leaders. The specific aims of the consensus statement are to

- Provide a succinct definition of normal physiologic birth;
- Identify measurable benchmarks to describe optimal processes and outcomes reflective of normal physiologic birth;
- Identify factors that facilitate or disrupt normal physiologic birth based on the best available evidence;
- Create a template for system changes through clinical practice, education, research, and health policy; and
- Ultimately improve the health of mothers and infants, while avoiding unnecessary and costly interventions.

This statement is placed in the context of the current, widespread application of technological interventions that lack scientific evidence to a primarily healthy birthing population.2 The use of obstetric interventions in labor and birth has become the norm in the United States. More than half of all pregnant women receive synthetic oxytocin to induce or augment labor,3 which demands additional interventions to monitor, prevent, or treat side effects. Nationally, one third of women deliver their babies via cesarean,4 a major abdominal surgery with potential for

serious short- and long-term health consequences. For the mothers these consequences include, but are not limited to, postoperative infections, chronic pain, future cesarean births, and placental complications that can lead to hemorrhage, hysterectomy, and rarely, death.5,6 Infant risks include respiratory distress,7 and in subsequent pregnancies maternal risks include increased likelihood of preterm birth and associated morbidity and mortality. 8–,12 Regardless of intervention or out- come, childbearing care perceived by the woman as disrespectful or traumatic is more likely to be associated with maternal psychological morbidity and potential for disrupted mother-infant attachment.13–16

DEFINING THE NORMAL PHYSIOLOGY OF CHILDBIRTH

This statement is grounded in scientific evidence and based on definitions drawn from the 2012 version of the Oxford English Dictionary, in which "normal" refers to typical or usual—a standard, and "physiology" refers to the functional processes of an organism, organ, or system. Thus, normal human physiology provides a framework to understand the optimal functioning of childbirth. For the purposes of this statement, birth includes the three stages of labor, the newborn transition, and the first hour after birth.

A normal physiologic labor and birth is one that is powered by the innate human capacity of the woman and fetus. This birth is more likely to be safe and healthy because there is no unnecessary intervention that disrupts normal physiologic processes.17 Some women and/or fetuses will develop complications that warrant medical attention to assure safe and healthy outcomes. However, supporting the normal physiologic processes of labor and birth, even in the presence of such complications, has the potential to enhance best outcomes for the mother and infant.18–21

Normal physiologic childbirth is characterized by spontaneous onset and progression of labor;

- includes biological and psychological conditions that promote effective labor;
- results in the vaginal birth of the infant and placenta;
- results in physiological blood loss;22
- facilitates optimal newborn transition through skin-to-skin contact and keeping the mother and infant together during the postpartum period; and
- supports early initiation of breastfeeding.1

The following factors disrupt normal physiologic childbirth:

- induction or augmentation of labor;23–25
- an unsupportive environment, i.e., bright lights, cold room, lack of privacy, multiple providers, lack of supportive companions, etc.;26,27
- time constraints, including those driven by institutional policy and/or staffing;28
- nutritional deprivation, e.g., food and drink;29
- opiates, regional analgesia, or general anesthesia;30,31
- episiotomy;32,33
- operative vaginal (vacuum, forceps) or abdominal (cesarean) birth;6,34
- immediate cord clamping;35–37
- separation of mother and infant;38 and/or
- any situation in which the mother feels threatened or unsupported.39

THE MECHANISMS AND OUTCOMES OF PHYSIOLOGIC CHILDBIRTH

Normal physiologic labor and birth has positive short- and long-term health implications for the mother and infant. Optimal physiologic function of the neuroendocrine system enhances the release of endogenous oxytocin and beneficial catecholamines in response to stress.40, 41 These hormones promote effective labor patterns and protective physiologic responses, including enhanced endorphin levels, facilitation of cardio-respiratory transition and thermoregulation of the newborn, successful lactation, and enhanced bonding behavior between the mother and infant.38,42–44 When there is optimal physiologic functioning, women are less likely to require interventions to artificially augment labor, which can potentially interfere with their ability to cope with pain.44–47 When labor progresses spontaneously there is a reduced likelihood of fetal compromise or need for instrumental/surgical intervention.48

For most women, the short-term benefits of normal physiologic birth include emerging from childbirth feeling physically and emotionally healthy and powerful as mothers. Their infants will benefit from the ability of their mothers to respond to their needs and from the lack of exposure to medications that can affect neurological behavior. Long-term outcomes include beneficial effects for the woman's physical and mental health and capacity to mother, enhanced infant growth and development, and potentially diminished incidence of chronic disease.49–56 Together, these outcomes are beneficial to the family and society through enhanced family functioning and cost effective care. Importantly, a focus on these aspects of normal physiologic birth will help to change the current discourse on childbirth as an illness state where authority resides external to the woman to one of wellness in which women and clinicians share decisions and accountability.57

FACTORS THAT INFLUENCE NORMAL PHYSIOLOGIC CHILDBIRTH

There are multiple factors that influence the ability of a woman to give birth without intervention. These include the following:

For the woman:

- Her individual health status and physical fitness;
- Autonomy and self-determination in childbirth;58
- Personal knowledge and confidence about birth, including cultural beliefs, norms, and practices and education about the value of normal physiologic birth;59
- Fully informed, shared decision-making; and
- Access to health care systems, settings, and providers supportive of, and skilled in, normal physiologic birth.60
- **For the clinician:**
- Education, knowledge, competence, skill, and confidence in supporting physiologic labor and birth, including helping women cope with pain;
- Commitment to working with women through education to enhance their confidence in birth and diminish their fear of the process;
- Commitment to shared decision making; and
- Working within an infrastructure supportive of normal physiologic birth.60

For the birth setting and environment:

- Access to midwifery care for each woman;18
- Adequate time for shared decision making with freedom from coercion;
- No inductions or augmentations of labor without an evidence-based clinical indication;24
- Encouragement of nourishment (food and drink) during labor as the woman desires;61
- Freedom of movement in labor and the woman's choice of birth position;

- Intermittent auscultation of heart tones during labor unless continuous electronic monitoring is clinically indicated;62
- Maternity care providers skilled in non-pharmacologic methods for coping with labor pain for all women;63
- Care that supports each woman's comfort, dignity, and privacy; and
- Respect for each woman's cultural needs.

RECOMMENDATIONS FOR POLICY, EDUCATION, AND RESEARCH TO PROMOTE NORMAL PHYSIOLOGIC CHILDBIRTH INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:

- Introduction of policies into hospital settings to support normal physiologic birth;
- Comprehensive examination and dissemination of the evidence and care practices supportive of normal physiologic birth;
- Midwifery care as a key strategy to support normal physiologic birth;
- Increasing the midwife workforce and enhancing regulations and funding strategies to support their practice;
- Competency-based, interdisciplinary education programming for maternity health care clinicians and students on the application of care that promotes normal physiologic birth and (see the Normal Birth Summit Statement)
- Development of a future research agenda on short and long-term effects of normal physiologic birth.2,64

Approved by the Boards of Directors of ACNM, MANA, and NACPM, April 2012 Released May 14, 2012

Footnotes

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***Note.** ACNM = American College of Nurse-Midwives, http://www.midwife.org/; MANA = Midwives Alliance of North America, http:// mana.org/; NACPM = National Association of Certified Professional Midwives, http://www.nacpm.org/. This document is intended for healthcare professionals and policymakers. A companion document for consumers is in development.

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MANA Standards and Qualifications for the Art and Practice of Midwifery

The midwife practices in accord with the MANA Standards and Qualifications for the Art and Practice of Midwifery and the MANA Statement of Values and Ethics, and demonstrates the clinical skills and judgments described in the MANA Core Competencies for Midwifery Practice.

1. Skills: Necessary skills of a practicing midwife include the ability to:

- Provide continuity of care to the woman and her newborn during the maternity cycle. Care may continue throughout the woman's entire life cycle. The midwife recognizes that childbearing is a woman's experience and encourages the active involvement of her self-defined family system.
- Identify, assess and provide care during the antepartal, intrapartal, postpartum and newborn periods. She may also provide well woman and newborn care.
- Maintain proficiency in life-saving measures by regular review and practice
- Deal with emergency situations appropriately
- Use judgment, skill and intuition in competent assessment and response.

2. Appropriate Equipment and Treatment: Midwives carry and maintain equipment to assess and provide care for the well-woman, the mother, the fetus, and the newborn; to maintain clean and/or aseptic technique; and to treat conditions including, but not limited to, hemorrhage, lacerations, and cardio-respiratory distress. This may include the use of non-pharmaceutical agents, pharmaceutical agents, and equipment for suturing and intravenous therapy.

3. Records: Midwives keep accurate records of care for each woman and newborn in their practice. Records shall reflect current standards in midwifery charting, and shall be held confidential (except as legally required). Records shall be provided to the woman on request. The midwife maintains confidentiality in all verbal and written communications regarding women in her care.

4. Data Collection: It is highly recommended that midwives collect data for their practice on a regular basis and that this be done prospectively, following the protocol developed by the MANA Division of Research. Data collected by the midwife shall be used to inform and improve her practice.

5. Compliance: Midwives will inform and assist parents regarding public health requirements of the jurisdiction in which the midwifery service is provided.

6. Medical Consultation, Collaboration, and Referral: All midwives recognize that there are certain conditions for which medical consultations are advisable. The midwife shall make a reasonable attempt to assure that her client has access to consultation, collaboration, and/or referral to a medical care system when indicated.

7. Screening: Midwives respect the woman's right to self-determination. Midwives assess and inform each woman regarding her health and well-being relevant to the appropriateness of midwifery services. It is the right and responsibility of the midwife to refuse or discontinue services in certain circumstances. Appropriate referrals are made in the interest of the mother or baby's well-being or when the required or requested care is outside the midwife's personal scope of practice as described in her practice guidelines.

8. Informed Choice: Each midwife will present accurate information about herself and her services, including but not limited to:

- her education in midwifery
- her experience level in midwifery
- her practice guidelines
- her financial charges for services
- the services she does and does not provide
- her expectations of the pregnant woman and the woman's self-defined family system. The midwife recognizes that the woman is the primary decision maker in all matters regarding her own health care and that of her infant. The midwife respects the woman's right to decline treatments or procedures, and properly documents these

choices. The midwife clearly states and documents when a woman's choices fall outside the midwife's practice guidelines.

9. Continuing Education: Midwives will update their knowledge and skills on a regular basis.

10. Peer Review: Midwifery practice includes an ongoing process of case review with peers.

11. Practice Guidelines: Each midwife will develop practice guidelines for her services that are in agreement with the MANA Standards and Qualifications for the Art and Practice of Midwifery, the MANA Statement of Values and Ethics, and the MANA Core Competencies for Midwifery Practice, in keeping with her level of expertise.

