

INFORMATION FOR CANDIDATES OF THE NATIONAL CERTIFICATION EXAMINATION IN NURSE-MIDWIFERY AND MIDWIFERY

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Subject to change at any time without notice.



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Preface

This booklet has been prepared by the American Midwifery Certification Board (AMCB), the national certifying body for candidates in nurse-midwifery and midwifery who have received their education in programs accredited by the American College of Nurse-Midwives (ACNM) Division of Accreditation (DOA). This information booklet has been designed for you, the candidate for the national certification examination. We invite any comments or suggestions you may have.

The entire contents of the booklet, including policies, procedures, and fees are subject to change without notice.

Mission Statement

The mission of AMCB is to protect and serve the public by providing the certification standard for individuals educated in the profession of midwifery.

Historical Perspective

Certification for nurse-midwives was initiated by the ACNM in 1971, and has been continued since 1991 by a separate corporation, the ACNM Certification Council (ACC) which changed its name in July 2005 to American Midwifery Certification Board (AMCB).

Certification protects the public by ensuring that certified individuals have met predetermined criteria for safety in practice. State licensure provides the legal basis for practice. Many states require AMCB certification for licensure, and many institutions require AMCB certification to grant practice privileges.

Accreditation

The National Commission for Certifying Agencies (NCCA) granted accreditation to the Certified Nurse-Midwife (CNM) and Certified Midwife (CM) certification programs administered by the American Midwifery Certification Board (AMCB) for demonstrating compliance with the NCCA Standards for the Accreditation of Certification Programs. NCCA is the accrediting body of the National Organization for Competency Assurance (NOCA). The NCCA Standards were created in 1977 and revised in 2002 to ensure certification programs adhere to modern standards of practice in the certification industry. More information on the NCCA is available online at <http://www.noca.org/> or at 202/367-1165.

The Certification Examination

The national certification examination tests individuals for entry-level competence to practice. When a candidate successfully completes the certification examination, either a certificate in nurse-midwifery (CNM) or midwifery (CM) is awarded. The certificate expires December 31st of the eighth year following the date of issue. Completion of the AMCB Certificate Maintenance Program is required in order to renew the certificate.

The national certification examination is administered without regard to age, sex, race, religion, national origin, disability, or marital status of the candidate.

Certificate Maintenance Program

All individuals certified on or after January 1, 1996, are automatically enrolled in AMCB's Certificate Maintenance Program (CMP). The CMP is designed to assist CNMs/CMs to fulfill their professional responsibility to maintain competence. An annual program fee is assessed to cover the basic Certificate Maintenance Program.

Certificants are expected to keep their certification current. If the CMP requirements are not completed by the end of the eight year cycle, certification lapses, and no new certificate is issued. Once the certificate has lapsed, the individual must pay the exam fee, (previous fees paid into CMP do not apply to the recertification exam fee) take and pass the certification exam, and submit an average of 10 ACNM/ACCME continuing education contact hours for each completed year since the date of last certification.

Each state sets the requirements for licensure for advanced practice nurses. In most states, RN licensure is required in order to continue licensure as a certified nurse-midwife. Re-certification requires up-dating and adding to your knowledge base for the practice of nurse-midwifery. Recertification with the American Midwifery Certification Board does not require RN licensure. Those nurse-midwives living in states that do not require RN licensure to practice as a certified nurse-midwife can continue to recertify without maintaining RN licensure. However, the benefits of maintaining RN licensure include geographic mobility and the ability to return to nursing practice at some future date.

Name and Address Changes

The applicant/candidate or certificant is responsible for immediately notifying AMCB of any address change or legal name change. The legal name under which an applicant successfully completes the national certification examination shall be used for all verification of certification requests and for the official certificate. An applicant/ candidate or certificant that legally changes his/her name should immediately notify AMCB by mail and enclose a copy of a government issued document reflecting the legal name change. The documentation (such as a marriage certificate) must be issued by a federal, state, or local government.

Eligibility Requirements for Application to Take the National Certification Examination

I. Candidates from Nurse-Midwifery Educational Programs

Candidates who successfully pass the certification examination will be awarded the CNM credential.

A. Prepared in the U.S.

1. Notarized proof of licensure, active on the date of the examination, as a U.S. Registered Nurse (i.e., in one of the fifty states, the District of Columbia, or U.S. territory).

Notarized proof consists only of one of the following: 1) notarized copy of license (showing expiration date) active on the date of the examination as a U.S. registered nurse; or 2) notarized copy of a written letter from a U.S. jurisdiction (i.e., one of the fifty states, the District of Columbia, or U.S. territory) containing the same information as the nursing license from that jurisdiction and indicating that the license is active as of the date of the examination. In the case of the notarized copy of the written letter from a U.S. jurisdiction, that letter must appear on the official letterhead of that jurisdiction and be signed by an authorized agent of that jurisdiction. Copies of web verification of licensure are not acceptable.

2. Satisfactory completion of a program in nurse-midwifery (or in a master's program, satisfactory completion of all basic theoretical and clinical requirements of the nurse-midwifery component) accredited by or with pre-accreditation status from the ACNM DOA.
3. Verification by the director of the nurse-midwifery program that the candidate has completed the nurse-midwifery portion of the program and the date it was completed.

B. Prepared in International Settings

1. Notarized proof of licensure active on the date of the examination as a U.S. Registered Nurse (i.e., in one of the fifty states, the District of Columbia, or U.S. territory).
2. Satisfactory completion of a pre-certification program accredited by or with pre-accreditation status from the ACNM DOA; **or**, satisfactory completion of a program in nurse-midwifery (or in a master's program, satisfactory completion of all basic theoretical and clinical requirements of the nurse-midwifery component) accredited by or with pre-accreditation status from the ACNM DOA.

3. Verification by the director of the nurse-midwifery program that the candidate has completed the nurse-midwifery portion of the nurse-midwifery program and the date it was completed.

II. Candidates from Midwifery Educational Programs

Candidates who successfully pass the certification examination will be awarded the CM credential.

1. Satisfactory completion of a program in midwifery accredited by or with pre-accreditation status from the ACNM DOA.
2. Verification by the director of the midwifery program that the candidate has completed the midwifery portion of the program and the date it was completed.
3. Subsequent provision of proof of current licensure as a U.S. Registered Nurse may result in awarding the CNM credential.

III. New York State Equivalency Option

Candidates who provide notarized proof of licensure active on the date of the examination as a U.S. Registered Nurse and pass the certification examination will be awarded the CNM credential. Candidates who do NOT provide notarized proof of licensure active on the date of the examination as a U.S. Registered Nurse and pass the certification examination will be awarded the CM Credential.

