

Instructions for completing OBNM Natural Childbirth Certificate forms (available on the OBNM website)

1. DO NOT include any mother, father or baby names: include only initials, as including names is not HIPAA compliant. DO NOT include full addresses; only city and state of the birth.
2. Each mother should be listed ONCE on the **Record of Prenatal Experience** and/or ONCE on the **Record of Postpartum Experience**. All the dates of visits you attended should be included in the area after her name.
3. The 50 mothers seen for prenatals may be different from the 50 mothers seen for postpartums, and these may be different from the 50 mothers whose births you attended (although typically there is a lot of overlap.)
4. The **Record of Prenatal Experience** and the **Record of Postpartum Experience** should include the letters O (observed), A (student assisted) and P (student performed) in the appropriate columns.
5. The **Record of Prenatal Experience** and the **Record of Postpartum Experience** must include tallies of the number of mothers and the number of visits at the bottom of each page. Natural Childbirth requirements include at least 150 Prenatal visits with 50 women and 100 Postpartum visits with 50 women.
6. If you are on your way to a birth but missed it by a few minutes, you can count it if you arrived and were an active participant in postpartum care. Your birth report should note when you arrived and why you missed it.
4. Births which are transports may be included in the 50 births, as long as you began attending the birth at home or at a birth center under the supervision of an ND and continued to attend the birth at the hospital, even if it was a C-section and you were not in on the surgery. The details of why the mother or baby was transported should be included in the Narrative. If you just joined the family at a hospital, it may be included in the 10 “observation only” births. Similarly, doula births are counted as “observation only” births.
5. The **Birth Narrative** should not simply say, for example, “She was 3 cm at 10 am and 5 cm at 1:30 and began pushing at 8 pm...”, or “Fast waterbirth”, but rather, what stood out, or was different/unusual, and some of the relevant times. Examples: “She dilated very slowly to 5 cm at 3:15 am, but then was complete just 2 hrs later at 5:20 am.” “Her labor didn’t really pick up until her children were in bed.” “She was only 1 cm when she arrived at the birth center at 6:20 am and we were surprised that she was still only 1 cm after laboring another 3 hrs. So then we used homeopathic Gelsemium and she got in the shower and relaxed and was 4 cm 3 hrs later at 12:45 pm.” “From the start she struggled with labor and we gave a lot of verbal support and applied back pressure and suggested different positions, which seemed to help her a

lot.” “She labored quietly so we were very surprised that she was 8 cm with her first vaginal exam at 2:30 am just an hour after we arrived.” “There were 10 people, including us, in their very small house and so it was difficult to stay out of the way.” “The mother was very connected with her partner and he really helped her through labor; we tried to stay in the background.” “Her labor did not really pick up until she went for a walk a couple hrs after we got there, at 3 pm. Later when it seemed to slow again we suggested another walk around 8 pm and labor picked up again.” “After being in the tub several hours and vomiting a couple times, giving her IV fluid made a big difference in terms of her energy and the strength of her contractions.” “Her labor was very smooth and straight-forward for a primip; she started laboring around 6 pm and was 4 cm when we arrived at 1:20 am. Then she dilated consistently about a cm an hour, starting sounding pushy and was complete at 7: 55 am and then pushed 1.5 hrs without much coaching, giving birth to a healthy baby girl in the tub at 9:27 am, over an intact perineum. Her water didn’t break until 18 min before the baby was born.” “She continued to have gushes of blood every 5-10 minutes in the first hour after birth, so we gave pitocin 2x, misoprostil rectally, started an IV, and expressed clots several times. Finally her bleeding was controlled.” “We had been hearing some variable decelerations with pushing so were not surprised that the baby was born limp and blue with a tight nuchal cord, but he pinked right up and cried after just 3 puffs of PPV, so his first Apgar was 8.” The narratives do not need to be exceptionally formal but should be clearly written or typed and use appropriate medical terminology. Important complications such as hemorrhage or need for resuscitation should be included.

8. The **Learning Objectives/Skills Attained** section should list what you learned, what you saw for the first time, did for the first time, or became better at doing. This should be more detailed than simply “postpartum hemorrhage management”, such as “I gave pitocin IM and observed misoprostil inserted rectally for the first time.” “I assisted with placement of the IV and helped with management of the IV. I also got some practice with blood loss estimation.” Other examples: “It was my second birth and I was in charge of keeping track of the times and this was challenging since the baby was born just 17 minutes after we got there and we were still setting up.” “I am feeling more confident finding fetal heart tones consistently, including in the water, even when it is harder, such as during second stage.” “I observed and learned about the creeping baseline of the FHT’s and also subtle late decelerations.” “This was only my third intrapartum vaginal exam and I was happy that I found the cervix and my assessment was confirmed by the midwife afterward.” “I had never seen a baby appear so limp at birth and was relieved when he pinked up and started breathing soon after the midwives used PPV on him.” “I observed the discussion and decision to transport, and learned about calling hospital providers, and ways to make a transport go smoothly.” “I assisted suturing by retracting the labia, and saw the challenges of approximating the tissues and what kinds of sutures to use.” “This was the first time I did the baby exam myself, including the gestational age assessment, while the midwife charted and coached me.”

9. Giving birth yourself, while an extremely valuable experience, cannot be counted in the 50 births.
10. If you have documented births using some other forms, check with OBNM that these forms are acceptable.
11. After you submit your application and all your documentation, the OBNM appointed reviewer will review your documents and then request a meeting with you to discuss your forms and experience. This could occur by Skype etc. if necessary.