12. Expanded Scope of Practice: The midwife may expand her scope of practice beyond the MANA Core Competencies to incorporate new procedures that improve care for women and babies consistent with the midwifery model of care. Her practice must reflect knowledge of the new procedure, including risks, benefits, screening criteria, and identification and management of potential complications.

REFERENCES

The following sources were utilized for reference: Essential documents of the National Association of Certified Professional Midwives 2004, American College of Nurse-Midwives documents and standards for the Practice of Midwifery revised March 2003; ICM membership and joint study on maternity; FIGO, WHO, etc. revised 1972; New Mexico regulations for the practice of lay midwifery, revised 1982; North West Coalition of Midwives Standards for Safety and Competency in Midwifery; Varney, Helen, Nurse-Midwifery, Blackwell Scientific Pub., Boston, MA 1980.

MANA Statement of Values and Ethics

Ethics in Midwifery Guide Good Decision Making

The practice of midwifery is infused with values that guide the way midwives provide care to women, infants and families. Ethics is a necessary component of midwifery care and requires midwives to make ethical decision on a daily basis regardless of settings in which they provide services, such as clinics, homes, hospitals and birth centers.

The Midwives Alliance Statement of Values and Ethics was written and adopted by the MANA Board of Directors in 1997, and revised and adopted in August 2012.

MANA Statement of Values and Ethics The Statement of Values and Ethics of the Midwives Alliance of North America (MANA) is a critical reflection of moral issues as they pertain to maternal and child health. It is intended to provide guidance for professional conduct in the practice of midwifery, as well as influence MANA's organizational policies, thereby promoting high quality care for childbearing families.

Statement of Values Since what we value infuses and informs our ethical decisions and actions, the Midwives Alliance of North America affirms:

I. Woman as a Unique Individual

A. We value each woman as a strong, creative, unique individual with life-giving powers. B. We value each woman's right to a supportive caregiver appropriate to her needs and respectful of her belief system. C. We value a woman's right to access resources in order to achieve health, happiness and personal growth according to her needs, perceptions and goals. D. We value a woman as autonomous and competent to make decisions regarding all aspects of her life. E. We value the empowerment of a woman during the processes of pregnancy, birth, breastfeeding, mother–infant attachment and parenting.

II. Mother and Baby as Whole

A. We value the mother and her baby as an inseparable and interdependent whole and acknowledge that each woman and baby have of well-being unique to themselves. B. We value the physical, psychosocial and spiritual health, well-being and safety of every mother and baby. C. We value the mother as the direct care provider for her unborn child. D. We value the process of labor and birth as a rite of passage with mother and baby as equal participants. E. We value the sentient and sensitive nature of the newborn and affirm every baby's right to a caring and loving birth without separation from mother and family. F. We value breastfeeding as the ideal way to nourish and nurture the newborn.

III. The Nature of Birth

A. We value the essential mystery of birth. B. We value pregnancy and birth as natural, physiologic and holistic processes that technology will never supplant. C. We value the integrity of a woman's body, the inherent rhythm of each woman's labor and the right of each mother and baby to be supported in their efforts to achieve a natural, spontaneous vaginal birth. D. We value birth as a personal, intimate, internal, sexual, and social experience to be shared in the environment and with the attendants a woman chooses. E. We value the right of a woman and her partner to determine the most healing course of action when difficult situations arise. F. We value the art of letting go and acknowledge death and loss as possible outcomes of pregnancy and birth.

IV. The Art of Midwifery:

A. We value our right to practice the art of midwifery, an ancient vocation of women. B. We value multiple routes of midwifery education and the essential importance of apprenticeship training. C. We value the wisdom of midwifery, an expertise that incorporates theoretical and embodied knowledge, clinical skills, deep listening, intuitive judgment, spiritual awareness and personal experience.

D. We value the art of nurturing the inherent normalcy of pregnancy and birth as expressions of wellness in a healthy woman. E. We value continuity of care throughout the childbearing year. F. We value birth with a midwife in any setting that a woman chooses. G. We value homebirth with a midwife as a wise and safe choice for healthy families. H. We value caring for a woman to the best of our ability without prejudice with regards to age, race, ethnicity, religion, education, culture, sexual orientation, gender identification, physical abilities or socioeconomic background. I. We value the art of empowering women, supporting each to birth unhindered and confident in her natural abilities. J. We value the acquisition and use of skills that identify and guide a complicated pregnancy or birth to move toward greater well-being and be brought to the most healing conclusion possible. K. We value standing up for what we believe in the face of social pressure and political oppression.

V. Woman as Mother:

A. We value a mother's intuitive knowledge and innate ability to nurture herself, her unborn baby and her newborn baby. B. We value the power and beauty of a woman's body as it grows in pregnancy and a woman's strength in labor and birth. C. We value pregnancy and birth as processes that have lifelong impact on a woman's self-esteem, her health, her ability to nurture and her personal growth. D. We value the capacity of partners, family and community to support a woman in all aspects of pregnancy, birth and mothering and to provide a safe environment for mother and baby.

VI. The Nature of Relationship:

A. We value an egalitarian relationship between a woman and her midwife. B. We value the quality, integrity and uniqueness of our interactions, which inform our choices and decisions. C. We value mutual trust, honesty and respect. D. We value a woman's right to privacy, and we honor the confidentiality of all personal interactions and health records. E. We value direct access to information that is readily understood by all. F. We value personal responsibility and the right of a woman to make decisions reg using both informed consent and informed refusal. G. We value our relationship to a process that is larger than ourselves, recognizing that birth is something we can seek to learn from and to know, but cannot control. H. We value humility and the recognition of our own limitations. I. We value sharing information and understanding about birth experiences, skills and knowledge. J. We value a supportive midwifery community as an essential place of learning. K. We value diversity among midwives that broadens our collective resources and challenges us to work toward greater understanding. L. We value collaboration between a midwife and other health-care practitioners as essential to providing a family with resources to make responsible and informed choices. M. We value the right and responsibility of both a midwife and a woman to discontinue care when insurmountable obstacles develop that compromise communication, mutual trust or joint decision making. N. We value the responsibility of a midwife to consult with other health-care practitioners when appropriate and refer or transfer care when necessary.

VII. Cultural Sensitivity, Competency and Humility

A. We value cultural sensitivity, competency and humility as critical skills for the midwife to master in an increasingly multicultural society. B. We value cultural sensitivity—a midwife's awareness of and ability to honor differences between people and the cultural values of the women she serves. C. We value the importance of cultural competency in addressing the social and economic barriers to access to care for vulnerable, underserved and marginalized women, thereby improving maternal and infant health and the well-being of families. D. We value cultural humility as a lifelong process of self-reflection and self-critique in order to develop a respectful partnership with each woman.*

**Section VII is derived from Melanie Tervalon and Jann Murray-Garcia, "Cultural Humility versus Cultural Competency: A Critical Distinction in Defining Physician Training Outcomes in Multicultural Education," Journal of Health Care for the Poor and Underserved 9 (May 1998): 117–25.*

Statement of Ethics

Our values inform and inspire midwifery practice in our hearts and minds. Acting ethically is an expression of our values within the context of our individual, geographic, religious, cultural, ethnic, political, educational and personal backgrounds and in our relationships with others. As we seek to respond in the moment to each situation we face, we call upon ethical principles of human interaction as follows:

- Beneficence—to act so as to benefit others
- Nonmaleficence—to avoid causing harm
- Confidentiality—to honor others' privacy and keep personal interactions confidential
- Justice—to treat people respectfully and equitably
- Autonomy—to respect an individual's rights to self-determination and freedom to make decisions that affect his or her life.

The equality and mutuality of the relationship between midwife and client create a foundation uniquely suited to integrate these principles. As midwives, we seek to benefit women and babies in our care. Mutual trust and respect are critical to the success of a relationship that requires joint decision making at every level. Moral integrity, truthfulness and adequate information enable all participants to judge together the best course of action in varied situations.

Judgments are fundamentally based on awareness and understanding of ourselves and others. They grow out of our own sense of moral integrity, which is born within the heart of each individual. Becoming self-aware and increasing understanding are ongoing processes that must be nurtured as a function of personal and professional growth. MANA's affirmation of individual moral integrity and recognition of the complexity of life events bring us to an understanding that there cannot possibly be one right answer for all situations. Since the outcome of pregnancy is ultimately unknown and is always unknowable, it is inevitable that in certain circumstances our best decisions in the moment will lead to consequences we could not foresee.

We recognize the limitations of traditional codes of ethics that present a list of rules to be followed. Therefore, a midwife must develop a moral compass to guide practice in diverse situations that arise from the uniqueness of pregnancy and birth as well as the relationship between midwives and birthing women. This approach affirms the mystery and potential for transformation present in every experience and fosters truly diverse practice. Midwifery care is woman-led care with informed choice and a clear set of values at its core. Decision making is a shared responsibility with the goals of healthy women and babies and of gentle, empowering births with a focus on individual and family needs and concerns. Ultimately, it is at the heart of midwifery practice to honor and respect the decisions women make about their pregnancies and births based on their knowledge and belief about what is best for themselves and their babies.

There are both individual and social implications to any decision-making process. Our decisions may be impacted by the oppressive rules and practices of a society that is often hostile to homebirth, midwives and midwifery clients. Our actual choices may be limited by the medical, legal, political, economic, cultural or social climate in which we function. The more our values conflict with those of the dominant culture, the greater the threat to the integrity of our own values, and the greater the risk that our actions may lead to professional repercussions or legal reprisal. In such conditions we may be unable to make peace with any course of action or may feel conflicted about a choice already made. The community of women, both midwives and those we serve, may provide a fruitful resource for continued moral support and guidance.

In summary, acting ethically requires us to define our values, respond to the communities of families, midwives and cultures in which we find ourselves, act in accord with our values to the best of our ability as the situation demands, and engage in ongoing self-examination, evaluation, peer review and professional growth. By carefully describing the multifaceted aspects of what we value and defining the elements of moral integrity and decision making, we have created a framework for ethical behavior in midwifery practice. We welcome an open and ongoing articulation of values and ethics and the evolution of this document.

MANA Core Competencies for Midwifery Practice

MANA Core Competencies are Essential for High Quality Midwifery Care

The Midwives Alliance Core Competencies establish the essential knowledge, clinical skills and critical thinking necessary for entry-level practice for direct-entry midwifery in the United States. The Certified Professional Midwife (CPM) is based on the MANA Core Competencies.