1. Satisfactory completion of the equivalency option of the Department of Comparative Education of New York State.
2. Verification by the Executive Secretary of the New York State Board of Midwifery that the candidate has satisfactorily completed all requirements, and the date they were completed. The verification letter should include the candidate's full name and date of birth.

IV. Verification by Program Director or New York State Executive Secretary

Verification must be on official letterhead and signed by the program director. A traceable mail carrier is recommended but not required. Other forms of communication are not acceptable, including fax, e-mail message, and e-mail attachment.

Verification can be for one or any group of candidates provided that the following information is included for each candidate: full name, date of birth, and date of nurse-midwifery or midwifery program requirements completion. Please note that the date of the correspondence must not be earlier than the completion date listed for any candidate.

Procedure for Initial Application to Take the National Certification Examination in Nurse-Midwifery and Midwifery

1. You must pass the certification examination within 24 months of the date of completion of your program. It is advisable to take the examination as soon as possible after graduation. For AMCB purposes, “date of completion” is the date the student completed the nurse-midwifery or midwifery portion of the program accredited by the ACNM DOA, as verified by the program director.
2. Application forms can be obtained by sending a written or email request to AMCB or from AMCB’s website (<http://www.amcbmidwife.org>).
3. All items on the application form must be completed. You may decline to provide certain information, in which case you must check the “no answer” option. ***Incomplete applications will be returned, which may result in delay in eligibility to take the examination.*** AMCB is not responsible for any delay in processing the application due to delay in receipt of the application (including, but not limited to mail delays, inclement weather), or any individual’s or entity’s mistake or omission.
4. The application may be submitted online or by mail. Required credentials (i.e., notarized proof of licensure showing expiration date and active on the date of the examination as a U.S. Registered Nurse) and examination fee (if not submitted online) are to be mailed to:
AMCB
849 International Drive, Suite 205
Linthicum, MD 21090

Incomplete applications will not be processed. Faxed applications will NOT be accepted.

- Fees returned due to insufficient funds will incur an additional \$50 processing fee.
- You should keep a copy of the completed application for your own records.
- AMCB Headquarters will notify you in writing, by email, or by phone (please specify on your application) that you have met eligibility requirements and may schedule the certification examination.

Denial of Eligibility

The candidate must notify AMCB of any legal action or investigation by a licensing board. The AMCB may deny admission to the certifying examination process to any applicant who shall be determined to have met any of the following conditions:

- Conviction of a felony in any state or jurisdiction of the U.S. or its territories
- Limitation, suspension, or revocation of a nursing license in any state or jurisdiction of the U.S. or its territories (current or prior)

- Misrepresentation of any item - on the application
- Disciplinary action, conviction, or ongoing investigation for the past or current unauthorized practice of midwifery or medicine.

Examination Fee

The fee for the national certification examination is \$750.00. The fee for re-examination is \$500.00. Examination fees must be paid by credit card or personal check made payable to AMCB. Acknowledgment of receipt of the fee does not constitute acceptance of your application. When using a personal check, eligibility will not be granted until the check clears. Funds drawn on foreign banks must be payable in U.S. dollars.

The examination fee includes a processing fee of \$121 that *is forfeited* if you must reschedule with Applied Management Professionals, Inc. (AMP) less than four business days prior to your appointment. Candidates who arrive more than 15 minutes late, miss their appointments, or are not admitted due to lack of required ID will forfeit the processing fee and will need to reschedule their appointments.

All fees are subject to change without notice.

Americans with Disabilities Act

The AMCB complies with the relevant provisions of the Americans with Disabilities Act (ADA). If you have a disability and require accommodations under this Act during the certification examination, please indicate that on your application. If your need for special accommodations becomes evident after you have submitted your application, please contact AMCB in writing as soon as the need arises. You are required to submit with the application, or as soon thereafter as the need becomes evident, the following at a minimum (and additional information may be required): relevant information about the disability, the specific accommodation(s) requested, proof of a history of accommodation(s), if any, and/or a written disability report prepared by an appropriately qualified, licensed health care professional.

Scheduling the Certification Examination

AMCB has contracted with Applied Measurement Professionals, Inc. (AMP) to administer the certification examination. AMP has centers available for testing Monday through Friday at 9:00am and 1:30pm, at 120 sites throughout the U.S. There is at least one site in every state as well as the District of Columbia.

The candidate must do all scheduling directly with AMP. Online scheduling is available 24 hours a day, seven days a week at <http://www.goAMP.com>. Appointments may also be scheduled through AMP's customer support center at 1-800-345-6559 or 1-888-519-9901 at the

following times: 7:00 am – 7:00 pm CST Monday – Thursday; 7:00 am – 5:00 pm on Friday; and 8:30 am – 5:00 pm CST on Saturday.

Candidates may change or reschedule an appointment one time without penalty with at least four business days notice to AMP. Candidates who arrive more than 15 minutes late or miss their appointment will forfeit the processing fee and will need to reschedule the appointment.

Candidates are responsible for their own transportation, lodging, and other expenses associated with taking the examination.

Taking the Examination

The examination will be taken on a computer. No special skills are needed. The candidate will receive a brief orientation to the testing environment and will have opportunity to take a short practice test to become familiar with the equipment, layout, and features of the program. The time required to complete the practice test will not count toward time allowed for the examination.

The computer program allows candidates to page through the test one item at a time, return to previous questions, and change their response if desired. The program can return to unanswered items with the click of a button. A clock is always available on the screen, indicating the time remaining for the exam. The computer automatically terminates the examination at the end of the four hour time limit.

Procedures at the Examination Site

The candidate should arrive at the exam site at least 15 minutes before the appointment time for check-in and orientation to the site.

Two official forms of identification will be required. Both must be current, and include the individual's name and signature. One must be a government-issued identification, including a recent color photograph. Acceptable forms of primary identification include:

- Valid driver's license with a color photograph and signature
- Valid passport or military ID with a color photograph and signature
- City, county, or state-issued identification card with color photograph and signature.

Temporary ID, even if it includes a color photograph and signature is NOT acceptable.

Secondary identification may include a signed, valid credit card; a signed social security card; a student ID card; any identification that has the individual's current name printed and includes a legible signature.

The first and last name on the identification must be the same as the first and last name on the application form.

The candidate will not be admitted to the exam room unless proper identification as described above is presented.

Candidates will sign the roster in the space next to their name. Candidates should verify that their social security number and examination type are correct on the roster.

Candidates will NOT be permitted to have reference books, study notes, or certain personal items in the examination room, including:

- Cell phones
- PDA's (personal digital assistants)
- Pagers
- Radio or headset devices
- Purses
- Briefcases
- Food or drink
- Hats (other than ceremonial or religious headwear)
- Personal pencils or pens
- Personal papers

All such items should be left in their cars.

