



# Midwest Maternal Child Institute

## Education Catalog

Certified Professional Midwifery Associate Degree Program

Maternal Child Health Specialist Associate Degree and Diploma Programs

Perinatal Educator Certificate Program

Volume XII-b, 2026



**Midwest Maternal Child Institute**

[www.mmcinst.com](http://www.mmcinst.com)

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## Introduction

Midwest Maternal Child Institute (MMCI) offers a **Certified Professional Midwifery Associate Degree** that prepares students to practice as Certified Professional Midwives (CPMs). Depending on the legal status of CPMs in the states in which students reside, they may qualify for licensure. MMCI also offers a **Diploma and an Associate Degree in two Maternal Child Health Programs** that prepare students to become Maternal Child Health Specialists, as well as a **Perinatal Educator Certificate**. These programs are specifically designed to meet the needs of adult learners. Because we recognize that many communities are underserved in maternal child health, we especially seek students who want to serve the well-being of the people and communities to which they belong.

### Fulltime/Part-time Attendance

MMCI birth programs' didactic courses comprise full-time programs with no path for students wishing to attend part-time. Clinicals may be conducted on a part-time basis.

### MMCI Certified Professional Midwifery Program

The Certified Professional Midwifery (CPM) Program is comprised of didactic courses, lab courses, and clinical placements taught by experienced educators and providers who specialize in the course's content. MMCI assists students in finding preceptors, but it is ultimately the student who is responsible for finding a preceptor approved by MMCI. The curriculum is designed to promote leadership skills and independence so students can acquire the skills and confidence that prepares them for the next phase in their birth careers.

### Length of program and calendar

Over the course of the three consecutive years of the didactic phase of the CPM Program, classes are taught at a monthly weekend intensive that provides an immersion experience into the fundamental theories, science, ethical considerations, and wisdom students need to practice professionally. Clinical opportunities are provided throughout the program (3-5 years) at no additional cost.

### Student Success

MMCI CPM graduates have a 100% pass rate on the NARM exam, and more than 80% of CPM graduates are currently working in their field.

### Accreditation

MMCI's Certified Professional Midwifery Program is accredited by the Midwifery Education Accreditation Council (MEAC) and all MMCI's academic programs are approved by the Wisconsin Educational Approval Program.

### Delivery of MMCI Classes

Classes and clinicals are conducted in person at our classroom sites or on Zoom.

## Contact Information and Classroom Location

**General Information** | Laura Ehmann

[MidwestMaternalChild@gmail.com](mailto:MidwestMaternalChild@gmail.com)

920.350.5856

**Academic Program Information** | Mary Sommers

[masmmrsmidwife@gmail.com](mailto:masmmrsmidwife@gmail.com)

**MMCI Web Site** | [www.mmciinst.com](http://www.mmciinst.com)

**MMCI Mailing Address:**

Midwest Maternal Child Institute-Attn: Laura Ehmann  
1941 Ridgewood Ct  
Plover, WI 54467

**Main Classroom Locations**

Today Not Tomorrow  
6602 Grand Teton Plaza Ste 100  
Madison WI 53719

Ashland Birth Center  
619 9th Ave W  
Ashland, WI 54806



## Philosophy, Mission, and Goals

### MMCI's Philosophy

We believe it is a great honor and responsibility to serve birthing families. Certified Professional Midwives and Maternal Child Health Specialists are leaders who must act with integrity and purpose when providing care for their clients and their families. This includes being aware of and engaging with the larger context in which midwifery care and general health care are provided in our communities, while considering each person's unique circumstances and needs.

Midwives and Maternal Child Health Specialists must cultivate a mutually respectful relationship with their clients, so they may develop the skill of discernment to know when and how to advocate for their clients. MMCI promotes the philosophy of life-long learning for birth workers, and our curriculum is regularly evaluated and updated to reflect the evolving health care needs of our communities.



### MMCI's Mission

The Midwest Maternal Child Institute's mission is to train Certified Professional Midwives and Maternal Child Health Specialists as leaders who are engaged in the larger context in which maternal child health care is provided, and who will act with the integrity and purpose necessary to provide quality care to their clients and their communities.