The MANA Core Competencies were written and adopted by the MANA Board of Directors on October 3,1994, and revised and adopted on August 4, 2011 and again in December 2014.

National Midwifery Institute, Inc. instructors developed course work in 1995 to reflect the 1994 MANA Core Competencies and the NARM Job Analysis documents from 1995, 2001, and 2010. Below are the 1994 MANA Core Competencies:

GUIDING PRINCIPLES OF PRACTICE: The midwife provides care according to the following principles:

A. Midwives work in partnership with women and their chosen support community throughout the caregiving relationship. B. Midwives respect the dignity, rights and the ability of the women they serve to act responsibly throughout the caregiving relationship. C. Midwives work as autonomous practitioners, collaborating with other health and social service providers when necessary. D. Midwives understand that physical, emotional, psycho-social and spiritual factors synergistically comprise the health of individuals and affect the childbearing process. E. Midwives understand that female physiology and childbearing are normal processes, and work to optimize the well-being of mothers and their developing babies as the foundation of caregiving. F. Midwives understand that the childbearing experience is primarily a personal, social and community event. G. Midwives recognize that a woman is the only direct care provider for herself and her unborn baby; thus the most important determinant of a healthy pregnancy is the mother herself. H. Midwives recognize the empowerment inherent in the childbearing experience and strive to support women to make informed decisions and take responsibility for their own well-being. I. Midwives strive to ensure vaginal birth and provide guidance and support when appropriate to facilitate the spontaneous processes of pregnancy, labor and birth, utilizing medical intervention only as necessary. J. Midwives synthesize clinical observations, theoretical knowledge, intuitive assessment and spiritual awareness as components of a competent decision making process. K. Midwives value continuity of care throughout the childbearing cycle and strive to maintain continuous care within realistic limits. L. Midwives understand that the parameters of “normal” vary widely and recognize that each pregnancy and birth are unique.

GENERAL KNOWLEDGE AND SKILLS:

I. The midwife provides care incorporating certain concepts, skills and knowledge from a variety of health and social sciences, including but not limited to:

A. Communication, counseling and teaching skills. B. Human anatomy and physiology relevant to childbearing. C. Community standards of care for women and their developing infants during the childbearing cycle, including midwifery and bio-technical medical standards and the rationale for and limitations of such standards. D. Health and social resources in her community. E. Significance of and methods for documentation of care through the childbearing cycle. F. Informed decision making. G. The principles and appropriate application of clean and aseptic technique and universal precautions. H. Human sexuality, including indications of common problems and indications for counseling. I. Ethical considerations relevant to reproductive health. J. The grieving process. K. Knowledge of cultural variations. L. Knowledge of common medical terms. M. The ability to develop, implement and evaluate an individualized plan for midwifery care. N. Woman-centered care, including the relationship between the mother, infant and their larger support community. O. Knowledge of various health care modalities1 as they apply to the childbearing cycle.

CARE DURING PREGNANCY:

II. The midwife provides health care, support and information to women throughout pregnancy. She determines the need for consultation or referral as appropriate. The midwife uses a foundation of knowledge and/or skill which includes the following:

A. Identification, evaluation and support of maternal and fetal well-being throughout the process of pregnancy. B. Education and counseling for the childbearing cycle. C. Preexisting conditions in a woman’s health history which are likely to influence her wellbeing when she becomes pregnant. D. Nutritional requirements of pregnant women and methods of nutritional assessment and counseling. E. Changes in emotional, psycho-social and sexual variations that may occur during pregnancy. F. Environmental and occupational hazards for pregnant women. G. Methods of diagnosing pregnancy. H. Basic understanding of

genetic factors which may indicate the need for counseling, testing or referral. I. Basic understanding of the growth and development of the unborn baby. J. Indications for, and the risks and benefits of bio-technical screening methods and diagnostic tests used during pregnancy. K. Anatomy, physiology and evaluation of the soft and bony structure of the pelvis. L. Palpation skills for evaluation of the fetus and uterus. M. The causes, assessment and treatment of the common discomforts of pregnancy. N. Identification of, implications of and appropriate treatment for various infections, disease conditions and other problems which may affect pregnancy. O. Special needs of the Rh- woman.

CARE DURING LABOR, BIRTH AND IMMEDIATELY THEREAFTER:

III. The midwife provides health care, support and information to women throughout labor, birth and the hours immediately thereafter. She determines the need for consultation or referral as appropriate. The midwife uses a foundation of knowledge and/or skill which includes the following:

A. The normal processes of labor and birth.

B. Parameters and methods for evaluating maternal and fetal well-being during labor, birth and immediately thereafter, including relevant historical data.

C. Assessment of the birthing environment, ensuring that it is clean, safe and supportive, and that appropriate equipment and supplies are on hand.

D. Emotional responses and their impact during labor, birth and immediately thereafter.

E. Comfort and support measures during labor, birth and immediately thereafter.

F. Fetal and maternal anatomy and their interactions as relevant to assessing fetal position and progress of labor.

G. Techniques to assist and support the spontaneous vaginal birth of the baby and placenta.

H. Fluid and nutritional requirements during labor, birth and immediately thereafter.

I. Assessment of and support for maternal rest and sleep as appropriate during the process of labor, birth and immediately thereafter.

J. Causes of, evaluation of and appropriate treatment for variations which occur during the course of labor, birth and immediately thereafter.

K. Emergency measures and transport procedures for critical problems arising during labor, birth or immediately thereafter.

L. Understanding of and appropriate support of the newborn's transition during the first minutes and hours following birth.

M. Familiarity with current bio-technical interventions and technologies which may be commonly used in a medical setting.

N. Evaluation and care of the perineum and surrounding tissues.

POSTPARTUM CARE:

IV. The midwife provides health care, support and information to women throughout the postpartum period. She determines the need for consultation or referral as appropriate. The midwife uses a foundation of knowledge and/or skill which includes but is not limited to the following:

A. Anatomy and physiology of the mother during the postpartum period.

B. Lactation support and appropriate breast care including evaluation of, identification of and treatment for problems with nursing.

C. Parameters and methods for evaluating and promoting maternal well-being during the postpartum period.

D. Causes of, evaluation of and treatment for maternal discomforts during the postpartum period.

E. Emotional, psycho-social and sexual variations during the postpartum period.

F. Maternal nutritional requirements during the postpartum period including methods of nutritional evaluation and counseling.

G. Causes of, evaluation of and treatment for problems arising during the postpartum period.

H. Support, information and referral for family planning methods as the individual woman desires.

NEWBORN CARE:

V. The entry-level midwife provides health care to the newborn during the postpartum period and support and information to parents regarding newborn care. She determines the need for consultation or referral as appropriate. The midwife uses a foundation of knowledge and/or skill which includes the following:

A. Anatomy, physiology and support of the newborn's adjustment during the first days and weeks of life.

B. Parameters and methods for evaluating newborn wellness including relevant historical data and gestational age.

C. Nutritional needs of the newborn.

D. Community standards and state laws regarding indications for, administration of and the risks and benefits of prophylactic bio-technical treatments and screening tests commonly used during the neonatal period.

E. Causes of, assessment of, appropriate treatment and emergency measures for newborn problems and abnormalities.

PROFESSIONAL, LEGAL AND OTHER ASPECTS:

VI. The entry-level midwife assumes responsibility for practicing in accord with the principles outlined in this document. The midwife uses a foundation of knowledge and/or skill which includes the following:

A. MANA's documents concerning the art and practice of Midwifery.

B. The purpose and goal of MANA and local (state and provincial) midwifery associations.

C. The principles of data collection as relevant to midwifery practice.

D. Laws governing the practice of midwifery in her local jurisdiction.

E. Various sites, styles and modes of practice within the larger midwifery community.

F. A basic understanding of maternal/child health care delivery systems in her local jurisdiction.

G. Awareness of the need for midwives to share their knowledge and experience.

WELL-WOMAN CARE AND FAMILY PLANNING:

VII. Depending upon education and training, the entry-level midwife may provide family planning and well-woman care. The practicing midwife may also choose to meet the following core competencies with additional training. In either case, the midwife provides care, support and information to women regarding their overall reproductive health, using a foundation of knowledge and/or skill which includes the following:

A. Understanding of the normal life cycle of women.

B. Evaluation of the woman's well-being including relevant historical data.

C. Causes of, evaluation of and treatments for problems associated with the female reproductive system and breasts.

D. Information on, provision of or referral for various methods of contraception.

E. Issues involved in decision-making regarding unwanted pregnancies and resources for counseling and referral.

"I love getting the chance to witness people's transformations,

and I love it when I can do something helpful."

~NMI Student

Midwifery Education Accreditation Council Philosophy on Midwifery Education

As an accrediting body for direct-entry midwifery educational programs, the Midwifery Education Accreditation Council plays an essential role in the development and support of the profession by requiring educators to follow a path of continual growth and improvement in the delivery of midwifery education. This is achieved by supporting the development and accountability of high-quality educational programs built on evidence-based and current best-practice research. MEAC views accountability as a necessary and positive component of professional midwifery, and we embrace our role as accreditors in this process.

MEAC sets standards for midwifery education while encouraging heterogeneity in the educational models used and the individuals served. The tension between upholding objective standards and maintaining a rich variety of options for students is a challenge we gratefully accept.

We uphold the principles of inclusivity, non-discrimination, and diversity with regard to gender identity, race, marital status, ethnic origin, creed, age, sexual orientation, or disability in our board composition and in our support of varied educational models. MEAC standards for accreditation encourage broad student and faculty recruitment among our member schools.

MEAC values competency-based educational programs that train midwives to serve culturally, socially, and economically diverse women and families inclusive of gender identity, race, marital status, ethnic origin, creed, age, sexual orientation, and disability. We believe the following to be integral to that goal:

- Mastery of core competencies is not defined by the length of time spent in the educational process but should meet an international standard of midwifery education.
- Mastery of core competencies can be accomplished through various educational routes including conventional classroom format, distance learning, and clinical placement.

We believe in the Midwives Model of Care, not only as the form of care provided by midwives to their clients but also as a standard for our work of accreditation. This value leads us to strive toward respectful, fair, individualized, responsive and transparent interactions among those with whom we work.

We aspire to be a source of positive influence in healthcare by collaborating with midwifery and other professional organizations. We believe in the midwifery educator's ability to effect change in the maternity care system by making the Midwives Model of Care more accessible to all women through the training of skilled midwives and their integration as primary providers in women's health.

