AMCB Certification Exam Candidate Handbook Nurse-Midwifery and Midwifery

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This handbook provides important information on the eligibility requirements, application process, testing information, and AMCB policies. Material contained in this handbook supersedes information in previous handbooks and is subject to change without notice. Information in the AMCB handbook and on the certification website is updated on a regular basis. Candidates should check the website to ensure they have the most current version before applying.

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AMCB Overview

VISION

To advance the health and well-being of women and everyone for whom midwives provide care by setting the standard for midwifery excellence.

MISSION

To protect and serve the public by leading the certification standards in midwifery.

PURPOSE

- To set the national certification standard for the profession of midwifery
- To develop and administer the certification examination for assessment of entry-level competencies for the practice of midwifery
- To award national certification as a certified nurse-midwife (CNM) or certified midwife (CM) to candidates who have met the specified qualifications
- To provide a mechanism of certification and recertification for all CNMS/CMs
- To maintain professional discipline of all CNMs/CMs
- To adhere to national standards for certification bodies
- To liaison with other organizations to assure quality processes of midwifery certification and professional discipline

HISTORY

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.

STRUCTURE

I. 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 31 of the fifth year following the date of issue. Completion of the AMCB Certificate Maintenance Program is required to renew the certificate. Newly certified midwives are prohibited from working on any examination review materials for the first year after initial certification.

The national certification examination is administered without regard to race, color, creed, age, gender, national origin, religion, disability, marital status, parental status, ancestry, sexual orientation, or any other status protected by law.

II. Certification Maintenance Program

All individuals certified are automatically enrolled in AMCB's Certificate Maintenance Program (CMP). The CMP is designed to assist CNMs/CMs to demonstrate specified levels of knowledge not only at the time of initial certification but throughout an individual's professional career. An annual program fee is assessed to cover the basic Certificate Maintenance Program and will be due every year by May 31.

Certificants are expected to keep their certification current. If the CMP requirements are not completed by the end of the five-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 the last certification.

Each state sets the requirements for licensure for advanced practice nurses. In most states, RN licensure is required to continue licensure as a certified nurse-midwife. Recertification requires updating 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.

ACCREDITATION

The Certified Nurse-Midwife (CNM) and Certified Midwife (CM) certification programs administered by the American Midwifery Certification Board (AMCB) are accredited through the National Commission for

Certifying Agencies (NCCA) and have been continuously accredited since 2002. NCCA is the accrediting body of the Institute for Credentialing Excellence (ICE), the national standard setting organization for credentialing groups. The NCCA Standards were created to ensure certification programs adhere to modern standards of practice in the certification industry.

General Information

PURPOSE/SCOPE/TARGET AUDIENCE FOR CNM AND CM CERTIFICATION

The purpose of AMCB certification program is to set the national standard for the profession of midwifery and to protect the public by ensuring that certified individuals have met pre-determined criteria for safe practice. The exam is intended to assess the cognitive knowledge of a beginning midwifery practitioner (CNM or CM) to include both normal and abnormal, physical examination findings, lab values, physiology, pharmacology, and clinical decision making. The level of practice measures entry-level midwifery practice as a beginning practitioner. The audience for AMCB's certification programs is successful graduates of an accredited educational program for nurse-midwives or midwives with a graduate degree. CNM candidates must also have an active RN license.

ELIGIBILITY REQUIREMENTS TO TAKE NATIONAL CERTIFICATION EXAMINATION

I. **Candidates from Nurse-Midwifery Educational Programs:** All eligibility requirements (A – D) must be met.

A. 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)

Proof consists only of one of the following: 1) copy of license (showing expiration date) active on the date of the examination as a U.S. registered nurse; 2) 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 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; and 3) A copy of web verification of licensure.

B. Satisfactory completion of a graduate degree or has met the institutional requirements for a graduate degree from a program accredited by or with pre-accreditation status from the Accreditation Commission for Midwifery Education (ACME).

C. Verification by the director of the nurse-midwifery program confirming the candidate has met the institutional requirements for a graduate degree, and the date it was completed.

D. Attestation by the director of the nurse-midwifery program that the candidate is performing at the level of a safe, beginning practitioner.

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

II. **Candidates from Midwifery Education Programs:** All eligibility requirements (A – D) must be met.

A. Satisfactory completion of a graduate degree or has met the institutional requirements for a graduate degree from a program accredited by or with pre-accreditation status from ACME.

B. Verification by the director of the midwifery program confirming the candidate has met the institutional requirements for a graduate degree, and the date it was completed.

C. Attestation by the director of the midwifery program that the candidate is performing at the level of a safe, beginning practitioner.

D. Subsequent provision of proof of current licensure as a U.S. Registered Nurse may result in awarding the CNM credential.

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

EXPIRATION OF ELIGIBILITY STATUS

You have up to 4 attempts to 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 Accreditation Commission for Midwifery Education (ACME), as verified by the program director.

AMCB strongly encourages candidates to sit for the certification examination as soon as they complete their midwifery education program. Research indicates that candidates perform best when taking certification examinations immediately after program completion.

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

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, divorce decree, Certificate of Naturalization showing a new name, court order, notarized passport or notarized social security card) must be issued by a federal, state, or local government.

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 complete and comprehensive evaluation from a qualified healthcare professional performed within the past 3 years. Qualified healthcare professionals must be licensed or otherwise properly credentialed, who possess expertise in the disability for which the accommodations are sought and who have made an individualized assessment of the candidate that supports the need for the requested testing accommodations. Initial accommodation requests may take 5-10 business days to process so schedule accordingly.