The following personal items will be allowed in the exam room following inspection by the Assessment Center Supervisor:

- Eyeglasses
- Eyeglass cases
- Watches

The test room is set up with several work stations. It is likely that other people will be in the room taking other exams. Their exams may be longer or shorter, or may require the use of a computer keyboard or a calculator. Earplugs provided by AMP may be used if the candidate believes noise may be a distraction.

Each candidate will be provided with one piece of colored AMP security scratch paper and one pencil. The scratch paper must be signed and returned to the supervisor at the end of the examination in order to receive a score report.

Candidates will be asked to log in to the computer using their social security number. They will be asked to agree to the terms and conditions for testing, and take a photograph of their face using a digital camera mounted on the monitor. The photograph will appear on the provisional score report generated at the end of the examination.

Candidates will be given the opportunity to complete a practice exam. The help screen will be displayed to explain how to use the keyboard and mouse to navigate through the exam before the actual test begins.

Restroom breaks are permitted during the examination. The supervisor will show candidates the location of the restrooms before the exam begins. Only one candidate may be out of the exam room at any given time. Restroom breaks must last no longer than 10 minutes. No other breaks (e.g., smoking) are allowed. Candidates with a documented need to eat or drink (e.g., diabetic condition, pregnancy) during the exam time may consume food or drink outside the exam room during break time. Candidates must provide their own food and drink. No additional time is allowed for breaks.

No talking is allowed during the exam.

Candidates will be observed during the exam. Any attempts to cheat will result in immediate termination of the exam. Candidates are absolutely prohibited from recording exam content in any format. Candidates are prohibited from discussing or otherwise disseminating to any other person, organization, or entity information about the AMCB exam questions. Candidates who violate the security of the exam will have their exam terminated, and will be subject to the Discipline Policy.

AMCB reserves the right in its discretion to cancel any examination score if, in the sole opinion of AMCB, there is adequate reason to question its validity. In such case, AMCB may in its sole discretion: 1) offer the individual an opportunity to take the examination again at no additional fee; 2) offer the individual an opportunity to take the examination with the individual being responsible for any test related fees; or 3) review the matter in accordance with the AMCB Discipline Policy.

Retaking the National Certification Examination

A candidate who fails the certification examination may retake the examination. The first retake may occur no sooner than 30 days after the initial examination. Subsequent retakes may occur no sooner than 90 days after the last exam. The fee for each retake of the examination is \$500.00. If the candidate has not passed the examination within 24 months of the date of completion of the program, she/he must demonstrate successful attainment of the core competencies of midwifery practice by completing another accredited educational (basic or pre-certification) program in nurse-midwifery or midwifery. This means that an individual must repeat an ACNM Division of Accreditation accredited program after the 24 month time limit has expired, and graduate from that program to become an eligible candidate for the AMCB certification examination. There is no other mechanism. After the new graduation, the same requirements and fees will apply as for individuals being initially examined.

The candidate must notify AMCB in writing that she/he wishes to retake the examination. The application does not have to be resubmitted, but the examination fee and notarized proof of RN licensure for CNM credential (if it has expired prior to the date of the subsequent examination)

must be submitted. AMCB will send notification of eligibility, and the candidate may then schedule the examination with AMP.

Certification Examination Format and Content

FORMAT

The national certification examination in nurse-midwifery and midwifery consists of 175 questions in a multiple choice format. Examination items are presented in a random order and are not grouped according to content area. This practice resembles a clinical practice in which the midwife encounters a variety of patient care issues throughout the day. Each question contains either three or four options from which the candidate must choose the **best** response.

Each exam includes some items that are being pre-tested for future use, but are not included in scoring the exam. Those items being pre-tested are scattered throughout the exam and are not identified.

The exam has a four hour time limit. The time begins when the candidate starts the actual exam, and ends four hours later, whether or not a restroom break is taken.

CONTENT

The content areas covered by the certification examination and the percentages of the total represented by each area are as follows:

Antepartum	25%–30%
Intrapartum	25%–35%
Postpartum	5%–10%
Newborn	5%–10%
Family planning/gynecology	15%–20%
Primary care	5%–10%
Professional issues	Up to 5%

Knowledge and judgment abilities of both normal and deviations from normal will be tested in all clinical areas. Approximately two-thirds of the content for each clinical area is devoted to normal phenomena and one-third to deviations from normal. In addition at least two-thirds of the content for each clinical area is devoted to items testing clinical judgment with the balance made up of items testing knowledge.

The content of the examination and the percentages for each area are based on a periodic job analysis survey of practicing certified nurse-midwives and certified midwives in the United States. A report describing phase I of the most recent survey can be found in the following article: Fullerton, J.T. et al. The 1999 ACC task analysis of nurse-midwifery/midwifery practice. Phase I: the instrument development study. *J Midwifery Women's Health* 2000; 45:150–156.

The entire task analysis report is available at some educational programs and for purchase from AMCB Headquarters.

The task analysis is used to develop a test content outline, which identifies areas that may be included on the examination. The test content outline and a collection of sample items are included at the end of this booklet.

References To Study

The national certification examination is designed to test the knowledge and clinical judgment needed to practice as a certified nurse-midwife or certified midwife. Questions used on the examination are not based on any particular reference but reflect current practice as documented in the nursing, medical and midwifery literature. Each item must be verified in at least one source. You should not rely on one source or text solely. To prepare for the examination, you should review the materials and sources recommended by your educational programs. In addition, you may wish to review textbooks from the following categories, which are used by item writers and item reviewers in the development of the examination:

- Midwifery
- Obstetrics
- Maternal-newborn nursing
- Gynecology
- Women's health care (primary care for women)
- Contraception
- Newborn care

Additional resources which may be helpful are the *Journal of Midwifery & Women's Health* (formerly *Journal of Nurse-Midwifery*) and the *ACOG Educational Bulletins*.

Candidate Test Critique

There will be an opportunity to evaluate or criticize any test item and the overall testing experience. A post test questionnaire regarding the testing experience will be administered online. Participation in the critique process is voluntary. The four hour time limit is considered sufficient for the test to be completed and critiques to be recorded.

Examination Development and Standard Setting

Test items used on the national certification examination are developed by the AMCB Examination Committee, whose members are certified nurse-midwives and certified midwives practicing in a variety of settings around the country. Items are edited extensively and reviewed to confirm the accuracy of the item in the current literature. The performance of the examination is monitored on an on-going basis.