Adopted on January 13, 2013

Midwifery Education Accreditation Council Mission and Purpose Statement

The Midwifery Education Accreditation Council's mission is to promote excellence in midwifery education through accreditation. It creates standards and criteria for the education of midwives. MEAC standards incorporate the nationally recognized core competencies and guiding principles set by the Midwives Alliance of North America (MANA), The International Confederation of Midwives (ICM), and the requirements for national certification of the North American Registry of Midwives (NARM). MEAC accreditation criteria for midwifery education programs reflect the unique components and philosophy of the Midwives Model of Care.

The purpose of MEAC is to establish standards for the education of competent midwives, and to provide a process for self-evaluation and peer evaluation for diverse educational programs. MEAC is a non-profit organization approved by the U.S. Secretary of Education as a nationally recognized accrediting agency.

History of MEAC: The Midwifery Education Accreditation Council (MEAC) was formed in 1991 by the National Coalition of Midwifery Educators as a not-for-profit organization. MEAC standards for accreditation were developed by expert midwifery educators from a variety of midwifery educational programs in the United States. MEAC is a membership organization comprised of institutions and programs accredited by MEAC.

Curriculum Checklist of Essential Competencies (Revised 2014)

Curriculum Checklist of Essential Competencies, Adopted by the Midwifery Education Accreditation Council, August 2014, Based on the ICM Essential Competencies, NARM Knowledge and Skills List, and MANA Core Competencies

1 | COMPETENCY IN SOCIAL, EPIDEMIOLOGIC AND CULTURAL CONTEXT OF MATERNAL AND NEWBORN CARE

Midwives have the requisite knowledge and skills from obstetrics, neonatology, the social sciences, public health, and ethics that form the basis of high quality, culturally relevant, appropriate care for women, newborns, and childbearing families.

The midwife has the knowledge and/or understanding of:

1.1 the community and social determinants of health (e.g., income, literacy and education, water supply and sanitation, housing, environmental hazards, food security, disease patterns, common threats to health)
1.2 principles of community-based primary care using health promotion and disease prevention and control strategies
1.3 direct and indirect causes of maternal and neonatal mortality and morbidity and strategies for reducing them
1.4 methodology for conducting maternal death review and near miss audits
1.5 principles of epidemiology, community diagnosis (including water and sanitation), and how to use these in care provision
1.6 methods of infection prevention and control, appropriate to the service being provided
1.7 principles of research, evidence-based practice, critical interpretation of professional literature, and the interpretation of vital statistics and research findings
1.8 indicators of quality health care services
1.9 principles of health education
1.10 national and local health services and infrastructures supporting the continuum of care (organization and referral systems), how to access needed resources for midwifery care
1.11 relevant national or local programs or initiatives (provision of services or knowledge of how to assist community members to access services, such as immunization and prevention or treatment of health conditions prevalent in the country or locality)
1.12 the concept of alarm (preparedness), the protocol for referral to higher health facility levels, and appropriate communication during transport [emergency care]
1.13 the legal and regulatory framework governing reproductive health for women of all ages, including laws, policies, protocols and professional guidelines
1.14 policies, protocols, laws and regulations related to therapeutic abortion (TAB) care services
1.15 human rights and their effects on health of individuals, including but not limited to: health disparities, domestic partner violence, and female genital mutilation [cutting]
1.16 advocacy and empowerment strategies for women
1.17 the history of childbirth practices and the midwifery profession
1.18 unique healthcare needs of women from distinct ethnic or cultural backgrounds, or a variety of family structures and sexual orientations
1.19 culturally sensitive care
1.20 traditional and modern health practices (beneficial, neutral and harmful)1.21benefits and risks of available birth settings
1.22 strategies for advocating with women for a variety of safe birth settings
1.23 the purpose and role of national and local midwifery organizations

Professional Behaviors

The midwife:

1.24 is responsible and accountable for clinical decisions and actions
1.25 acts consistently in accordance with professional ethics, values, and human rights as defined by national and local professional midwifery organizations
1.26 acts consistently in accordance with standards of practice as defined by national and local professional midwifery organizations
1.27 maintains and updates knowledge and skills, in order to remain current in practice
1.28 uses standard/universal precautions, infection prevention and control strategies, and clean technique
1.29 behaves in a courteous, non-judgmental, non-discriminatory, and culturally appropriate manner with all clients
1.30 is respectful of individuals and of their culture and customs, regardless of socioeconomic status, race, ethnic origin, sexual orientation, gender, physical ability, cognitive ability, or religious belief
1.31 maintains the confidentiality of all information shared by the woman; communicates essential information among other health providers or family members only with explicit permission from the woman and in situations of compelling need
1.32 uses shared decision-making in partnership with women and their families; enables and supports them in making informed choices about their health, including the need or desire for referral or transfer to other health care providers or facilities for continued care when health care needs exceed the abilities of the midwife provider and their right to refuse testing or intervention
1.33 works collaboratively with other healthcare workers to improve the delivery of services to women and families
1.34 follows appropriate protocol and etiquette for transport or transfer of care of the mother or newborn from home or birth center to the hospital during pregnancy, in labor, or postpartum
1.35 provides opportunity for client feedback

The midwife has the skill and/or ability to:

1.36 engage in health education discussions with and for women and their families
1.37 use appropriate communication and listening skills across all domains of competency
1.38 assemble, use, and maintain equipment and supplies appropriate to setting of practice
1.39 document and interpret relevant findings for services provided across all domains of competency, including what was done and what needs follow-up according to current best practices
1.40 comply with all local regulations for birth and death registration, mandatory reporting for physical abuse, and infectious disease reporting
1.41 take a leadership role in the practice arena based on professional beliefs and values
1.42 assume administration and management tasks and activities, including but not limited to:a.compliance with privacy and protected health information regulations(i.e.HIPAA compliance)b.compliance with workplace safety regulations (i.e.OSHA compliance)

Additional Skills(Not Required).

NOTE: Additional Skills are not required for graduation from a MEAC-accredited program or institution. Rather, the International Confederation of Midwives has defined these skills for midwives who elect to engage in a broader scope of practice and for midwives who may be required to have certain skills to make the difference in maternal and neonatal outcomes in their country.

The midwife may:

1.43 assume administration and management tasks and activities,including but not limited to: a.quality control, b.human resource management, c.third party billing, d.business practices appropriate for level of health facility and midwifery scope of practice
41.44 take a leadership role in policy arenas

2 | COMPETENCY IN PRE-PREGNANCY CARE AND FAMILY PLANNING

Midwives provide high quality, culturally sensitive health education and services to all in the community in order to promote healthy family life, planned pregnancies, and positive parenting.

The midwife has the knowledge and/or understanding of:

2.1 growth and development related to sexuality, sexual development, and sexual activity
2.2 female and male anatomy and physiology related to conception and reproduction
2.3 cultural norms and practices surrounding sexuality, sexual practices, marriage and childbearing
2.4 components of a health history,family history, and relevant genetic history
2.5 physical examination content and investigative laboratory studies that evaluate potential for a healthy pregnancy
2.6 health education content targeted to sexual and reproductive health (e.g., sexually transmitted infections; HIV;newborn and child health)
2.7 basic principles of pharmacokinetics of family planning drugs and agents
2.8 natural family planning methods
2.9 all currently available methods of family planning, including medical eligibility criteria and appropriate timeframes for method use
2.10 methods and strategies for guiding women and/or couples needing to make decisions about methods of family planning
2.11 signs and symptoms of urinary tract infection and sexually transmitted infections commonly occurring in the community/country
2.12 indicators of common acute and chronic disease conditions specific to a geographic area of the world that present risks to a pregnant woman and the fetus (e.g., HIV; TB; malaria) and referral process for further testing and treatment including post-exposure preventive treatment
2.13 indicators and methods for advising and referral of dysfunctional interpersonal relationships, including sexual problems, gender-based violence, emotional abuse and physical neglect
2.14 principles of screening methods for cervical cancer, (e.g., Pap test; colposcopy) and interpretation of test results.

The midwife has the skill and/or ability to:

2.15 take a comprehensive health and obstetric, gynecologic and reproductive health history
2.16 engage the woman and her family in preconception counseling, based on the individual situation, needs and interests
2.17perform a physical examination, including clinical breast examination, focused on the presenting condition of the woman
2.18 order and/or perform and interpret laboratory tests used in providing well woman care including, but not limited to: CBC, thyroid function tests, urinalysis, chemistry panels
2.19 request and/or perform and interpret selected screening tests including, but not limited to: screening for HIV, STIs, and PAP tests
2.20 provide collaborative care, support and referral for treatment for the HIV positive woman and HIV counseling and testing for women who do not know their status (however authorized to do so in the jurisdiction of practice
2.21 dispense, furnish or administer (however authorized to do so in the jurisdiction of practice) locally available and culturally acceptable methods of family planning
2.22 advise women about management of side effects and problems with use of family planning methods
2.23 take and order cervical cytology (Pap) test
2.24 use the microscope to perform simple screening tests including, but not limited to: amniotic fluid ferning, candida, trichomonas, and bacterial vaginosis.

Additional Skills(Not Required).

The midwife may:

.2.25 insert and remove intrauterine contraceptive devices
2.26 insert and remove contraceptive implants

2.27 perform acetic acid visualization of the cervix and interpret the need for referral and treatment
2.28 perform colposcopy for cervical cancer screening and interpret the need for referral and treatment
2.29 dispense, furnish or administer (however authorized to do so in the jurisdiction of practice) emergency contraception medications, in accord with local policies, protocols, law or regulation
2.30 provide commonly available methods of barrier, steroidal, mechanical, and chemical methods of family planning

3 | COMPETENCY IN PROVISION OF CARE DURING PREGNANCY

Midwives provide high quality antenatal care to maximize health during pregnancy and that includes early detection and treatment or referral of selected complications.