CONFIDENTIALITY POLICY

Application status and results will be kept confidential. Application materials and examination results reports will be kept under lock and key at the headquarters office. A list of certified individuals will be published on the website and ACNM will be notified. Name, contact information, certification number, and certification date will be shared with ACNM. However, examination information in the database will be kept confidential and password protected. All AMCB employees, volunteers, and exam consultants will read and sign the Confidentiality Affidavit.

TRADEMARK AND CERTIFICATION MARK USE POLICY

AMCB certifies midwives who have satisfied applicable credentialing requirements established by AMCB. AMCB has created certification marks for certificants to use and display to represent their status as AMCB certified. These marks represent a standard of excellence in the field of midwifery, and are widely

known and recognized by educators, employers, midwives, patients and others as such. The following certification marks and credentials (AMCB Certification Marks) are owned and controlled by AMCB LLC (AMCB):

CM®

CNM®

AMCB grants limited permission to use specific AMCB Certification Marks to qualified midwives who satisfy all applicable AMCB credentialing requirements.

Use of the AMCB Certification Marks is limited to those individuals who are AMCB certificants in good standing. Each AMCB certificant is authorized to use only the Certification Mark which represents the credential that she/he has obtained and continues to maintain. Each AMCB certificant accepts and assumes sole responsibility for understanding and satisfying all applicable organizational and legal requirements related to the use and display of the AMCB Certification Marks. Among other requirements, each certificant is responsible for ensuring that the use of an AMCB Certification Mark in professional materials (e.g., business cards, letterhead, email signatures, advertisements) is consistent with this Policy, and is not in conflict with any applicable laws. AMCB shall not be liable or otherwise responsible for any claims, complaints, suits, or damages whatsoever, relating to a certificant's use of the AMCB Certification Marks.

Application Process

EXAMINATION FEE

The fee for the national certification examination is $425. The fee for re-examination is $350. Examination fees must be paid by credit card or personal check made payable to AMCB. Acknowledgement 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 PSI less than two 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.

PROCEDURE FOR INITIAL APPLICATION

Submissions By Mail

1. Application forms can be obtained by sending a written or email request to AMCB or from AMCB's website (amcbmidwife.org).

2. 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).

3. The application may be submitted online or by mail. Required credentials (i.e., proof of licensure showing expiration date and active on the date of examination as a U.S. Registered Nurse) and examination fee (if not sub mitted online) are to be mailed to:

    AMCB
    8825 Stanford Blvd, Suite 150
    Columbia, MD 21045

Online Submissions

You may submit the Exam Application online by following the steps below:

1. Go to the AMCB homepage (www.amcbmidwife.org) and click on the yellow "Sign-In" button in the top, right-hand corner of the page.
2. Click on the blue link titled "New Applicant" to create an account.
3. Login to your AMCB portal using the email and password you created.
4. Click "My Account" in the top, right-hand corner to be directed to your portal homepage.
5. Once on your portal homepage, click on "CNM/CM Exam Applications".
6. Click the blue button titled "Create New Application" beneath the correct certification type. **If you have an active RN license, please be sure to click "Create New Application" beneath the certification type: Certified Nurse-Midwife.**
7. Complete all sections of the application. Once the application is submitted, the application status should say "Staff Review".

Reminders:

- Incomplete applications will not be processed. Faxed applications will not be accepted.
- You should keep a copy of the completed application for your own records.
- AMCB Headquarters will notify you by email that you have met the eligibility requirements and may schedule the certification examination. If you prefer to be notified in writing or by phone, please notify the AMCB office when you submit your application.

SCHEDULING THE EXAMINATION

AMCB has contracted with PSI Services to administer the certification examination. PSI has centers available for testing Monday through Saturday at over 300 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 PSI. Online scheduling is available 24 hours a day, seven days a week at https://schedule.psiexams.com/ . Appointments may also be scheduled through PSI's candidate support center at 1-888-519-9901 at the following times: 7:00am-9:00pm Central Time, Monday-Thursday; 7:00am-7:00pm on Friday; and 8:30am-5:00pm Central Time on Saturday.

Candidates may change or reschedule an appointment one time without penalty with at least two business days notice to PSI. 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.

RETAKING THE 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. Waivers to the wait times will NOT be granted so please schedule exam takes accordingly. The fee for each retake of the examination is $350.00. **The candidate is allowed to sit for the examination a maximum of 4 times**. If the candidate has not passed the examination within 24 months of the date of completion of the program or has reached the 4th examination attempt prior to the 24-month period, they must demonstrate successful attainment of the core competencies of midwifery practice by completing another accredited educational program in nurse-midwifery or midwifery. This means that an individual must repeat an ACME accredited program after the 24-month time limit has expired or after the 4th unsuccessful attempt, and graduate from that program to become an eligible candidate for the AMCB certification examination. This can be at the same program or a different program. There is no other mechanism. After documentation of completion of all program requirements, the same requirements and fees will apply as for individuals being initially examined.

The candidate must reapply to sit for the examination with each attempt. The examination fee and 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 PSI.

Examination Administration

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 (4) 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. Candidates should go directly to the check-in desk upon arrival.

All candidates will be scanned upon entry with a handheld security wand for the safety and security of all individuals at the test center.