You are encouraged to read the following article that addresses examination development and the standard setting process: Fullerton, J. T., et al., "Development and Outcomes of the Multiple Choice Format National Certification Examination in Nurse-Midwifery and Midwifery". *J Nurse Midwifery* 1997; 42:349–354.

Scoring

Your score is based only on the total number of correct answers selected. Since there is no penalty for choosing an incorrect response, you should answer all test items. Examinations may contain a minority of pretest items which do not count toward the official scoring. Pretest items are scattered throughout the examination. The intended use of pretest items is to accelerate the scoring process in order to provide earlier results to candidates.

The pass/fail standard is determined on the entire test. Although there are several content areas within the test, these content areas are not independent measures. Therefore, a candidate who is retaking the national certification examination must retake a complete alternate form of the examination.

Score Verification

In computer based testing, it is extremely unlikely that a failing result would be reversed through score verification since the quality assurance processes for scoring each examination are substantial. However, if a candidate receives a non-pass score and believes that an error may have occurred in the scoring of the examination, the candidate may request that her or his exam be rescored. This request must be in writing, accompanied by the \$50.00 fee, and must be postmarked within thirty days of the postmark on the envelope containing the candidate's results. Please note that score verification is used only to verify that the computer scoring process accurately counted the candidate's responses.

Notification of Exam Results

You will receive an official score report at the testing center. If you pass the examination your official score report will contain a message informing you of your passing status. If you fail the examination you will receive a scaled score indicating how you performed on the examination as a whole and raw scores indicating how you performed on the seven content areas that comprise the examination. AMCB continually monitors test administration for accuracy and reserves the right to modify your score report if errors are later discovered. If such modification were to change your score from fail to pass, you will be notified promptly.

The AMCB reserves the right to withhold notification of examination results in the event of any irregularities in the application or administrative process.

Program directors do **NOT** receive notification of whether an individual candidate passed or did not pass the examination. Aggregate results are provided annually to program directors by the AMCB. The American College of Nurse-Midwives is notified when you are certified.

Verification of Certification

The AMCB maintains a list of current certificants on its web site, which is accessible to the public. The web site is updated with the names of new certificants within 30 days of the date score reports are mailed. The web site may not be considered a primary source verification. Therefore, if you require written verification of certification, you may send a request in writing via the website, fax or email to AMCB Headquarters. There is a fee of \$50.00 for this service. Personal checks or credit cards will be accepted, there will be a \$50.00 fee for any check returned by the bank due to insufficient funds or for any other reason.

All fees are subject to change at any time without notice.

Disclaimer

The AMCB assumes no responsibility for an act of God or man that is beyond its control and affects the administration, evaluation, or reporting of examination results.

Appeals Policy

The following is a description of the initial steps and requirements for filing an appeal. A complete description of the process is available from AMCB Headquarters upon request.

GROUND FOR APPEAL

The Appeals Procedure should be used by candidates for initial certification and certificate maintenance who wish to file an appeal concerning (i) their denial of certification or certificate maintenance; or (ii) the occurrence of a substantial irregularity (such as a disturbance) during an AMCB examination. An appeal may only be made based on the following grounds:

1. An error by AMCB resulting in a denial of an application for certification or certificate maintenance. The appeal must be filed *within thirty (30) days of the postmark on the envelope that contains the notice to the candidate of the certification or certificate maintenance denial*; or
2. A substantial irregularity (such as a disturbance) occurring during the examination administration that may have affected the candidate's examination performance. The appeal must be filed *within thirty (30) days of the date the irregularity occurred* (the candidate's examination administration date). Appeals based on examination irregularities will only be reviewed by AMCB in the event the candidate does not pass

the examination. If the candidate passes the exam, the appeal will be terminated without a decision on the appeal.

Candidates may not obtain copies of any AMCB's examination. Candidates may not appeal the content or interpretation of AMCB's examination questions or examinations.

Request For Appeal

Candidates wishing to appeal must submit a written letter requesting the appeal. The appeal letter must be postmarked within thirty (30) days of the applicable deadline identified above. The letter must be sent to the AMCB President at AMCB Headquarters. Electronic, computer or other communications (such as facsimile or e-mail) will not be accepted. The request for appeal must include a detailed statement identifying the error or irregularity, and a statement of the resolution requested by the candidate. There is no fee to file an appeal, but candidates who file an appeal bear their own expenses throughout the entire appeal process.

Discipline Policy and Procedures

I. Discipline Policy

The following is a portion of the AMCB Discipline Policy, outlining selected grounds for action, certificant responsibilities, possible sanctions, and the procedure for submitting notice of a possible violation. A complete description of disciplinary policies and procedures is available from AMCB Headquarters upon request.

A. Grounds for Disciplinary Action. The Corporation may sanction an applicant for certification or recertification or a current certificant in the event of any of the following:

1. Ineligibility for certification or recertification or violation of the Corporation's Bylaws, policies or rules.
2. Failure to provide or update any information required by the Corporation or fraud or deceit in an application, reapplication or other communication to the Corporation including but not limited to providing a false or misleading statement, and/or knowingly assisting another to obtain or attempt to obtain the Corporation's certification or recertification by fraud or deception.
3. Irregularity regarding an exam of the Corporation including but not limited to providing or receiving unauthorized assistance before, during, or after an exam, providing false information to gain admittance to an exam, or impersonating another.
4. Misrepresentation of certification or violation of the Corporation's personal and/or intellectual property rights including but not limited to unauthorized access, possession of, use of, distribution of, or access to (i) the Corporation's exams, (ii) certificates, (iii) name, trade name or trademarks; and (iv) any of its other personal and/or intellectual property.

5. Habitual use of alcohol or any other substance of abuse, or any physical or mental condition that impairs competent and objective professional performance.
6. Gross or repeated negligence or malpractice in professional work.
7. Limitation or sanction by a federal, state or private licensing board, administrative agency, association or health care organization relating to public health or safety, or midwifery practice.
8. Conviction of, plea of guilty to, or plea of nolo contendere to a crime directly relating to midwifery practice and/or public health and safety. Individuals convicted of a felony described in this section shall be ineligible to apply for certification or recertification for a period of three (3) years from the exhaustion of appeals, completion of probation or final release from confinement (if any), whichever is later.
9. Engaging in unprofessional conduct, including but not limited to (i) any practice that creates unnecessary danger to a patient's life, health or safety; and (ii) any practice that is contrary to the ethical conduct appropriate to the profession that results in termination or suspension from practice. Actual injury to a patient or the public need not be shown under this provision.

B. Sanctions. Sanctions for violation of the Disciplinary Policy may include one or more of the following:

1. Denial, suspension or revocation of certification;
2. Non-renewal of certification;
3. Reprimand; and/or
4. Other corrective action.