The midwife has the knowledge and/or understanding of:

3.1 anatomy and physiology of the human body
3.2 the biology of human reproduction, the menstrual cycle, and the process of conception3.3the growth and development of the unborn baby
3.4 signs and symptoms of pregnancy
3.5 examinations and tests for confirmation of pregnancy
3.6 signs and symptoms and methods for diagnosis of an ectopic pregnancy
3.7 principles of dating pregnancy by menstrual history, size of uterus, fundal growth patterns, and use of ultrasound
3.8 components of a health history and focused physical examination for antenatal visits
3.9 manifestations of various degrees of female genital mutilation (cutting) and their potential
3.10 factors involved in decisions relating to unintended or mistimed pregnancies
3.11 all currently available methods of therapeutic abortion (TAB) and their medical eligibility criteria
3.12 pharmacotherapeutic basics of drugs recommended for use in medical abortion
3.13 principles of uterine evacuation via manual vacuum aspiration
3.14 normal findings [results] of basic screening laboratory tests including, but not limited to:a.routine pregnancy bloodwork, b.urine dipstick, c.fetal screening (i.e. genetic testing, biophysical profile, 1st and 2nd trimester screen, NST, U/S)d.glucose tolerance screen, e.pre-eclampsia screening tests, f.GBS vaginal/rectal culture
3.15 normal progression of pregnancy: body changes, common discomforts, expected fundal growth patterns, weight gain
3.16 implications of deviation from expected fundal growth patterns, including intrauterine growth retardation/restriction, oligo-and polyhydramnios, multiple fetuses
3.17fetal risk factors requiring transfer of women to higher levels of care prior to labor and birth
3.18 normal psychological changes in pregnancy, indicators of psychosocial stress, and impact of pregnancy on the woman and the family
3.19 safe, locally available non-pharmacological methods for the relief of common discomforts of pregnancy
3.20 how to determine fetal well-being during pregnancy including fetal heart rate and activity patterns, amniocentesis and ultrasound technology
3.21 components of a healthy diet and the nutritional requirements of the pregnant woman and fetus, including the appropriate use of vitamin and mineral supplements
3.22 health education needs in pregnancy (e.g., information about relief of common discomforts, hygiene, sexuality, work inside and outside the home)
3.23 basic principles of pharmacokinetics of drugs prescribed, dispensed or furnished to women during pregnancy
3.24 effects of prescribed medications, ultrasound, street drugs, traditional medicines, and over-the-counter drugs on pregnancy and the fetus
3.25 effects of smoking, alcohol abuse and illicit drug use on the pregnant woman and fetus
3.26 effects of environmental exposures, food-borne illnesses, or certain activities on the pregnant woman and fetus, (e.g., heavy metals, listeriosis, pesticides, food additives, saunas, toxoplasmosis)
3.27 the essential elements of birth planning (preparation for labor and birth, emergency preparedness)
3.28 the physical preparation for labor
3.29 the components of preparation of the home/family for the newborn
3.31 techniques for increasing relaxation and pain relief measures available for labor

3.32 signs, symptoms and potential effects of conditions that are life-threatening to the pregnant woman and/or her fetus, including but not limited to:a.pre-eclampsia/eclampsia,b.vaginal bleeding, c.premature labor, d.Rh isoimmunisation, e.syphilis
3.33 means and methods of advising about care, treatment and support for the HIV positive pregnant woman including measures to prevent maternal-to-child transmission (PMTCT) (including feeding options)
3.34 signs, symptoms and indications for referral of selected complications and conditions of pregnancy that affect either mother or fetus, including but not limited to: a.anemia, b.asthma, c.HIV infection, d.thyroid disorders, e.diabetes, f.cardiac conditions, g.malpresentations/abnormal lie, h.placental disorders, i.preterm labor,j.post-dates pregnancy, k.hydatidiform mole
3.35 the prenatal methods for encouraging optimal positioning at term, including external manual version.
3.36 the physiology of lactation and methods to prepare women for breastfeeding

The midwife has the skill and/or ability to:

3.37 take an initial history and perform ongoing history each antenatal visit
3.38 perform a complete physical examination and explain findings to the woman
3.39 take and assess maternal vital signs including temperature, blood pressure, pulse
3.40 draw blood and collect urine and vaginal culture specimens for laboratory testing
3.41 assess maternal nutrition and its relationship to fetal growth; give appropriate advice on nutritional requirements of pregnancy and how to achieve them
3.42 perform a complete abdominal assessment including measuring fundal height, lie, position, and presentation
3.43 assess fetal growth using manual measurements
3.44 evaluate fetal growth, placental location, and amniotic fluid volume by using manual measurements or techniques and by referring for ultrasound visualization and measurement
3.45 listen to the fetal heart rate, palpate the uterus for fetal activity, and interpret findings
3.46 monitor fetal heart rate with Doppler
3.47 perform a pelvic examination, including sizing the uterus, if indicated and when appropriate during the course of pregnancy
3.48 perform clinical pelvimetry [evaluation of bony pelvis] to determine the adequacy of the bony structures
3.49 calculate the estimated date of birth and assess gestational period through query about LMP, bimanual examination, and/or urine pregnancy testing.
3.50 provide health education to adolescents, women and families about normal pregnancy progression, danger signs and symptoms, and when and how to contact the midwife
3.51 teach and/or demonstrate measures to decrease common discomforts of pregnancy
3.52 provide guidance and basic preparation for labor, birth, and parenting
3.53 provide education regarding avoidance of potentially harmful environmental exposures, food-borne illnesses, or activities
3.54 identify variations during the course of the pregnancy and institute appropriate first-line independent or collaborative management based upon evidence-based guidelines, local standards and available resources for:a.low and or inadequate maternal nutrition, including eating disorders and pica, b.anemia, c.ectopic pregnancy, d.hyperemesis, e.genital herpes, f.inadequate or excessive uterine growth, including suspected oligo-or polyhydramnios, molar pregnancy g. gestational diabetes, h.insufficient cervix, i.elevated blood pressure, proteinuria, presence of significant edema, severe frontal headaches, visual changes, epigastric pain associated with elevated blood pressure, j.vaginal bleeding (with or without cramping,) k.multiple gestation, abnormal lie/mal-presentation at term, l.intrauterine fetal death, m.rupture of membranes prior to term, n.post term pregnancy, o.exposure to or contraction of infectious disease (e.g. HIV, Hep B & C, Varicella, Rubella, cytomegalovirus)p.GBS positive vaginal rectal culture, q.Toxoplasmosis, r.Depression
3.55 identify deviations from normal during the course of pregnancy and initiate the referral process for conditions that require higher levels of intervention
3.56 inform women who are considering therapeutic abortion about available services for those keeping the pregnancy and for those proceeding with abortion, methods for obtaining therapeutic abortion, and to support women in their choice
3.57 dispense, furnish or administer (however authorized to do so in the jurisdiction of practice) selected, life-saving drugs (e.g., antibiotics, anticonvulsants, antimalarials, antihypertensives, antiretrovirals) to women in need because of a presenting condition
3.58 provide individualized care according to the needs and desires of each woman

Additional Skills(Not Required)

The midwife may:

3.59 measures for prevention and control of malaria in pregnancy, according to country disease pattern, including intermittent preventive treatment (IPT) and promotion of insecticide treated bed nets (ITN)
3.60 pharmacological basis of deworming in pregnancy (if relevant to the country of practice)
3.61 perform external version of the fetus presenting breech or transverse

4 | COMPETENCY IN PROVISION OF CARE DURING LABOR AND BIRTH

Midwives provide high quality, culturally sensitive care during labor, conduct a clean and safe birth and handle selected emergency situations to maximize the health of women and their newborns

The midwife has the knowledge and/or understanding of:

4.1 physiology of first, second and third stages of labor
4.2 anatomy of fetal skull, critical diameters and landmarks
4.3 psychological and cultural aspects of labor and birth
4.4 indicators of the latent phase and the onset of active labor
4.5 indications for stimulation of the onset of labor, and augmentation of uterine contractility
4.6 normal progression of labor
4.7 how to use the partograph(i.e.,complete the record; interpret information to determine timely and appropriate labor management)
4.8 measures to assess fetal well-being in labor
4.9 measures to assess maternal well-being in labor
4.10process of fetal passage [descent] through the pelvis during labor and birth; mechanisms of labor in various fetal presentations and positions
4.11 comfort measures in first and second stages of labor (e.g., family presence/assistance, positioning for labor and birth, hydration, emotional support, non-pharmacological methods of pain relief)
4.12 pharmacological measures for management and control of labor pain, including the relative risks, disadvantages, safety of specific methods of pain management, and their effect on the normal physiology of labor
4.13 signs and symptoms of complications in labor, including but not limited to:a.bleeding, b.labor arrest or dysfunction, c.malpresentation, d.eclampsia, e.maternal distress, f.fetal distress, g.infection, h.prolapsed cord
4.14 the benefits, risks, criteria for risk assessment, and midwifery management ofvaginal birth after a cesarean
4.15 indicators, risk factors, special needs and prenatal management of the pregnant woman with a multiple gestation
4.16 principles of prevention of pelvic floor damage and perineal tears
4.17 indications for performing an episiotomy
4.1 8 principles of expectant (physiologic) management of the 3rd stage of labor
4.19 principles of active management of 3rd stage of labor
4.20 principles underpinning the technique for repair of perineal tears and episiotomy
4.21 indicators of need for emergency management, referral or transfer for obstetric emergencies, including but not limited to: cord prolapse, shoulder dystocia, placental abruption, uterine rupture, uterine bleeding, retained placenta
4.22 indicators of need for operative deliveries, vacuum extraction, use of forceps, including but not limited to fetal distress and cephalopelvic disproportion
4.23 Indicators of need for and appropriate administration of the following pharmacologic agents: lidocaine/xylocaine for suturing, oxygen, methergine, Pitocin for postpartum hemorrhage, rhogam, vitamin K, antibiotics for group B strep prophylaxis, IV fluids, newborn eye prophylaxis

The midwife has the skill and/or ability to:

4.24 take a specific history and maternal vital signs in labor
4.25 perform a focused physical examination in labor
4.26 perform a complete abdominal assessment for fetal position and descent
4.27 time and assess the effectiveness of uterine contractions
4.28 perform a complete and accurate pelvic examination for dilatation, effacement, descent, presenting part, position, status of membranes, and adequacy of pelvis for birth of baby vaginally
4.29 monitor and chart progress of labor
4.30 provide physical and psychological support for woman and family and promote normal birth, including encouragement of adequate rest and sleep
4.31 facilitate the presence of a support person during labor and birth
4.32 provide adequate hydration, nutrition and non-pharmacological comfort measures during labor and birth
4.33 provide for bladder care including performance of urinary catheterization when indicated
4.34 promptly identify abnormal labor patterns or progress and initiate appropriate and timely intervention and/or referral, including but not limited to: OP position, asyclitism, pendulous abdomen, maternal exhaustion/ dehydration)
4.35 stimulate or augment uterine contractility, using non-pharmacologic agents
4.36 administer local anaesthetic to the perineum when episiotomy is anticipated or perineal repair is required
4.37 perform an episiotomy if needed
4.38 perform appropriate hand maneuvers for a vertex birth
4.39 perform appropriate hand maneuvers for face and breech deliveries
4.40 manage the birth of multiples
4.41 Recognize the various severities of meconium stained amniotic fluid and perform suctioning of the airway as appropriate
4.42 clamp and cut the cord
4.43 institute immediate, life-saving interventions in obstetrical emergencies to save the life of the fetus while requesting medical attention and/or awaiting transfer, including but not limited to:a.prolapsed cord, b.placental abruption, c.uterine rupture, d.malpresentation, e.shoulder dystocia, f.fetal distress
4.44 manage a nuchal cord or arm at birth
4.45 support expectant (physiologic) management of the 3rd stage of labor
4.46 assess the need for, and conduct, active management of the third stage of labor, following the most current evidence-based protocol
4.47 inspect the placenta and membranes for completeness
4.48 perform fundal massage to stimulate postpartum uterine contraction and uterine tone
4.49 provide a safe environment for mother and infant to promote attachment (bonding)
4.50 estimate and record maternal blood loss
4.51 inspect the vagina and cervix for lacerations
4.52 repair an episiotomy if needed
4.53 repair 1st and 2nd degree perineal or vaginal lacerations
4.54 manage postpartum bleeding and hemorrhage, using appropriate techniques and uterotonic agents as indicated
4.55 dispense, furnish or administer (however authorized to do so in the jurisdiction of practice) selected, life-saving drugs, including antibiotics and anti-hemorrhagics, to women in need because of a presenting condition
4.56 perform manual removal of placenta
4.57 perform internal and external bimanual compression of the uterus to control hemorrhage
4.58 perform aortic compression
4.59 identify and manage shock
4.60 insert intravenous line and administer fluids, draw blood for laboratory testing
4.61 arrange for and undertake timely referral and transfer of women with serious complications to a higher level health facility, taking appropriate drugs and equipment and arranging for a companion caregiver on the journey, in order to continue giving emergency care as required
4.62 perform adult cardiopulmonary resuscitation

Additional Skills(Not Required).

The midwife may:

4.63 identify and repair cervical lacerations

5 | COMPETENCY IN PROVISION OF CARE FOR WOMEN DURING THE POSTPARTUM PERIOD

Midwives provide comprehensive, high quality, culturally sensitive postpartum care for women.

The midwife has the knowledge and/or understanding of:

5.1 physical and emotional changes that occur following childbirth, including the normal process of involution
5.2 the normal process of involution and physical and emotional healing following SAB or TAB
5.3 signs and symptoms of subinvolution and/or incomplete SAB or TAB (e.g., persistent uterine bleeding)
5.4 signs and symptoms of SAB or TAB complications and life threatening conditions (e.g., persistent vaginal bleeding, infection)
5.5 physiology and process of lactation and common variations including engorgement, lack of milk supply, etc.
5.6 the importance of immediate/early/exclusive breastfeeding for mother and child
5.7 maternal nutrition, rest, activity and physiological needs (e.g., bowel and bladder) in the immediate postpartum period
5.8 principles of parent-infant bonding and attachment (e.g., how to promote positive relationships)
5.9 indicators of subinvolution (e.g., persistent uterine bleeding, infection)
5.10 indicators of maternal breastfeeding problems or complications, including mastitis
5.11 signs and symptoms of life threatening conditions that may first arise during the postpartum period, including but not limited to:a.persistentvaginal bleedingb.endometritis/sepsisc.postpartum pre-eclampsia and eclampsiad.embolism
5.12 signs and symptoms of selected complications in the postnatal period including but not limited to:a.persistent anemia, b.hematoma, c.depression and other postpartum emotional disorders, d.thrombophlebitis, e.incontinence of feces or urine, cystocele/rectocele, f.urinary retention, g.obstetric fistula
5.13 the unique postpartum course of recovery and care needs for the woman who gave birth by cesarean.
5.14 principles of interpersonal communication with and support for women and/or their families who are bereaved such as maternal death, stillbirth, pregnancy loss, neonatal death, congenital abnormalities, transport
5.15 approaches and strategies for providing special support for adolescents, victims of gender-based violence (including rape)
5.16 principles of manual vacuum aspiration of the uterine cavity to remove retained products of conception
5.17 principles of prevention of maternal to child transmission of HIV, tuberculosis, hepatitis B and C in the postpartum period
5.18 methods of family planning appropriate for use in the immediate postpartum, post SAB and post TAB periods, including but not limited to progestin-only oral contraceptives
5.19 care, information and support that is needed during and after SAB or TAB (physical and psychological) and services available in the community
5.20 community-based postpartum services available to the woman and her family, and how they can be accessed

The midwife has the skill and/or ability to:

5.21 take a selective history, including details of pregnancy, labor and birth
5.22 perform a focused physical examination of the mother
5.23 provide information and support for women and/or their families who are bereaved (maternal death, stillbirth, pregnancy loss, neonatal death, congenital abnormalities)
5.24 assess for uterine involution and healing of lacerations and/or repairs and educate on ways to promote healing
5.25 provide postpartum care for the mother who gave birth by cesarean
5.26 initiate and support uninterrupted [immediate and exclusive]breastfeeding
5.27
5.28educate mother on care of self and infant after childbirth including signs and symptoms of impending complications, and community-based resources
5.29 educate a woman and her family on sexuality and family planning following childbirth

5.30 provide appropriate and timely first-line treatment for any complications detected during the postpartum examination (e.g., anemia, hematoma, maternal infection), and refer for further management as necessary
5.31 provide emergency treatment of late postpartum hemorrhage, and refer if necessary
5.32provide education and guidance on exercise in the postpartum period, including Kegel exercises and abdominal muscle strengthening
5.33 educate and advise women (and family members, when appropriate), on sexuality and family planning post SAB and TAB
5.34assess for uterine involution following a SAB or TAB; treat or refer as appropriate
5.35 educate mother on care of herself following a SAB or TAB, including rest and nutrition and how to identify complications such as hemorrhage

Additional Skills(Not Required).

The midwife may:

5.36 provide family planning services concurrently as an integral component of postpartum care

6 | COMPETENCY IN POSTNATAL CARE OF THE NEWBORN

Midwives provide high quality, comprehensive care for the essentially healthy infant from birth to two months of age.

The midwife has the knowledge and/or understanding of:

6.1 elements of assessment of the immediate and subsequent condition of newborn (e.g., APGAR scoring system for breathing, heart rate, reflexes, muscle tone and color)
6.2 principles of newborn adaptation to extrauterine life (e.g., physiologic changes that occur in pulmonary and cardiac systems)
6.3 basic needs of newborn:established breathing, warmth, nutrition, attachment (bonding)
6.4 advantages of various methods of newborn warming, including skin-to-skin contact
6.5 methods and means of assessing the gestational age of a newborn
6.6 characteristics of low birth weight infants and their special needs
6.7 characteristics of healthy newborn (appearance and behaviors)
6.8 normal growth and development of the preterm infant
6.9 normal newborn and infant growth and development
6.10 selected variations in the normal newborn (e.g., caput, molding, mongolian spots)
6.11 elements of health promotion and prevention of disease in newborns and infants (HIV, Hepatitis B & C), including essential elements of daily care (e.g., cord care, nutritional needs, patterns of elimination, care of the uncircumcised penis)
6.12 immunization needs, risks and benefits from infancy through young childhood
6.13 traditional or cultural practices related to the newborn
6.14 principles of infant nutrition, feeding cues, and infant feeding options for babies(including those born to HIV positive mothers)
6.15 signs, symptoms, and indications for referral or transfer, for selected newborn complications, including but not limited to:a.respiratory distress, b.meconium aspiration syndrome, c.hypoxia, d.jaundice, e.hematoma, f.adverse molding of the fetal skull, g.cerebral irritation (seizures), h.non-accidental injuries, i.hemangioma, j.hypoglycemia, k.hypothermia, l.hyperthermia, m.dehydration, n.infection, o.congenital syphilis, p.alcohol and drug withdrawal, q.thrush, r.colic, s.birth anomalies, t.failure to thrive, u.vitamin K deficiency bleeding, v.polycythemia.

The midwife has the skill and/or ability to:

6.16 provide immediate care to the newborn, including drying, warming, ensuring that breathing is established, and cord clamping and cutting when pulsing ceases
6.17 assess the immediate condition of the newborn (e.g., APGAR scoring; other method for assessing breathing and heart rate)
6.18 promote and maintain normal newborn body temperature through covering (e.g. blanket;cap), environmental control, and promotion of skin-to-skin contact
6.19 begin emergency measures for:a.respiratory distress (e.g. newborn resuscitation; suctioning in case of obstruction),

b.hypothermia, c.hypoglycemia
6.20 give appropriate care to the low birth weight baby, and arrange for referral if potentially serious complications arise, or very low birth weight
6.21 perform a routine full-body newborn exam and refer for medical care with any abnormal findings
6.22 perform a gestational age assessment
6.23 provide routine care of the newborn, in accord with local guidelines and protocols including:a.birth registration, b.administration of Vitamin K, c.screening tests, d.eye prophylaxis, e.Identification
6.24 position infant to initiate breastfeeding as soon as possible(within one hour)after birth and support exclusive breastfeeding
6.25 recognize indications of need, stabilize, and transfer the at-risk newborn to emergency care facility
6.26 educate parents about danger signs in the newborn and when to bring infant for care
6.27 educate parents about normal growth and development of the infant and young child, and how to provide for day-to-day needs of the normal child
6.28 assist parents to access community resources available to the family
6.29 support parents during grieving process for loss of pregnancy, stillbirth, congenital birth defects or neonatal death
6.30 support parents during transport/transfer of newborn or during times of separation from infant (e.g., NICU admission)
6.31 support and educate parents who have given birth to multiple babies (e.g., twins, triplets) about special needs and community resources
6.32 provide well-baby care for a minimum of 6 weeks of age.

"I love watching families become strong child advocates."

~NMI student

NMI Academic Integrity Policy

Honesty is a core value within National Midwifery Institute. The members of its community both require and expect one another to act with civility, personal integrity, and respect for one another's dignity, rights, and intellectual property. This requires participation from all members of the NMI community to help create and maintain an environment in which all can succeed through the fruits of their own efforts. An environment of academic integrity is requisite to respect for self and others. NMI requires that each member of the NMI community adhere to the following principles and rules and pursue academic work in a truthful and straightforward manner, free from deception or fraud.

In order to complete their enrollment at NMI, students sign an Academic Integrity Agreement. [internal note: As of August 31, 2018, the Academic Integrity Agreement will have been distributed to all current NMI students: Current students are required to return their completed version to NMI no later than December 31, 2018. As of August 31, 2018, all applicants are required to sign the Academic Integrity Agreement in order to complete enrollment in our program. The Academic Integrity Agreement includes a commitment not to engage in or tolerate acts of falsification, misrepresentation, or deception. Below is a list of specific actions that NMI considers academic dishonesty, as well as our procedure for addressing violations.