Two official forms of identification may 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, country, 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 Candidate ID number and examination type are correct on the roster.

After your identification has been confirmed, you will be directed to a testing carrel. You will be instructed on screen to enter your ID number. You will take your photograph which will remain on screen throughout your examination session. At some test sites, the proctor will take your photograph before directing you to your testing carrel. This photograph will also be printed on your score report. Prior to attempting the examination, you will be given the opportunity to practice taking an examination on the computer. The time you use for this practice examination is NOT counted as part of your examination time or score.

When you are comfortable with the computer testing process, you may quit the practice session and begin the timed examination. Before beginning, instructions for taking the examination are provided on-screen.

The computer monitors the time you spend on the examination. The examination will terminate if you exceed the time allowed. You may click on the "Time" box in the lower menu bar on the screen or select

the Time key to monitor your time. A digital clock indicates the time remaining for you to complete the examination. The Time feature may be turned off during the examination.

Only one examination question is presented at a time. The question number appears in the lower right of the screen. Possible answers to the examination questions are identified as A, B, C, or D. You must indicate your choice by either typing in the letter in the response box in the lower left portion of the computer screen or clicking on the option using the mouse. To change your answer, enter a different option by pressing the A, B, C, or D key or by clicking on the option using the mouse. You may change your answer as many times as you wish during the examination time limit.

To move to the next question, click on the forward arrow (>) in the lower right portion of the screen or select the NEXT key. This action will move you forward through the examination question by question. If you wish to review any questions or answers, click the backward arrow (<) or use the left arrow key to move backward through the examination.

An examination question may be left unanswered for return later in the examination session. Questions may also be bookmarked for later review by clicking in the blank square to the right of the Time button. Click on the hand icon or select the NEXT key to advance to the next unanswered or bookmarked question on the examination. To identify all unanswered and bookmarked questions, repeatedly click on the hand icon or press the NEXT key. When the examination is completed, the number of examination questions answered is reported. If not all questions have been answered and there is time remaining, return to the examination and answer those questions. Be sure to provide an answer for each examination question before ending the examination. There is no penalty for guessing.

SECURITY

PSI administration and security standards are designed to ensure all candidates are provided the same opportunity to demonstrate their abilities. The Assessment Center is continuously monitored by audio and video surveillance equipment for security purposes.

The following security procedures apply during the examination:

- Examinations are proprietary. No cameras, notes, tape recorders, Personal Digital Assistants (PDAs), pagers or cellular phones are allowed in the testing room. Possession of a cellular phone or other electronic devices is strictly prohibited and will result in dismissal from the examination.
- No calculators are permitted.
- No guests, visitors or family members are allowed in the testing room or reception areas.

The certification examinations and all items on the examinations are the exclusive property of the American Midwifery Certification Board, Inc. Candidates who apply for the certification examination acknowledge that they understand and agree to the following prior to taking the examination:

• Retention, possession, copying, distribution, disclosure, discussion, or receipt of any AMCB certification examination question, in whole or in part, by written, electronic, oral, or other form of

communication, including but not limited to emailing, copying, or printing of electronic files, and reconstruction through memorization and/or dictation, before, during or after the certification examination is strictly prohibited.

• Disclosure, discussion, or receipt of any AMCB certification examination questions and/or the examination, in whole or in part, on social media networking, in study groups, or by other methods is strictly prohibited.

• Theft or attempted theft of examination content is punishable by law.

• Candidate participation in any irregularity occurring during or after the examination, such as giving or obtaining unauthorized information or aid, as evidenced by observation or subsequent statistical analysis, may be sufficient cause to terminate participation, invalidate results of the examination, or necessitate other appropriate action per AMCB Disciplinary Policy. Incidents regarding examination administration security will be reported to the AMCB. Grounds for sanction may be warranted.

PERSONAL BELONGINGS

No personal items, valuables, or weapons should be brought to the Assessment Center. Only wallets and keys are permitted. Coats must be left outside the testing room. You will be provided a soft locker to store your wallet and/or keys with you in the testing room. You will not have access to these items until after the examination is completed. Please note the following items will not be allowed in the testing room except securely locked in the soft locker.

- watches
- hats (other than ceremonial or religious headwear)
- cell phones or personal communication devices

Once you have placed everything into the backpack, you will be asked to pull your pockets out to ensure they are empty. If all personal items will not fit in the backpack, you will not be able to test. The site will not store any personal belongings.

If any personal items are observed in the testing room after the examination is started, the administration will be forfeited.

EXAMINATION RESTRICTIONS

- Pencils will be provided during check-in
- You will be provided with one piece of scratch paper at a time or an erasable board to use during the examination, unless noted on the sign-in roster for a particular candidate. You must return the scratch paper/erasable board to the supervisor at the completion of testing, or you will not receive your report.

- No documents or notes of any kind may be removed from the testing room or Assessment Center.
- No questions concerning the content of the examination may be asked during the examination.
- Eating, drinking, or smoking will not be permitted in the Assessment Center.
- You may take a break whenever you wish, but you will not be allowed additional time to make up for time lost during breaks.

MISCONDUCT

If you engage in any of the following conduct during the examination you may be dismissed, your scores will not be reported, and examination fees will not be refunded. Some examples of misconduct are when you:

- create a disturbance, are abusive, or otherwise uncooperative;
- display and/or use electronic communications equipment such as pagers, cellular phones, PDAs;
- talk or participate in conversation with other examination candidates;
- give or receive help or is suspected of doing so;
- leave the Assessment Center during the administration;
- attempt to record examination questions or make notes;
- attempt to take the examination for someone else;
- are observed with personal belongings, or
- are observed with notes, books or other aids without it being noted on the roster.