C. Notice of Possible Violation.

1. Notice of an alleged violation of the grounds of this Discipline Policy should be submitted in writing to the President.
2. The notice to the President should:
 - a. Identify the person(s) involved.
 - b. Provide a detailed description of the pertinent facts or occurrences.
 - c. Include the name, address and telephone number of the person providing the notice to the Corporation and the person's relationship to the matter.
3. The President may proceed in a matter with or without a complainant where there is reason to believe that a violation of the Discipline Policy has occurred.

D. Procedure

1. The President shall develop disciplinary procedures in consultation with the BOD and legal counsel.
2. These procedures shall be reviewed annually by the BOD.

II. Discipline Policy

- A. Grounds for Disciplinary Action. The Corporation may sanction an applicant for certification or recertification or a current certificant in the event of any of the following:
1. Ineligibility for certification or recertification or violation of the Corporation's Bylaws, policies or rules.
 2. Fraud or deceit in an application, reapplication or other communication to the Corporation including but not limited to providing a false or misleading statement, and/or knowingly assisting another to obtain or attempt to obtain the Corporation's certification or recertification by fraud or deception.
 3. Irregularity regarding an exam of the Corporation including but not limited to providing or receiving unauthorized assistance before, during, or after an exam, providing false information to gain admittance to an exam, or impersonating another.
 4. Misrepresentation of certification or violation of the Corporation's personal and/or intellectual property rights including but not limited to unauthorized access, possession of, use of, distribution of, or access to (i) the Corporation's exams, (ii) certificates, (iii) name, trade name or trademarks; and (iv) any of its other personal and/or intellectual property.
 5. Habitual use of alcohol or any other substance of abuse, or any physical or mental condition that impairs competent and objective professional performance.
 6. Gross or repeated negligence or malpractice in professional work.
 7. Limitation or sanction by a federal, state or private licensing board, administrative agency, association or health care organization relating to public health or safety, or midwifery practice.
 8. Conviction of, plea of guilty to, or plea of nolo contendere to a crime directly relating to midwifery practice and/or public health and safety. Individuals convicted of a felony described in this section shall be ineligible to apply for certification or recertification for a period of three (3) years from the exhaustion of appeals, completion of probation or final release from confinement (if any), whichever is later.
 9. Engaging in conduct which is inconsistent with professional standards, including but not limited to (i) any practice that creates unnecessary danger to a patient's life, health or safety; and (ii) any practice that is contrary to the ethical conduct appropriate to the profession that results in termination or suspension from practice. Actual injury to a patient or the public need not be shown under this provision.
- B. Sanctions. Sanctions for violation of the Disciplinary Policy may include one or more of the following:

1. Denial, suspension or revocation of certification;
2. Non-renewal of certification;
3. Reprimand; and/or penalty
4. Other corrective actions such as, but not limited to: re-taking the certification examination, supervised clinical practice, repeating an ACME (Accreditation Commission for Midwifery Education).

C. Notice of Possible Violation.

1. Notice of an alleged violation of the grounds of this Discipline Policy should be submitted in writing to the President.
2. The notice to the President should:
 - a. Identify the person(s) involved.
 - b. Provide a detailed description of the pertinent facts or occurrences.
 - c. Include the name, address and telephone number of the person providing the notice to the Corporation and the person's relationship to the matter.
3. The President may proceed in a matter with or without a complainant where there is reason to believe that a violation of the Discipline Policy has occurred.

D. Procedure

1. The President shall develop disciplinary procedures in consultation with the BOD and legal counsel.
2. These procedures shall be reviewed annually by the BOD.

II. Disciplinary Procedures

- A. Upon receipt of a complaint or notice of a possible violation of this Discipline Policy, the President:
 1. Shall investigate the matter in consultation with legal counsel, the Corporation's staff, and such others as may be appropriate.
 2. May request additional information or documentation from the candidate or certificant, or from third persons.
 3. Shall review the matter to determine whether the facts, if true, could constitute a violation of one or more of the grounds of this Discipline Policy.
 4. Shall close the matter if the facts, even if true, would not constitute a violation of the grounds identified in this Discipline Policy. The complainant, if any, shall be notified of this decision.
- B. Candidates or certificants who are the subject of a possible discipline

violation are required to provide any information or documents requested by the President within thirty (30) days of the date of the notice.

- C. If a violation of the Disciplinary Policy is indicated, the President shall appoint a Chairperson of an Ad Hoc Review Committee and refer the matter to the Committee.
- D. The Review Committee shall be composed of the Chairperson and two members appointed by the Chairperson. Members of the Review Committee shall not have had prior involvement with the matter, the complainant, or the individual against whom discipline is being considered.
- E. Upon appointment of the Review Committee, the President shall send to the applicant/ certificant a notice of the disciplinary proceeding by registered, certified or other traceable mail or delivery service.
 - 1. If the individual is a certificant, the notice shall include:
 - a. The facts alleging a violation of the grounds for disciplinary action, and a copy of the complaint, if any.
 - b. That the matter has been referred to the Review Committee and a list of the names of the members of the Review Committee.
 - c. That the candidate must respond in writing to the allegations within thirty (30) days of receipt of the notice. The candidate's response must include a statement admitting, or explaining the facts identified in the allegations. Two (2) copies of all materials must be submitted to the office of the Corporation. Electronic, computer or other communications (such as facsimile or e-mail) will not be accepted.
 - d. The Review Committee may proceed to review the allegation if the certificant does not respond.
 - 2. If the individual is an applicant or candidate for certification, in addition to paragraphs a - c above, the notice shall include:
 - a. That a failure to respond to the allegations on the schedule determined by the Corporation may result in suspension of any pending application until such time as the disciplinary action is decided, or in such other sanction as the Corporation may deem appropriate.
 - b. The Review Committee may withhold decision and imposition of a sanction if any until a response is received from the individual and reviewed by the Review Committee.
- F. The Review Committee shall:

1. Have broad power to correspond with any parties involved in the matter and any other individuals or consultants.
2. Decide the matter by majority vote.
3. Render a decision as to whether or not a violation of the Corporation's Discipline Policy has occurred and, if a violation occurred, shall recommend a sanction.
4. Render a written decision and recommended sanction, if any, to the President normally within ninety (90) days from the receipt of the individual's written response. The written decision will include findings of fact and a description of the Committee's decision and recommended sanction.