Definitions of Academic Dishonesty

Cheating: Cheating is defined as fraud, deceit, or dishonesty in an academic assignment, or using or attempting to use materials, or assisting others in using materials that are prohibited or inappropriate in the context of the academic assignment in question, such as:

- Copying or attempting to copy from others during an exam or on an assignment.
- Communicating answers with another person during an exam.
- Preprogramming a calculator, cell phone, pager, PDA or other electronic device to contain answers or other unauthorized information for exams.
- Using unauthorized materials, prepared answers, written notes, or concealed information during an exam.
- Allowing others to do an assignment or portion of an assignment, including the use of a commercial term-paper service.
- Submission of the same assignment for more than one course without prior approval of all Instructors involved.
- Collaborating on an exam or assignment with any other person without prior approval from the instructor.
- Taking an exam for another person or having someone take an exam for them.
- Using resources on an exercise that was intended by the Instructor to be completed without resources.

Plagiarism: Plagiarism is defined as use of intellectual material produced by another person without acknowledging its source, for example:

- Wholesale copying of passages from works of others into modular course work without acknowledgement.
- Use of the views, opinions, or insights of another without acknowledgment (i.e using sources without citation or attribution).

- Working with another individual on an assignment, sharing information and files, and then turning in separate identical copies of that assignment as one's own individual work.

False Information and Representation, Fabrication or Alteration of Information:

- Furnishing false information/representation in the context of an academic assignment.
- Fabricating or altering information or data (such as clinical experiences) and presenting it as legitimate.
- Providing false or misleading information to an Instructor or any other NMI official or staff person.

Academic Misconduct: Other academically dishonest acts, including but not limited to:

- Allowing another student to use their work and claim it as their own.
- Tampering with the work of another student.
- Facilitating other students' acts of academic dishonesty.
- Attempting to falsify an excuse in order to receive an extension on a deadline.

It is the responsibility of all students, faculty, and staff to report any violations of NMI's Academic Integrity Policy to a Coursework Instructor or to one of the Program's Educational Directors.

NMI Conflict Resolution Policies

We intend that disagreements among students, faculty, directors, and administration be worked out by frank and respectful discussion, or by informal mediation via other persons involved with the institution. Failing this, student, faculty, director, or administration grievances are heard through the program's Grievance Mechanism.

NMI Grievance Mechanism

A written complaint is required to initiate the Grievance Mechanism. All parties named in the grievance are required to participate in the process of resolution. Once a written complaint has been registered, the parties named in the complaint are notified. The parties exercise a mandatory one-week cooling-off period, during which time they do not work together. The Grievance Mechanism is enacted at the end of the cooling-off period. The Grievance Mechanism is facilitated by two individuals who may be: members of the faculty; members of the administration; or community members agreed upon by all parties.

All parties present agree to uphold the confidentiality of the proceedings. Parties are reminded that the nature of the Grievance Mechanism is to be educational and constructive, not punitive.

The complaint is read aloud. A history of the grievance is reviewed, including all pertinent communications and attempts to reconcile differences prior to the written complaint. Both parties present their statements, and the facilitators ask questions. The facilitators then work with the parties to reach resolution. If resolution cannot be reached, the facilitators will privately discuss the grievance and make a decision. The program's Philosophy and Purpose Statement, MANA's Values and Ethics Statement and, in the case of preceptor/student disagreement, their Informed Consent document, shall provide the context for all decision making.

Outcomes are limited to the following: 1) Resolution is reached during the session and parties resume their work together; 2) Resolution is not reached and the facilitators make one or more of the following recommendations:

a) The facilitators will speak privately to each party and make another effort at reconciliation; b) Professional outside mediation between parties is required; c) Parties agree to disagree. In the case of student-faculty grievance, another instructor or precepting site for the student may be sought; d) in the case of a seriously offensive incident, facilitators convene a meeting of the faculty and Advisory Board, and that body decides through consensus further appropriate action.

The outcome of all written complaints and resolutions are kept in a separate administration file. Copies of individual complaint records shall be included in the personal files of both parties. The details and outcome of all complaints shall remain confidential. Students will not be discriminated against as a consequence of making a complaint. If a faculty member refuses participation in the Grievance Mechanism, that member may be barred from future program participation.

In case of criminal activity, the student will be advised to file a complaint with the proper authorities. In case of harassment, the student will have the option of utilizing the Grievance Mechanism.

MEAC Grievance Policy

MEAC encourages parties to pursue informal grievance mediation attempts with each other, or with MEAC staff or Board members, to attempt to resolve grievances informally before commencing a formal written complaint process with MEAC. If those attempts fail, MEAC will review complaints received against an institution or program if it is in writing and complies with the guidelines set forth in the Accreditation Handbook, Section G III(P):

Complaints against an Institution/Program

1. MEAC will review in a timely, fair and equitable manner any complaint it receives against an accredited institution or program in accordance with these procedures and will take follow-up action as appropriate based on the results of its review. MEAC encourages parties to pursue informal grievance mediation attempts with each other, or with MEAC staff or Board members, to attempt to resolve grievances informally before commencing a formal written complaint process with MEAC.

2. Contents of a complaint:

The complaint shall be submitted in writing and dated by the Complainant and shall include: a. A statement clearly identifying the submitted materials as a written complaint, and b. identification of the accredited institution or program against which the complaint is being filed, and c. a concise statement of the specific activities or conduct that constitute the basis of the complaint, and d. an explanation of why such activities or conduct violate a specific MEAC standard, benchmark or policy (MEAC standards, benchmarks, and policies can be found at http://meacschools.org/wp-content/uploads/2013/10/2013-Section- B- Institition-Standards-v.2- Accreditation-Handbook.pdf), and e. a description of the steps already taken to resolve the problem, and f. a description of what Complainant requests of MEAC to resolve the grievance, and g. the name and contact information for the person making the complaint or a statement indicating the complaint is being made anonymously. If the complaint is being made anonymously, MEAC still requires a mailing address so that requests for additional information can be made. Every effort will be made to keep the Complainant's identity and mailing address confidential. If the written complaint does not contain the required information listed above, the MEAC Executive Director will notify the Complainant, and request additional information. The Complainant has 30 business days to respond with additional information; if additional information is not provided within 30 business days the complaint will be considered inactive, and MEAC will take no further action unless the Complainant submits the requested information and a letter requesting that the complaint review re-commence. The Executive Director will review the complaint information, including any additional information requested by MEAC, and determine if the complaint is within the scope of the MEAC standards or policies. If the Executive Director determines that the written complaint does not contain the required information listed above, the complaint is outside the scope of MEAC standards or policies, the MEAC Executive Director will notify the Complainant and the MEAC Board President and enclose a copy of this policy. If the written complaint is found to be within the scope of MEAC standards or policies, the following procedures will commence:

3. Process for handling complaints

a. Within 15 business days of receipt by the MEAC office of a written complaint that includes all of the required components, or submission of additional information by the Complainant as requested by MEAC to complete a complaint, a copy of the complaint and a letter requesting a response to the complaint will be forwarded via certified mail to the institution/program against which the complaint has been filed. b. The Complainant will receive written notification from MEAC within 15 fifteen business days that the complaint has been received and processed for resolution. c. The institution/program (the Respondent) will then have a maximum of 30 business days from the date of the letter from MEAC to respond to MEAC in writing to the complaint. MEAC will request the Respondent to provide documentation and/or evidence relevant to the complaint sufficient to permit evaluation of its merits. d. Whenever a complaint indicates that the school may be in violation of accrediting standards or requirements, the matter may be forwarded to the MEAC Board of Directors for independent consideration or for consideration in conjunction with any other accreditation matter pending before the Board. e.T he MEAC President shall appoint a member of the Board of Directors who shall not have a conflict of interest nor shall have been directly involved in the circumstances giving rise to the complaint to serve as chairperson of an Investigative Committee (the "Investigative Committee") to investigate the activities or conduct under complaint. f. Should the MEAC President be named in the complaint, the Investigative Committee Chairperson will be appointed by an uninvolved member of the MEAC Executive Committee. g. Within 30 business days, the Chairperson of the Investigative Committee shall appoint at least one additional member of the Investigative Committee who is a current or former member of the MEAC Board of Directors or a current or former Accreditation Review Committee Member, excluding any current or former members with conflicts of interest or who may have participated directly or indirectly in the complaint under review. A public member must participate in either the Investigative Committee or the Executive Committee, the body that will render the complaint review decision. Within ten business days of appointing the Investigative Committee members, the Chairperson of the Committee shall notify the Respondent of the names of the members of the Investigative Committee. h. The Chairperson of the Investigative Committee shall notify the Complainant in writing that the Respondent has been advised of the nature of the complaint and that an investigation of the charge is pending in accordance with these procedures. The notification will include the address to which any additional information in support of the complaint may be sent and the deadline for the submission of any such additional material. i. The Investigative Committee will review the documentation provided by the Complainant and the Respondent and create a report analyzing this documentation, including how each area of the complaint reflects compliance or non-compliance with MEAC standards, benchmarks, or policies by the Respondent. The report will also identify areas where the Respondent complied with MEAC standards, benchmarks, or policies. Where areas of inadequacy or weakness in policy, action or response by the Respondent occurred that require feedback and/or remediation, the Committee may make a recommendation for resolution of the

complaint. This resolution may include:

i. a follow-up complaint report submitted by the Respondent addressing changes to inadequate areas or weaknesses identified in the investigation, or ii. action regarding the accreditation or pre-accreditation status of the institution or program, including interim report(s), show cause action, or revocation of pre-accreditation or accreditation status.

j. The Investigative Committee shall complete the investigation within 90 business days after its formation or such other time as determined by the MEAC President. The MEAC President and the Investigative Committee Chairperson shall determine whether and for how long an extension of the 90 business-day timeline should be granted if the Respondent requests an extension of the deadline. k. The Chairperson of the Investigative Committee shall send the Investigative Committee's report and recommendations to the Executive Committee in advance of the Executive Committee's next available scheduled meeting and present the Committee's findings at that meeting. l. The Executive Committee will consider the Investigative Committee's recommendations and determine whether the Executive Committee requires any additional information to render a decision. If no further information is required, the Executive Committee will determine whether the complaint is valid, and if so, what actions are needed to achieve resolution. MEAC may request that the Respondent submit a follow-up report describing how Respondent will address inadequacies and weaknesses, or MEAC may take actions regarding the accreditation or pre-accreditation status of the institution or program, ranging from requiring Interim Report(s) to initiating a Show Cause Action to revoking pre- accreditation or accreditation status. m. If more than half the Executive Committee has conflicts of interests with the complaint under review, then the consideration of the complaint will be considered by the full MEAC Board, excluding those with conflicts of interest.