The testing vendor will provide proctors who will observe candidates 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; 3) Deny the individual any additional attempts to take the examination; or 4) review the matter in accordance with the AMCB Discipline Policy.

The Examination

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 setting in which the midwife encounters a variety of patient care issues throughout the day. Each question contains 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 (4) 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 (Effective 1/1/2023):

Antepartum	21%
Intrapartum	21%
Postpartum	18%
Newborn	10%
Well Woman/Gyn	19%
Women's Health/Primary care	11%

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. This document *2017 Task Analysis A Report of Midwifery Practice by McFarlin, Barbara, et al*. can be located on the AMCB website at https://www.amcbmidwife.org/about-amcb/task-analysis .

The task analysis is used to develop a test content outline and the test specifications, which identifies areas that may be included on the examination. The task analysis is conducted every 5 years, and the examination will be updated to reflect the test content outline and test specifications the following year. The test content outline and a collection of sample items are included at the end of this booklet.

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. AMCB supports the tenets of a just culture and will not use the data

provided in an adverse way but will use it for improvements. The four- hour time limit is considered sufficient for the test to be completed and critiques to be recorded.

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 to enable us 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.

EXAM 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 minimize bias and 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.*

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. Below is a list of resources in alphabetical order that may be useful when studying but should by no means be your only sources:

Breastfeeding & Human Lactation 6th edition, 2019	*Briggs Drugs in Pregnancy & Lactation 12th edition, 2021*
Clinical Practice Guidelines for Midwifery & Women's Health 16th edition, 2021	*Cloherty and Stark's Manual of Neonatal Care, 9th edition, 2023*
Contraceptive Technology, 22nd edition, 2025	*Gabbe's Obstetrics, 9th edition, November 2024*

Gynecologic Health Care, Schooling & Likis, 4th edition, 2022	*Hale's Medications and Mothers' Milk, 2023*
Managing Contraception 16th edition, 2021. Kindle & Hard Copy	*Myles Textbook for Midwives, 17th edition, 2020*
Neonatology for Primary Care, 2nd edition, American Academy of Pediatrics, 2020	*Oxorne-Foote Human Labor & Birth, 7th edition, 2022*
Physical Assessment of the Newborn, 7th edition, 2024-2025	*Pocket Primary Care 3rd edition, 2023*
Primary Care: Interprofessional Collaborative Practice, 6th edition, published 2021	*Simkin's Labor Progress Handbook, 5th edition 2024*
The 5-Minute Clinical Consult 2025, 33rd edition	*Varney's Midwifery, 7th edition, 2024*
Williams Gynecology, 4th edition 2020	*Williams Obstetrics, 26th edition, 2022*

Post Examination

NOTIFICATION OF EXAMINATION 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 (how many correct items you provided vs total number of items) in the seven content areas that comprise the examination. The content area scores on the score report are not used to determine pass-fail decision outcomes. They are only provided to offer a general indication regarding your performance in each content area. Diagnostic score reports provided to failing candidates must be interpreted with care because of the relatively small number of items (questions) that comprise each content area. Areas with a larger number of items (questions) will affect the overall score more than areas with a fewer number of items. This means that upon retest your performance in each content area is likely to be more variable than on the test as a whole. Therefore, sub-scores should be interpreted with caution, especially those that correspond to content areas with very few items. For additional explanation of the scoring process and how to interpret your score, you may visit our website at https://www.amcbmidwife.org/amcb-certification.

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. AMCB will mail your certification package to the address indicated on the examination application form within 8 weeks. Within your certification package, you will receive one complimentary primary source verification. If you would prefer to have this verification sent to a different entity (i.e. State Board of Nursing, OBGYN practice, hospital), please indicate on your examination application where the verification should be directed. Examination results will not be

provided over the phone.

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.

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 received within twelve (12) months of the test date. Please note that score verification is used only to verify that the computer scoring process accurately counted the candidate's responses.

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.

PERSONS SUBJECT TO THIS POLICY

Any person who is aggrieved by or complains about any act, omission or alleged error by AMCB in administering any aspect of its certification or recertification process (e.g., eligibility, testing, or recording of certification status) may file a written appeal with the Chief Executive Officer of AMCB.

GROUNDS 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 eligibility, 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. An appeal of the two-year eligibility extension period must be filed within thirty (30 days of the eligibility end date (two years following the midwifery program end date as communicated by the midwifery program director); or
3. 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.

INITIAL RECOURSE TO AN ADMINISTRATIVE REMEDY IS MANDATORY

All persons subject to this Policy are required to pursue the administrative remedy made available by this policy before instituting an action for judicial relief of any kind.

EXCLUSIVE FORUM AND VENUE

A party seeking to institute judicial action, claim, suit, or proceeding arising out of or relating to the denial of an Appeal in whole or in part acknowledges and agrees that the same shall be brought solely and exclusively in the state or federal courts in for Howard County, Maryland. Each party voluntarily submits to the personal jurisdiction of these courts for any such suit and waives any objection to venue or to the convenience of the forum.