G. Review By the Board of Directors:

1. Within 30 days of receipt by the President of the decision of the Review Committee, the BOD shall meet by conference call to review the findings and recommendations of the Review Committee, or to impose lesser or greater sanctions.
2. The BOD shall vote to accept or reject the findings and recommended sanctions of the Review Committee.
3. The President shall send the decision of the BOD to the affected individual by registered or certified mail or other traceable delivery service.
4. The decision of the BOD including any sanction shall become effective immediately.

H. Appeal

1. If the decision of the BOD is to deny or limit a candidate's ability to obtain or retain certification by the Corporation, the individual may appeal the decision by submitting two (2) copies of a written appeal consisting of a maximum of 10 typed pages.
2. The appeal must be sent to the President at the office of the Corporation. Electronic, computer or other communications (such as facsimile or e-mail) will not be accepted.
3. The individual must also pay the current appeal fee published in the Corporation's current schedule of charges.
4. The appeal must be postmarked within thirty (30) days of the date of receipt of the notice of the BOD's decision.

I. The Appeal/Hearing Committee shall:

1. Be comprised of the members of the Executive Committee of the Corporation and one additional member of the profession who does not sit on the Board of the Corporation.

2. Be chaired by the President.
3. Render a decision on the appeal normally within 30 days of receipt of the individual's appeal.
4. Send its decision to the individual by registered or certified mail or other traceable delivery service.

J. Publication of Adverse Disciplinary Decisions

1. The Corporation has the right to publish adverse decisions and the reasons for such decisions.
2. Disciplinary decisions that are adverse to the CNM/CM, applicant, or candidate will be communicated to ACNM and to the licensing authorities, and will be provided in response to inquiries into a person's certification status.

K. Reconsideration of revocation of certification or denial of eligibility due to noncompliance with the Corporation's Discipline Policy may occur on the following basis:

1. In the event of a felony or misdemeanor conviction, plea of guilty, or plea of nolo contendere directly related to public health or the provision of midwifery services, no earlier than three years from the exhaustion of appeals, release from confinement, or satisfactory completion of all terms and the entire length of parole or probation, whichever is later.
2. In any other case, no earlier than three years from the final decision of ineligibility or revocation.
3. Reconsideration shall include a review of the underlying matter and any additional evidence the Corporation receives or requests, including evidence of rehabilitation.
4. Reconsideration shall be conducted by a Review Committee as provided under paragraphs II.D and II.E.
5. Reconsideration decisions are final and not subject to internal appeal.
6. The candidate may reapply for reconsideration no more than once every three years.

American Midwifery Certification Board Test Content Outline

All questions on the national certification examination are written to test content from one of the areas of the following outline. Since testing is a process of sampling, not every aspect of the outline will be tested on each form of the examination. Each test form conforms to the test specifications described in the section “Certification Examination Format and Content” above.

I Primary Care (5%–10%)

- A. Physiology/pathophysiology
- B. Pharmacology (includes alternative/complementary therapies)
- C. Assessment of the well woman
 - 1. History
 - 2. Physical examination
 - a. HEENT
 - b. Heart and lungs
 - c. Breast
 - d. Abdomen/CVAT
 - e. Pelvic exam (bimanual/speculum)
 - f. Skin/extremities
 - g. Neurologic
 - h. Vital signs
 - 3. Cultural factors
- D. Health promotion and assessment
 - 1. STD counseling
 - 2. Breast self-exam
 - 3. Immunizations
 - 4. Substance abuse (smoking, ETOH, street drugs)
 - 5. Domestic violence
 - 6. Exercise/nutrition
 - 7. Other
- E. Laboratory tests and procedures (order/obtain/interpret)
 - 1. Routine assessments
 - 2. Those indicated by status of woman
 - 3. Diagnostic/screening tests for the older woman (e.g., mammography, bone density studies, hormonal, lipid and cholesterol levels)
- F. Assessment and management of deviations from normal
 - 1. Identification of deviations
 - Cardiovascular/anemia
 - Dermatologic
 - Endocrine (obesity, thyroid)

- Eye, ear, nose and throat
 - Gastrointestinal
 - Musculoskeletal
 - Neurologic
 - Respiratory
 - Urinary
2. Development of a management plan
 3. Consultation, co-management or referral, as indicated

II Antepartum Care (25%-30%)

- A. Physiology/pathophysiology
 1. Pregnancy
 2. Genetics, embryology, fetal development
- B. Diagnosis of pregnancy
 1. Presumptive, probable and positive indicators of pregnancy
 2. Laboratory tests
 3. Ultrasound
 4. Counseling regarding pregnancy options
- C. Collection of data base for pregnancy
 1. Historical data
 2. Exposures and habits
 3. Genetic risks, counseling and/or referral
 4. Physical examination
 - a. Vital signs
 - b. Pelvic examination
 - c. Clinical pelvimetry
- D. Calculation of current gestational age and estimated date of birth
- E. Baseline laboratory tests (order/obtain/interpret)
 1. Serum tests
 2. Pap smear and cultures
- F. Management of pregnancy
 1. Interval assessments to evaluate status of pregnancy
 - a. Vital signs/urine
 - b. Weight gain patterns
 - c. Leopold's maneuvers
 - d. Auscultation of the fetal heart
 - e. Assessment of fetal movement (includes fetal movement counts)
 - f. Assessment of fundal height
 2. Laboratory tests (order/obtain/interpret)
 3. Diagnostic tests and procedures

- a. Nonstress testing
- b. Contraction stress testing (includes nipple stimulation)
- c. Ultrasound
- d. Amniotic fluid index/biophysical profile
- 4. Counseling regarding normal pregnancy
 - a. Common discomforts, including use of alternative and complementary therapies
 - b. Health promotion and disease prevention (includes exercise, hygiene, prenatal Rh immune globulin)
 - c. Nutritional assessment and counseling
 - d. Psychologic/emotional response to pregnancy (includes family relationships)
 - e. Referral to community resources
- G. Patient and family education to prepare for childbirth and parenthood
 - 1. Informed childbirth methods/pain management options/birth plan/assisted delivery techniques
 - 2. Counseling/preparation of woman for external breech version
 - 3. Counseling regarding vaginal birth after cesarean
 - 4. Infant nutrition (includes breast- and bottle-feeding)/parenting skills
- H. Assessment and management of deviations from normal pregnancy
 - 1. Identification of deviations
 - 2. Development of a management plan
 - 3. Consultation, co-management or referral, as indicated

III Intrapartum Care (25%–35%)

- A. Physiology/pathophysiology of labor
- B. Assessment for admission to labor
 - 1. Update personal history and health status
 - 2. Vital signs
 - 3. Physical examination to determine labor status
 - 4. Fetal status
 - a. Auscultation/initial monitoring of fetal heart rate
 - b. Presentation
 - c. Position
 - 5. Diagnosis of rupture of membranes
- C. Fetal monitoring
 - 1. Manual
 - a. Palpation
 - b. Auscultation
 - 2. Electronic
 - a. Uterine activity
 - b. Fetal heart rate
 - c. Indications/techniques for internal monitoring