### MMCI's Program Learning Outcomes and Goals

MMCI honors its mission by providing high-quality, cost-effective birth education through didactics, clinical practicum, self-study, and group discussion. MMCI focuses on preparing students to provide comprehensive, patient-centered care throughout the childbearing cycle. These programs emphasize the Midwives Model of Care, which includes holistic assessments, individualized education and counseling, continuous support during labor and delivery, and postpartum care. Graduates are expected to be competent in managing normal physiological birth and recognizing and referring clients with complications. Additionally, these programs foster cultural sensitivity, ethical reasoning, and effective communication skills.

### Key learning outcomes and goals

#### *Respectful maternity care:*

Graduates will utilize a patient -centered approach, respecting individual preferences and cultural beliefs throughout pregnancy, childbirth, and postpartum.

***Clinical competence:***

Graduates will be proficient in managing the normal physiological processes of pregnancy, labor, birth, and postpartum, as well as recognizing and managing complications requiring referral or collaboration with other healthcare professionals.

***Cultural sensitivity and ethical reasoning:***

Graduates will demonstrate cultural competence, value diversity and understanding the impact of social, cultural, and psychological factors on health and well-being. They will also apply an ethical framework to their practice.

***National certification:***

MMCI aims to prepare graduates for national certification, such as the Certified Professional Midwife (CPM) credential offered by the North American Registry of Midwives (NARM).

***Effective communication and collaboration:***

Graduates will be able to communicate effectively with clients, families, and other healthcare providers, fostering shared decision-making and collaborative relationships.

***Lifelong learning:***

MMCI encourages a commitment to ongoing professional development and staying abreast of current research and best practices in midwifery.

***Social responsibility:***

Graduates will be prepared to advocate for policies and practices that promote access to quality maternity care and address health disparities.

## Administration and Faculty

### Administration and Student Support

#### Administration

##### Mary Sommers, MPS, CPM, IBCLC



Mary Sommers is the Academic Affairs Director of the Midwest Maternal Child Institute. She is a Certified Professional Midwife licensed in Wisconsin and Illinois and holds a Master's Degree in Public Service from DePaul University. Sommers has worked for more than 40 years in community health as an administrator and director of maternal child health programs and has supervised more than 40 midwifery students and trained more than 100 doulas. She has worked as a midwife, doula, and lactation consultant for various private practices in the Chicago area and has co-directed several nurse-midwifery practices.

##### Laura Ehmann, MA



Laura Ehmann is the Chief Executive Officer and Student Affairs Director of the Midwest Maternal Child Institute. She holds Master's Degrees in both Transformative Studies and in Business Communication. She has vast experience in both the public and private sectors, including positions as Online Student Success Coach at a community college, Development Director at a public radio station, Program Director of an arts and cultural center and Research Specialist for a market research firm. Her experience in the health care field includes working as a Clinic Liaison with a mobile medical team serving unhoused persons on the streets of Chicago, Mental Health Worker at a large urban psychiatric hospital, and Community Liaison with the Barbados Cancer Society as a Peace Corps volunteer.

##### Katy Collins, BFA, AAS



Katy Collins is the Classroom & Administrative Assistant at MMCI. She has been part of the Chicago Birthing community since 2012. Collins trained with and was certified with To Labor as a birth and postpartum doula. She has supported more than 100 families as a labor support doula, and more than 50 families as a postpartum doula. She was certified by the Association of Placenta Preparation Arts in 2018 and has encapsulated more than 40 placentas. Collins joined Birthways, Inc. as their Labor Support Coordinator & Administrator. In 2020, she graduated with an Associate Degree from MMCI's Maternal Child Health Specialist Program.