LIMITATION OF LIABILITY

In no event shall AMCB be liable in a judicial action for any indirect, incidental, special, consequential, or punitive damages, including but not limited to loss of revenue, loss of profits, loss of business, regardless of the theory of liability. The total aggregate liability of AMCB shall not exceed the total amounts paid by the plaintiff during the twelve (12) month period immediately preceding the event giving rise to the claim. This limitation shall not apply to damages resulting from fraud, gross negligence, willful misconduct, or breaches of confidentiality obligations.

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 Chief Executive Officer at AMCB Headquarters. 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.

VERIFICATION OF CERTIFICATION

The AMCB maintains a list of current certificants on its website, which is accessible to the public. The website is updated with the names of new certificants within 30 days of the date score reports are

mailed. The website may not be considered a primary source verification. AMCB does provide one free verification at the time that new certificates are printed. Please make sure to notify AMCB where you want this verification to be sent prior to the printing of your certificate. If you require additional written verification of certification after the initial free verification has been sent, you may send a request in writing via the website, fax or email to AMCB Headquarters. There is a fee of $40.00 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.

Discipline Policy and Procedures

UPDATED APRIL 2018

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 and on the AMCB website https://www.amcbmidwife.org/about-amcb/discipline.

I. 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 : retaking the certification examination, supervised clinical practice, repeating an ACME (Accreditation Commission for Midwifery Education) accredited education program.

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.

a. Provide a detailed description of the pertinent facts or occurrences.

a. 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.

5. Together with the Chair of the Discipline Committee, may temporarily suspend the individual's certification pending completion of the full disciplinary review process, whenever they believe that immediate action is necessary to protect the public from clear and imminent health danger. The individual shall be notified of the temporary suspension of certification in accordance with subsection E. of this section. The fact of temporary suspension shall be reported to the Board of Directors at their next meeting and to the appropriate licensing board.

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 request.

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 or their designee 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. Electronic, traceable mail will 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 one hundred eighty (180) days from the receipt of the individual's written response. The Review Committee may extend this time-period by unanimous decision of all committee members. 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. The Executive Committee for Discipline shall be comprised of the AMCB Executive Committee plus the Consumer Member.

2. Within 30 days of receipt by the President of the decision of the Review Committee, the Executive Committee for Discipline shall meet by conference call to review the findings and recommendations of the Review Committee, or to impose lesser or greater sanctions.

3. The Executive Committee for Discipline shall vote to accept or reject the findings and recommended sanctions of the Review Committee. In the event of a tie, the tie shall be broken by the Chair of the CMP Committee.

4. The President shall send the decision of the Executive Committee for Discipline to the affected individual by registered or certified mail or other traceable delivery service.

5. The decision of the Executive Committee for Discipline including any sanction shall become effective immediately.

H. Appeal

1. If the decision of the Executive Committee for Discipline 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 a written appeal consisting of a maximum of 10 typed pages.

2. The full Board of Directors shall vote to accept or reject the findings and recommended sanctions of the Executive Committee for Discipline, or to impose lesser or greater sanctions.

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 Board of Directors 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 the licensing authorities, and will be posted on the AMCB website.

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.

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.

2022 Task Analysis – Test Content Outline	
Antepartum (AP) Task Statements	
1	Evaluates for signs of pregnancy.
2	Assesses the woman's acceptance of pregnancy.
3	Orders and evaluates serial hCG levels when indicated.
4	Provides counseling and support for women experiencing early pregnancy loss.
5	Evaluates historical, physical and laboratory data to determine current gestational age and due date.
6	Orders first-trimester ultrasound to establish or confirm gestational age.
7	Assesses for causes of first trimester bleeding and refers for treatment as indicated.
8	Orders immunizations in pregnancy.
9	Evaluates prior obstetric and medical history to assess risk status during current pregnancy.
10	Screens and refers as indicated for violence or abuse during pregnancy.
11	Screens for substance use during pregnancy and refers as appropriate (e.g. tobacco, alcohol, cannabis, prescription and non-prescription substances).
12	Refers to community resources as indicated (e.g., WIC, nutrition, social services).
13	Counsels about normal physiology of pregnancy, common discomforts, and self-care during pregnancy.
14	Evaluates nutritional status by calculating pre-pregnancy BMI, obtaining a diet history, and evaluating interval pregnancy weight gain patterns.
15	Assesses and provides counseling for possible teratogen exposure.
16	Performs basic genetic counseling including genetic screening and diagnostic testing options and refers as indicated.
17	Orders and interprets routine laboratory tests in pregnancy.

18	Orders and interprets lab results to diagnose anemias in pregnancy.
19	Performs pelvimetry to evaluate the bony pelvis.
20	Identifies deviations from normal pregnancy.
21	Auscultates FHTs with pinard, fetoscope, or doppler.
22	Determines uterine size or fundal height using bimanual exam, fingerbreadths, and/or centimeter tape.
23	Orders Rh immunoglobulin when indicated during pregnancy.
24	Orders ultrasounds to assess fetal growth when indicated.
25	Performs Leopold's maneuvers to determine presentation, lie, position of fetus, and estimated weight of fetus.
26	Counsels about fetal movement awareness and/or counting.
27	Counsels about the use of complementary and alternative therapies in pregnancy.
28	Counsels about the use of over-the-counter medications in pregnancy.
29	Assesses and treats for common acute illnesses during pregnancy (e.g. upper respiratory infections, gastroenteritis, etc.).
30	Refers for ultrasound to evaluate fetal anatomy and rule out fetal abnormality.
31	Performs, orders, and/or interprets Nonstress tests (NST) to evaluate fetal wellbeing.
32	Orders and interprets Biophysical Profile (BPP) to evaluate fetal wellbeing.
33	Orders third-trimester limited ultrasound to assess amniotic fluid volume, fetal presentation, and/or placental location.
34	Provides group or Centering Pregnancy (TM) care.
35	Determines appropriateness of vaginal birth after cesarean (VBAC) and counsels about risks and benefits.
36	Counsels about choice of birth setting (i.e. home, birth center, hospital).
37	Discusses pain management options for labor.