- D. Labor support
 - 1. Nonpharmacologic support techniques and measures
 - 2. Analgesia
 - 3. Anesthetic techniques
 - a. Epidural (co-management)
 - b. Paracervical

- E. Labor management
 - 1. Assessment and management of progress in labor – first stage
 - 2. Assessment of woman’s physical response to labor
 - 3. Assessment of fetal status following AROM
 - 4. Assessment and management of second stage labor

- F. Monitoring/co-management of woman receiving pharmacologic therapy during labor
 - 1. Cervical ripening/induction agents
 - 2. Group B streptococcus prophylaxis
 - 3. Tocolytics
 - 4. Magnesium sulfate

- G. Management of the perineum
 - 1. Perineal preparation and support
 - 2. Local anesthetic techniques (including pudendal)
 - 3. Episiotomy

- H. Conduct of delivery
 - 1. Hand maneuvers/mechanisms of labor
 - a. Occiput anterior
 - b. Occiput posterior
 - c. Nonvertex presentations
 - 2. Maternal position at delivery
 - 3. Management of the umbilical cord (including nuchal cord)
 - 4. Shoulder dystocia

- I. Third stage labor
 - 1. Determination of placental separation
 - 2. Delivery of the placenta
 - 3. Inspection of the placenta (includes cord vessels)

- J. Fourth stage labor/immediate postpartum period
 - 1. Examination of cervix, vagina and perineum
 - 2. Repair of episiotomy or laceration
 - 3. Diagnosis of hemorrhage/estimated blood loss
 - 4. Control of hemorrhage
 - a. Fundal massage/initiation of breastfeeding/laceration repair
 - b. Pharmacologic management (oxytocics)

- c. Bimanual compression
 - d. Manual exploration of uterus/manual removal of the placenta
- K. Assessment and management of deviations from normal labor and delivery
- 1. Identification of deviations
 - 2. Development of the management plan
 - 3. Consultation, co-management, referral or transport, as indicated

IV Postpartum (5%–10%)

- A. Physiology/pathophysiology
- 1. Postpartum
 - 2. Lactation
- B. Postpartum physical assessment
- 1. Breasts
 - 2. Uterine involution
 - 3. Perineum
 - 4. Lochia
 - 5. Urinary bladder
 - 6. Extremities
 - 7. Vital signs
- C. Management of the normal postpartum period
- 1. Breast care
 - 2. Physical adaptation/recovery (includes diastasis recti, uterine involution, exercise, nutrition)
 - 3. Family planning/resumption of sexuality
 - 4. Psychosocial adaptation/parental-infant relationship
 - 5. Postpartum Rh immune globulin/immunizations
- D. Six-week postpartum examination
- E. Laboratory tests (order/obtain/interpret)
- F. Assessment and management of deviations from normal in the postpartum period
- 1. Identification of deviations
 - 2. Development of a management plan
 - 3. Consultation, co-management or referral, as indicated

V Neonatal Care (5%–10%)

- A. Physiology/pathophysiology of the newborn
- B. Assessment and management of transition to extrauterine life

1. Assignment of the Apgar score
 2. Support of normal transition
 - a. Suction
 - b. Stimulation
 - c. Temperature maintenance
 3. Intervention
 - a. CPR of the newborn
 - b. Medications used in resuscitation
 - c. Transfer/transport
- C. Newborn assessment
1. Physical examination
 2. Newborn reflexes
 3. Gestational age assessment
- D. Infant nutrition
1. Support and instruction for breastfeeding
 2. Support and instruction for bottle-feeding
- E. Newborn care and interventions
1. Eye prophylaxis
 2. Administration of medications (e.g., vitamin K, immunizations)
 3. Circumcision counseling
 4. Education of family for infant care
- F. Laboratory tests (order/obtain/interpret)
1. Routine assessments and interventions (e.g., PKU)
 2. Those indicated by status of newborn (e.g., bilirubin)
- G. Assessment and management of deviations from normal in the newborn period
1. Identification of deviations
 2. Development of a management plan
 3. Consultation, co-management or referral, as indicated

VI Family planning/gynecology (15%–20%)

- A. Physiology/pathophysiology
1. Menstruation, interconceptional period
 2. Peri- and postmenopausal period
- B. Family planning
1. Collection of a data base for the provision of contraceptive options
 - a. Screening for contraindications
 - b. Teaching and counseling concerning available methods

2. Provision of contraceptive methods and devices
 - a. Natural family planning
 - b. Barrier methods (e.g., condoms, diaphragm, cervical cap)
 - c. Oral contraceptives
 - d. Injectable contraceptives
 - e. Intrauterine devices
 - f. Subdermal implants/contraceptive rings and patches
 - g. Sterilization counseling
 - h. Emergency contraception
 3. Management of contraceptive method problems and complications
 4. Fertility promotion
 - a. Preconceptional counseling
 - b. Initial assessment and diagnostic procedures/referral for infertility
- C. Well-woman/perimenopausal care
1. Laboratory tests and procedures (order/obtain/interpret)
 - a. Screening (e.g., Pap smear)
 - b. Diagnostic (e.g., wet mount, colposcopy)
 - c. Ultrasound
 2. Assessment and management of specific concerns
 - a. Vaginitis
 - b. Signs/symptoms of menopause
 - c. Hormone replacement therapy (includes alternative therapies)
 - d. Sexuality
 - e. Sexual abuse/sexual assault
- D. Assessment and management of deviations from normal
1. Identification of deviations
 2. Development of a management plan
 3. Consultation, co-management or referral, as indicated

VII Professional Issues (up to 5%)

- A. Midwifery practice
1. Scope of practice
 2. Development of clinical practice guidelines
 3. Development of patient education materials
 4. Patient records/charting
 5. Interdisciplinary relationships
 6. Ethics
- B. Health care system and its relationship to midwifery practice
1. Equal access to health care/cultural sensitivity
 2. Administrative structure of agencies (hospitals, birth centers, HMOs)
 3. National health care policy (e.g., WHO Baby Friendly Hospital Initiative)

4. Barriers to midwifery practice (restraint of trade, limited access, reimbursement issues)
- C. Legal issues
1. Statutes/regulations that affect midwifery practice
 2. Medical malpractice/legal liability issues
 3. Birth registration
- D. Maintaining standards of care
1. Evidenced-based practice/review of practice-related literature
 2. Peer review/quality improvement
 3. Continued competency activities

Sample Test Items

The following questions are similar to those used on the national certification examination. The content outline location that each multiple choice question represents is included at the end of the stem.