4. Resolution of the complaint:

a. If the Executive Committee decides to require the Respondent to prepare a follow-up report addressing weaknesses or areas of inadequacy, the Respondent's response will be considered by the Investigative Committee. The Investigative Committee will provide an analysis of the Respondent's response and either make recommendations for further action or recommend that the complaint be declared resolved. The Executive Committee will consider the Investigative Committee's analysis and recommendations and make the final decision on whether further action is required by the Respondent or if resolution of the complaint has been achieved. b.If the Executive Committee decides to require an Interim Report(s) or initiate a Show Cause action in response to the complaint review, then these will be referred to an Accreditation Review Committee and will follow MEAC's policies and procedures for Interim Reports and Show Cause Actions. c. If the Executive Committee's complaint review decision includes a mix of weaknesses or inadequacies and items requiring Interim Reports or a Show Cause Action, then all items will be referred to an Accreditation Review Committee and will follow MEAC's policies and procedures for Interim Reports and Show Cause Actions. d. The President or Executive Director will notify in writing the Complainant and Respondent of the findings of the complaint review and any decisions by the MEAC Executive Committee or Board regarding actions to be taken by the Respondent. e. The Respondent may request an appeal hearing to dispute the findings or MEAC's decision regarding actions to resolve the complaint. If the Respondent does not request a hearing within 30 business days from the date of the Complaint Findings letter, MEAC will consider the complaint review closed. f. The Complainant may also request a hearing if the resolution has failed to satisfy the Complainant or if the Complainant wishes to pursue the matter further. If the Complainant does not communicate in writing to within 30 business days from the date of the Complaint Findings letter, MEAC will consider the complaint review closed. g. If the Complainant and Respondent accept that the complaint review has been resolved, the MEAC Board President will provide written confirmation of closure to both parties. h. A hearing in accordance with MEAC's due process procedures will be arranged if further recourse is required and/or if the situation warrants such action. i. The MEAC President shall present a synopsis of the processing and outcome of complaints and investigations to the MEAC Board at the next regularly scheduled Board meeting following final resolution.

NMI Contingency Plan

Should termination of the program be necessary, National Midwifery Institute, Inc. has the following contingency plan:

National Midwifery Institute, Inc. accounts will hold in reserve an amount sufficient to print materials, mail and otherwise notify students should termination of the program be necessary. Fees paid ahead of schedule are refundable. Coursework fees are non-refundable; students who have paid for course work yet to be completed will be given the opportunity to finish that course work with the respective instructor. Preceptor fees in excess of work already completed will be refunded.

Students of the National Midwifery Institute, Inc. will receive transcripts of the work they have completed, including estimated hours spent on module completion when Heart & Hands or Study Group Coursework gas only been partially completed. .

Students will be provided with references and referrals to other midwifery programs. National Midwifery Institute, Inc. will encourage NMI clinical faculty to link to other programs so that students may continue their training.

Access to Student Records (FERPA)

Policy on Access to Student Records, under the Federal Family Educational Rights and Privacy Act (FERPA) of 1974 (as amended).

Guidelines and Statement of Policy:

I. Scope of the Act
II. Access Rights of Students
III. Access by or Release to Others
IV. General

I. Scope of the Act

(a) General: The Federal Family Educational Rights and Privacy Act of 1974, as amended, and its implementation regarding federal regulations affords to persons who are currently, or were formerly, enrolled at NMI as registered students, a right of access to their "educational records" that contain information directly related to them. Persons who unsuccessfully applied for admission to NMI are not covered by the Act. The Act also restricts those persons to whom NMI may disclose a student's education records without the student's written permission.

(b) Records Covered: "Educational records" of a student include records, files, documents, and other materials regularly maintained by NMI that contain information directly related to a student and that are maintained in connection with the student's enrollment at NMI.

There are a number of types of records that are specifically excluded from the scope of the Act. For example, a student is not entitled to examine the following:

- Records maintained personally by faculty members that are not available to others.
- Records, such as those that might be maintained by the school's legal counsel, the confidentiality of which is protected by law.
- Records containing financial information about the student's parents, such as information submitted in connection with a student loan application.

II. Access Rights of Students

a) Procedure: All students are entitled to full disclosure of their didactic and clinical records. Students have access to these records by submitting a written request to the Program Administrator by email at nmioffice@nationalmidwiferyinstitute.com; requests will be met within five working days. Students may also discuss with Program Administrator the types of records available for inspection and review.

Instructors maintain student transcript information and provide course work transcripts and letters of reference on request. Student/Preceptor documentation is kept on file in the NMI office, and an updated record is provided as confirmation of receipt of these documents. Student transcripts are

available on request from the NMI office.

Students sign a release in the NMI Enrollment Agreement, granting NMI access to student/graduate NARM test scores and CPM application status. Rosters of student and graduate contact information are made available to other students and graduates unless NMI is notified in writing that a student will not allow this.

(b) Confidential Letters of Recommendation: A student may have access to confidential letters and statements of recommendation that are part of the student's education records.

By signing an NMI waiver form, a student may also choose to relinquish their right to inspect confidential recommendations placed in the student's education records respecting (1) admission to any educational institution; (2) an application for employment; or (3) the receipt of an honor or honorary recognition. Students may choose to waive their right to inspect confidential recommendations if, for example, they feel that their former instructors will write more candid and helpful letters of recommendation if these are not available to the student to view.

(c) Photocopying: A student will ordinarily not be provided with photocopies of any part of their record other than the transcript, unless an inability to obtain photocopies would effectively prevent the student from exercising their right to inspect and review the education record. In cases where photocopies will be provided, NMI may impose a charge for making such copies at a uniform rate of $.10 per page. There is no charge for copies of transcripts or electronic copies of records.

(d) Other Rights: A student may request that their record be amended to eliminate any information contained therein that they believe is inaccurate, misleading, or violates their privacy or other rights. If NMI chooses to refuse this request, the student is entitled to a hearing to challenge the content of their education records to insure that the information contained therein is not inaccurate, misleading, or otherwise in violation of the student's privacy or other rights. Normally, an informal hearing with an administrator or director of NMI, who has authority to make changes in a student's records, will suffice.

If, after a hearing, NMI decides that the student's records are not inaccurate, misleading, or otherwise in violation of the student's privacy or other rights, the student has the right to utilize NMI's Grievance Mechanism. They may also make a written statement, to be placed in their education records, commenting upon the information in question and/or setting forth any reasons for disagreeing with the decision of NMI.

III. Access by or Release to Others

a) General: NMI will not generally permit access to, or release of, educational records or personally identifiable information contained therein to any party without the written consent of the student. NMI may, however, as provided in the Act, release such data to certain persons including:

- Faculty or staff who have a legitimate educational interest (including persons with whom NMI has contracted) in obtaining access to the records. Such access will be granted if the official needs to review an educational record in order to fulfill their professional responsibility. However, it is within NMI's discretion to determine what is a legitimate educational interest and

determine whether student privacy interests outweigh such interest.

- Persons who require access in connection with the student's application for, or receipt of, financial aid.
- Parents of a student, provided the student is a "dependent" of the parents for federal income tax purposes. In general, NMI does not make education records available to a student's parents. If NMI believes that it is in a dependent student's interest, information from the student's educational records may be released to the parents of a dependent student.

NMI may also release information in compliance with a judicial order or pursuant to any lawfully issued subpoena. As a general policy, before any information is so released, NMI will notify the student by all possible means of contact. However, in compliance with the Act, some judicial orders and subpoenas issued for law enforcement purposes specify that NMI cannot disclose to any person the existence or contents of the order or subpoena or the information furnished in compliance with it.

In connection with an emergency, NMI may release information from education records to appropriate persons if the knowledge of such information is necessary to protect the health or safety of a student or other persons.

(b) Release with the Student's Consent: Upon written consent or request by a student, NMI will release information from the student's education records to third parties. The student must make this request in writing (postal letter or email), addressed to the Program Administrator. NMI may impose a charge for copying a student's records in connection with this release.

(c) Transfer of Information to Third Parties: It shall be a condition of the release by NMI of any personal information on a student to a third party that the party to which the information is released will not permit any other party to have access to this information without the written consent of the student. An institution to which this information is released may permit its officers, employees, and agents to use such information, but only for the purposes for which the disclosure was made. These restrictions do not apply to certain subpoenas and court orders.

(d) Directory Information: Rosters of student and graduate contact information are made available to other students and graduates without student consent. NMI is required to give notice of the categories of information that it will treat as "roster" information. Accordingly, NMI hereby gives notice that it has designated the following categories of information as directory information with respect to each student: name, local and permanent address, electronic mail address, and telephone listing.

Any student enrolled at NMI who does not want to have roster information relating to themselves released should notify the NMI administrative office in writing that they will not allow this. Requests must be made within the first 90 days of enrollment.

IV. General:

(a) The full text of the Federal Family Educational Rights and Privacy Act can be found on the U.S. Department of Education website: www.ed.gov/policy/gen/guid/fpco/ferpa/index.html.

(b) The NMI administrative office keeps within each student's file a record of all parties who have

requested access to the student's education records or other information, other than custodians of these files such as NMI staff who normally deal with these files in performance of their duties. The record shall include NMI staff who have been determined to have a legitimate educational interest in obtaining access to the records, parents of a "dependent" student, parties who have received "roster information," parties who have received records or information pursuant to the student's written consent, and the recipient of records or information pursuant to certain subpoenas and court orders. The record will also indicate the legitimate interest that each party had in obtaining access to the student's records and whether or not the request was granted. Students may inspect this record at any time.

(c) Questions about the interpretation of the FERPA Guidelines should be referred to a Program Director.

(d) Complaints regarding violations of a student's rights under the Act may be filed with:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, S.W.
Washington, DC 20202-5920
Telephone: 202-260-3887
Fax: 202-260-9001

Contact Information

North American Registry of Midwives General Information: info@narm.org, www.narm.org

NARM Applications: applications@narm.org

Midwifery Education Accreditation Council: info@meacschools.org, www.meacschools.org

Midwives Alliance of North America: contact@mana.org, www.mana.org

California Association of Midwives: www.californiamidwives.org

Citizens for Midwifery: www.cfmidwifery.org

"Thank you for your care and commitment to teaching us with integrity and holism."

~NMI Student