38	Counsels women about risks and benefits of labor induction.
39	Provides or refers to prepared childbirth, lactation, and/or parenting classes.
40	Provides counseling and support for women who experience intrauterine fetal demise.
41	Provides support during role transition into parenthood.
42	Refers for colposcopy in pregnancy.
43	Counsels, assesses for, and treats Sexually Transmitted Infections (STIs) in pregnancy.
44	Assesses second and third trimester vaginal bleeding and refers for care as indicated.
45	Provides care for women with maternal serum antibodies associated with the potential for fetal compromise (e.g. Kell).
46	Provides options counseling for pregnancy, including pregnancy continuation and termination.
Intrapartum (IP) Task Statements	
47	Evaluates for onset of labor.
48	Initiates a plan to meet the nutritional needs of the laboring woman.
49	Determines position of presenting part by Leopolds and vaginal exam.
50	Estimates gestational age incorporating all available data.
51	Estimates fetal weight.
52	Assesses the need for cervical ripening agents.
53	Determines appropriate labor induction method.
54	Administers pharmaceutical cervical ripening agents (e.g. misoprostol, Cervidil (R)).
55	Places devices for mechanical cervical preparation (foley bulb, Cook balloon).
56	Monitors labor pattern through palpation to observe the strength, duration, and frequency of contractions.
57	Monitors progress of labor with vaginal examination to determine cervical position, effacement and dilation, descent of presenting part, and position of presenting part.
58	Develops a plan with the woman for decreasing discomfort in labor.

59	Monitors fetal heart rate by using intermittent ausculation.
60	Monitors fetal heart rate and contractions with external electronic fetal monitor.
61	Determines status of amniotic membranes by clinical examination (e.g. sterile spec exam, observation for pooling of fluid, use of nitrazine paper, and/or exam of fluid for ferning).
62	Determines status of amniotic membranes by amniotic protein markers (e.g. AmniSure(R)).
63	Performs artificial rupture of membranes (AROM).
64	Evaluates fetal condition following rupture of membranes to determine fetal well-being.
65	Provides emotional support during labor.
66	Evaluates physical response to process of labor.
67	Informs about and initiates use of complementary analgesic therapies (e.g. TENS, sterile water papules, or hydrotherapy).
68	Orders and/or administers nitrous oxide.
69	Orders and/or administers narcotic analgesics.
70	Initiates a plan of care for managing deviations from the normal progress of labor.
71	Independently orders pitocin for augmentation of labor.
72	Performs manual rotation of fetus in occiput posterior position (OP).
73	Places intrauterine pressure catheter (IUPC) for monitoring uterine contractions.
74	Manages care of the woman with an epidural.
75	Manages common complications after epidural placement (e.g. hypotension).
76	Applies internal fetal scalp electrode.
77	Manages amnioinfusion.
78	Evaluates response to and monitors for side effects of medications used to treat intrapartum complications (e.g. magnesium sulfate, tocolytics).
79	Promotes progress in the second stage of labor (e.g., verbal encouragement, use of alternative positions to facilitate birth).
80	Attends and manages waterbirth.

81	Attends and manages birth with mother in various non-supine birthing positions (e.g. side-lying, knee-chest, squatting).
82	Attends birth of infant in Occiput posterior (OP) position.
83	Attends birth of infant in breech position.
84	Attends birth of infant with face presentation.
85	Implements maneuvers to resolve shoulder dystocia.
86	Manages nuchal cord.
87	Performs delayed cord clamping when appropriate.
88	Administers local anesthesia.
89	Performs median episiotomy when indicated.
90	Performs mediolateral episiotomy when indicated.
91	Examines for birthing lacerations and/or episiotomy extensions and identifies need for repair.
92	Repairs median episiotomy.
93	Repairs mediolateral episiotomy.
94	Repairs 1st or 2nd degree lacerations of the perineum.
95	Evaluates rectal integrity following birth with episiotomy or extensive lacerations.
96	Identifies signs of placental separation.
97	Actively manages the third stage of labor (e.g. gentle cord traction, immediate Pitocin use after birth).
98	Expectantly manages the third stage of labor (e.g. physiologic management of birth of placenta).
99	Estimates immediate postpartum blood loss (EBL).
100	Measures immediate postpartum blood loss (QBL).
101	Performs manual exploration of the uterus.
102	Performs manual removal of the placenta.