1. All of the following contribute to the development of varicose veins in pregnancy EXCEPT: (II, A, 1)
 - a. crossing of legs leading to constriction of vessels
 - b. prolonged standing leading to decreased venous return
 - c. pressure of uterus leading to increased venous pressure
 - d. estrogen-induced relaxation of smooth muscle leading to venous pooling
2. Which of the following describes the condition that is present when the fetus is in the left occiput transverse (LOT) position, and the sagittal suture is noted to be close to the sacral promontory? (III, B, 4, b)
 - a. Synclitism
 - b. Anterior asynclitism
 - c. Posterior asynclitism
3. Which of the following is the MOST appropriate advice to give a breastfeeding woman with sore nipples? (IV, C, 1)
 - a. Vary nursing position of baby
 - b. Ensure baby grasps entire nipple
 - c. Use nipple shield at start of feeding
 - d. Apply lanolin to nipples after every feeding

4. Examination of a newborn male 2 hours after birth reveals the following findings:

<i>Breast tissue</i>	<i>4 mm nodule</i>
<i>Nails</i>	<i>Nails to fingertips</i>
<i>Genitalia</i>	<i>Testes in upper scrotum, rugae anterior portion</i>
<i>Sole creases</i>	<i>Cover anterior 2/3 of sole</i>
<i>Moro reflex</i>	<i>Complete with arm extension, open fingers</i>

The gestational age of this newborn is MOST likely how many weeks? (V, C, 3)

- a. 34
- b. 37
- c. 40
- d. 42

5. Which of the following symptoms is MOST commonly associated with tension headaches? (I, F, 7)

- a. Bilateral pain
- b. Blurred vision
- c. Throbbing sensation
- d. Nausea and vomiting

DATA FOR ITEMS 6–8:

RT is a 32-year-old gravida 4, para 3-0-0-3, with an uncomplicated prenatal course. She presents in labor 2 days past her due date. Admission history and physical reveal the following:

<i>Height:</i>	<i>5' 2" (157 cm)</i>
<i>Weight:</i>	<i>135 lb (61 kg)</i>
<i>Prepregnant weight:</i>	<i>102 lb (46 kg)</i>
<i>Obstetric history:</i>	<i>Previous pregnancies and deliveries were uncomplicated.</i>
<i>Abdominal exam:</i>	<i>Lax, pendulous abdomen; vertex fetus</i> <i>Contractions every 5 min, lasting 45 sec; barely palpable</i>
<i>Estimated fetal weight:</i>	<i>7 lb (3175 gm)</i>
<i>Fetal heart tones:</i>	<i>148</i>
<i>Vaginal exam:</i>	<i>Cervix 6 cm dilated, 80% effaced, vertex -3 station</i>
<i>Clinical pelvimetry:</i>	<i>Sacral promontory not reached at 13 cm</i> <i>Interspinous diameter wide with blunt spines</i> <i>Sacrum wide, deep curve, slopes backward</i> <i>Pubic arch greater than 90 degrees</i>

6. Which of the following findings from the data given above is LEAST likely to influence engagement in this fetus? (III, B, 3)

- a. Pelvic structure
- b. Maternal stature
- c. Lax abdominal tone

- d. Inadequate uterine contractions
7. What is RT's pelvic type? (III, B, 3)
- a. Android
 - b. Anthropoid
 - c. Gynecoid
 - d. Platypelloid
8. How would you characterize RT's total weight gain during this pregnancy? (III, B, 1)
- a. Adequate
 - b. Inadequate
 - c. Excessive
9. A gynecologic patient presents to your office stating that she has had a fever, fatigue, and mild aching for the past 2 days. On physical exam you note a diffuse rash on her back and on the soles of her feet and bilateral inguinal lymphadenopathy. The pelvic exam is within normal limits except for some white flat wartlike lesions near her anus. The MOST likely cause of these symptoms is: (VI, D, 1)
- a. secondary syphilis
 - b. herpes simplex virus
 - c. toxic shock syndrome
 - d. condylomata acuminata
10. A 24-year-old para 1-0-0-1 comes to the family planning clinic for her 6-week postpartum appointment and initiation of contraception. She is breastfeeding and plans to continue. She hopes to have another child in 2 years. You obtain the following information from the chart:

*Full term vaginal delivery of 8 1/2 lb (3864 gm) baby over midline episiotomy following an uncomplicated prenatal course
Treated for endometritis 1 week postpartum
Medical and family history otherwise negative*

Pelvic examination today reveals normal involution of the uterus and 1st degree rectocele. All other physical findings are within normal limits.

- Which of the following family planning methods is MOST appropriate for this patient? (IV, C, 3)
- a. Diaphragm
 - b. Intrauterine device
 - c. Combined oral contraceptives
 - d. None of these

11. The following findings are noted in a term newborn infant:

Excessive salivation
Abdominal distention
Respiratory distress
Inability to pass a catheter into the stomach

The MOST likely diagnosis is: (V, G, 1)

- a. esophageal atresia
 - b. diaphragmatic hernia
 - c. tension pneumothorax
 - d. transposition of the great arteries
12. Which of the following pharmacologic agents is MOST likely to be effective in the treatment of trichomonal vaginitis? (VI, C, 2, a)
- a. Ampicillin p.o.
 - b. Metronidazole p.o.
 - c. Triple sulfa vaginal cream
 - d. Miconazole vaginal cream
13. Macrocytic anemia is characteristic of: (I, F, 1, 1 cardiovascular/anemia)
- a. thalassemia
 - b. bleeding disorders
 - c. iron deficiency
 - d. folic acid deficiency
14. When providing informed consent for any procedure, all of the following must be included EXCEPT the: (VII, A, 6)
- a. consequences of no intervention
 - b. existence of alternative therapies
 - c. risks associated with the procedure
 - d. offer of a provider with more experience

Answers to sample test items: 1. d; 2. b; 3. a; 4. b; 5. a; 6. b; 7. c; 8. a; 9. a; 10. a; 11. a; 12. b; 13. d; 14. d.

SUGGESTIONS/COMMENTS ON THIS BOOKLET

Your comments and suggestions to improve this *Information for Candidates* booklet for the national certification examination are solicited. Please make any comments on this sheet and return to the American Midwifery Certification Board. Thank you for your assistance. (Use additional sheets if necessary.)

1. Is there any information which you feel needs to be covered more thoroughly?
Please be specific.

2. Was information omitted which you feel should be included?
Please indicate this information.

3. Suggestions/comments for improvement of this booklet?

Notes