103	Evaluates etiology of postpartum hemorrhage, including assessing for uterine atony and vaginal/cervical lacerations.
104	Controls third stage postpartum hemorrhage (e.g. fundal massage, initiation of breastfeeding, bimanual compression, pharmaceutical administration, and/or vaginal or cervical laceration repair).
105	Consults and/or refers for surgical management of severe postpartum hemorrhage.
106	Orders blood transfusion when clinically indicated for severe postpartum hemorrhage.
107	Inspects placenta and membranes to ascertain their completeness, to rule out retained fragments, and to check for abnormalities.
108	Evaluates the need for pathological examination of placenta.
Postpartum (PP) Task Statements	
109	Evaluates the woman for physical adaptation to the postpartum period.
110	Evaluates for psychosocial adaptation to the postpartum period.
111	Performs postpartum physical examination in the inpatient setting.
112	Assesses for postanesthesia complications or side effects, such as hypotension and spinal headache, and manages, consults, or refers.
113	Evaluates for parental-newborn attachment.
114	Counsels about and screens for immediate postpartum contraception (e.g. post-placental IUD placement).
115	Places post-placental IUDs.
116	Evaluates for and manages common postpartum discomforts (e.g. postpartum pain, perineal discomfort, breast engorgement, hemorrhoids, excessive perspiration).
117	Provides information about breast anatomy and physiology, maintenance of milk supply, and care of breasts during lactation (e.g., sore nipples, engorgement).
118	Identifies difficulties related to lactation and refers or provides lactation consultation as indicated.
119	Screens for postpartum mood and anxiety disorders with a standardized instrument.
120	Provides in-patient post-cesarean care.

121	Provides post-cesarean care after hospital discharge.
122	Initiates postpartum Deep Vein Thrombosis (DVT) Prophylaxis when indicated.
123	Counsels about and orders maternal immunizations in the postpartum period.
124	Counsels about the need for mother and/or infant to transition to ongoing health care when indicated.
125	Counsels about postpartum sexuality and family planning.
126	Counsels about family dynamics.
127	Evaluates social support systems and refers to resources when indicated.
Newborn (NB) Task Statements	
128	Collects cord blood.
129	Obtains cord gases when necessary.
130	Examines cord for umbilical vessels.
131	Evaluates and facilitates the infant's transition to extrauterine life.
132	Supports newborn thermoregulation.
133	Observes and, if necessary, clears infant's breathing passages with bulb suction and/or suction catheter.
134	Initiates neonatal resuscitation when needed.
135	Assigns APGAR scores.
136	Supports neonatal glucose regulation through initiation of breastfeeding, monitoring for signs of hypoglycemia, and initiating treatment as indicated.
137	Assists with initiation of breastfeeding.
138	Educates about breastfeeding.
139	Educates about formula feeding.
140	Promotes a healthy environment for maternal-infant interaction from birth to discharge from the birthing location.
141	Performs complete newborn physical exam.

142	Identifies abnormalities in the newborn exam and refers appropriately.
143	Orders routine newborn medications and immunizations (e.g. Vitamin K, Hepatitis B, eye prophylaxis).
144	Performs neonatal assessment to determine gestational age.
145	Orders newborn genetic screening tests.
146	Provides patient-centered guidance and counseling regarding male circumcision.
147	Educates parent(s) about routine newborn care.
148	Provides primary care of the infant from birth to discharge from the birthing location.
149	Provides primary care of the infant from discharge from the birthing location through 28 days of life.
Gynecology (GYN) Task Statements	
150	Performs a complete pelvic exam including bimanual and speculum exams.
151	Evaluates for concerns related to sex drive and sexual satisfaction.
152	Provides counseling for sexual concerns.
153	Provides counseling and support following sexual assault.
154	Asks about sexual orientation.
155	Asks about gender identity.
156	Provides care to non-binary individuals.
157	Assesses for high risk sexual behavior.
158	Provides instruction and counseling regarding use of condoms, dental dams, etc. as methods to prevent Sexually Transmitted Infections (STIs).
159	Counsels about the importance of early recognition, screening, and treatment of sexually transmitted infections (STIs).
160	Assesses for and treats sexually transmitted infections (STIs) based on currrent guidelines.
161	Provides expedited partner treatment for sexually transmitted infections (STIs).

162	Counsels about and recommends the use of non-prescription forms of contraception (e.g. condoms, contraceptive gel, film, foams, etc.).
163	Counsels about the use of Fertility Awareness Methods (e.g. Billings, rhythm, symptothermal and lactational amenorrhea).
164	Provides contaceptive services.
165	Screens for indications and contraindications for various contraceptive methods with history, physical examination and laboratory data.
166	Screens for indications for genetic carrier trait/hereditary cancer testing by personal and family history and orders appropriate laboratory testing as indicated.
167	Provides anticipatory guidance about menarche, the menstrual cycle, and menopause.
168	Evaluates abnormal uterine/vaginal bleeding.
169	Counsels about normal physiological and emotional changes throughout the menstrual cycle.
170	Provides guidance and counseling for the prevention and recognition of toxic shock syndrome.
171	Determines need to obtain Papanicolaou (pap/cervical cytology) test based on current guidelines.
172	Obtains Papanicolaou (pap/cervical cytology) test.
173	Refers for colposcopy when indicated.
174	Assesses for common vaginal conditions using microscopy (e.g. candida, bacterial vaginosis).
175	Diagnoses vaginitis (e.g. candida, bacterial vaginosis).
176	Prescribes pharmaceuticals and/or alternative therapies to treat vaginitis.
177	Treats condyloma using chemical methods and/or cryotherapy.
178	Evaluates for vulvar disease.
179	Performs clinical breast exam.
180	Counsels about breast self-awareness.
181	Refers for diagnostic mammogram and/or breast sonogram as indicated by clinical findings.
182	Refers for pelvic floor physical therapy to address genitourinary and sexual concerns.

183	Refers for pelvic/transvaginal ultrasound when indicated.
184	Refers for sonohysterogram when indicated.
185	Performs endometrial biopsy.
186	Refers for services to electively terminate pregnancy.
187	Prescribes medication to electively terminate pregnancy.
188	Assesses need for and facilitates socioemotional follow-up after termination of pregnancy.
189	Evaluates for ectopic pregnancy (e.g. serial beta-HCG, pelvic ultrasound).
190	Expectantly manages or co-manages ectopic pregnancy.
191	Medically manages or co-manages ectopic pregnancy (e.g. methotrexate).
192	Performs initial assessment for evaluation of infertility.
193	Evaluates for signs and symptoms of perimenopause/menopause.
194	Counsels about management of perimenopausal/menopausal signs and symptoms.
195	Prescribes hormone therapy and/or alternative therapies for treatment of perimenopausal/menopausal symptoms.
Primary Care (PC) Task Statements	
196	Applies concepts of informed consent, informed refusal and shared decision-making in patient encounters.
197	Takes a comprehensive health history.
198	Performs a head-to-toe physical exam.
199	Creates a management plan based on subjective and objective data (e.g. ordering diagnostic imaging and lab work and initiating treatment as indicated).
200	Orders immunizations based on history, age, and current recommendations.
201	Orders preventative health screening tests as appropriate (e.g., mammography, DEXA scan, colonoscopy).
202	Orders and interprets standard lab tests (e.g. thyroid function, lipid screening, blood glucose control, CBC, etc).

203	Screens and refers for risk of domestic violence or abuse.
204	Screens and counsels regarding substance use and refers as appropriate (e.g. tobacco/nicotine, alcohol, marijuana, prescription and non-prescription substances).
205	Prescribes medication for smoking cessation.
206	Screens and counsels about exposure to environmental or work hazards such as toxic chemicals or radiation.

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. A primigravida is at 41 weeks gestation according to an ultrasound done at 25 weeks. A nonstress test performed today is reactive and the amniotic fluid index (AFI) is 18. Which is the BEST next step?
   a. Obtain a contraction stress test
   b. Schedule immediate induction of labor
   c. Schedule a repeat nonstress test in 3-4 days
   d. Repeat the ultrasound to confirm gestational age

2. A multigravida at 34 weeks gestation with one week of suprapubic pain radiating to both hips. The pain is constant and exacerbated by walking and climbing stairs. Which intervention is MOST appropriate?
   a. Pelvic support device
   b. Nonsteroidal anti-inflammatory medication
   c. Bed rest until 36 weeks
   d. Urinalysis and urine culture

3. A 32-year-old patient reports crampy, sharp lower abdominal pain that begins the first day of their menses and lasts three days. They experience regular menstrual cycles and a heavy flow. They use a diaphragm for birth control. The pelvic exam is normal. The MOST appropriate action is to:
   a. Recommend non-steroidal anti-inflammatory medication during their menses
   b. Order an endometrial biopsy
   c. Recommend discontinued use of the diaphragm
   d. Perform a urine pregnancy test

4. Which of the following is a CONTRAINDICATION to postmenopausal estrogen replacement therapy?

a. Varicose veins
b. Active hepatitis
c. Diabetes mellitus
d. Migraine headaches

5. What pharmacologic agent is the most appropriate for a 55-year-old who reports vaginal burning, itching and dysuria for several days with the following examination findings:
Vulva: Thin, brittle pubic hair
Erythematous, edematous labia majora
Vagina: Pale, smooth walls
Cervix: Small, pale
Wet mount: White blood cells, epithelial cells, no trichomonads or pseudo hyphae

a. Oral Doxycycline (Vibramycin)
b. Hydrocortisone cream (Cortaid)
c. Estrogen vaginal cream (Estrace)
d. Clotrimazole vaginal cream (Gyne-Lotrimin)

6. Which of the following is an appropriate management plan for a patient experiencing breakthrough bleeding with injectable medroxyprogesterone (Depo-Provera)?

a. Supplement with oral progesterone
b. Prescribe a short course of combined oral contraceptives
c. Repeat the Depo-Provera injection 9 weeks after the previous injection
d. Give an increased dose of Depo-Provera at the time the next injection is due

7. During active management of third stage, when is a retained placenta diagnosed?

a. 10 minutes
b. 20 minutes
c. 30 minutes
d. 45 minutes

8. What clinical findings would be expected in the newborn of a person who used opiates during their pregnancy?

a. Microcephaly, facial abnormalities, and malformation of joints
b. Lethargy, diminished reflexes, and cardiac defect
c. Irritability, tremors, and high-pitched cry
d. Genitourinary abnormalities, hypothermia, and ineffective sucking

9. When attending the birth of an infant with a gastroschisis, what step is part of the initial care that

should be provided immediately after delivery?

a. Leave the area exposed to the air
b. Wrap the baby in a warm blanket
c. Apply Betadine solution to the area
d. Cover the area with a saline solution bandage

10. A patient at four months postpartum presents to the clinic for an IUD insertion. Pregnancy was complicated by gestational hypertension. Blood pressure today is 152/90. What diagnosis is MOST appropriate?

a. Chronic hypertension
b. Gestational hypertension
c. Postpartum preeclampsia
d. Postpartum hypertension

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