#### Student Support: Student Clinical Liaison

##### Sasha Bariffe, LM, CPM



Sasha Bariffe is an Afro-Latina mother, partner, midwife, and lover of her indoor plant garden. She became a Perinatal Educator and Peer Lactation Educator at Midwest Maternal Child Institute. Then, through a 5-year apprenticeship and completing coursework and the North American Registry of Midwives requirements, Bariffe became Wisconsin's first AfroLatinx Licensed and Certified Professional Midwife. Inspired by Milwaukee's community doulas, she has made



it her mission to do her part in making community midwifery accessible to folks of color, of any gender, folks of size, and any citizenship status.

## Faculty and Guest Lecturers

### Lead Faculty



#### **Mary Sommers, MPS, CPM, IBCLC**

Mary Sommers is the Academic Affairs Director of the Midwest Maternal Child Institute. She is a Certified Professional Midwife licensed in Wisconsin and Illinois, and holds a Master's Degree in Public Service from DePaul University. Sommers has many years of experience and the wisdom that comes from witnessing more than 2,000 deliveries over the past 40 years. Early in her career, she co-founded Chicago Community Midwives, a not-for-profit homebirth service. Sommers has since worked as a midwife, doula, and lactation consultant for various private practices in the Chicago area and has co-directed several nurse-midwifery practices. Sommers was a World Health Organization fellow, studying maternal health in Netherlands and England. She created a midwifery guidebook and APP with midwives from Malawi and Grand Valley State and was an advisory board member of CASA professional midwifery program in San Miguel de Allende, GTO, Mexico. Sommers has worked for more than thirty years in community health as an administrator and director of maternal child health programs and has supervised more than 40 midwifery students and trained more than 100 doulas. She is the author of *More Than a Midwife: Stories of Grace, Glory, Motherhood* and *The Doula Handbook*. She is featured in the book, *Bright Lights of the Second City: 50 Prominent Chicagoans on Living with Passion and Purpose* by Betsy Storm.

### Guest Lecturers

#### **Susan Greene, MSN, WHNP-BC, APNP**



Susan J. Greene has been in the healthcare field for 28 years. She worked in Labor and Delivery as a Registered Nurse, lactation consultant, and childbirth educator in a county hospital which solidified her decision to become a midwife and nurse practitioner. Greene currently volunteers her knowledge and care of women's health and education at free clinics around southern Wisconsin. She is an OB Clinical Instructor at Edgewood College's School of Nursing where she supervises and guides undergraduate nursing students in labor, delivery, ante- and postpartum, triage, surgery, and normal newborn care, and graduate level family nurse practitioner students in the care and treatment of women's health services.

#### **Savita Jones, CPM, LM**



Savita Jones is a second generation midwife. She started her midwifery practice in 1992 and has attended over 1600 babies out of hospital. In 2012, Jones opened the Ashland Birth Center, a freestanding birth center in Ashland WI. She has been a preceptor for several decades and remains dedicated to assisting new midwives on their path towards providing professional midwifery care. She believes that we live in the best time for midwifery, with access to a traditional

midwifery model and also mainstream medicine. Her goal is to walk freely between both of these worlds.

***Andrea Lee, MD, OB***



Dr. Andrea Lee is a practicing physician in Obstetrics and Gynecology. She majored in psychology at Northwestern University before graduating from medical school at Southern Illinois University with honors in Obstetrics/Gynecology, Pediatrics, Family Practice, and Psychiatry. Dr. Lee's OB-GYN residency was at Georgetown University in Washington, DC, where she served as chief resident and received awards for outstanding resident and best resident teacher. She also worked as a volunteer in OB-GYN medicine on St. Lucia in the West Indies. Dr. Lee has a special interest in community medicine and in working with people who are medically underserved.

***Tera Martin, CNM***



Tera Martin is a CNM in community health, attending births at the Birth Center at PCC in the Chicago area. She also provides clients and families with prenatal, postpartum, gynecological, and family planning care, as well as early postpartum and newborn care during home visits. Previously, Martin spent five years working at Gentle Birth Care, Inc., a home birth practice where she attended home births across the greater Chicagoland area. What she enjoys most about being a midwife is working in partnership with women and their families and finds it rewarding to be able to build a relationship of trust and respect with her clients during this very important time in their lives.

***Heather Prekop, CNM, RN, MSN***

Heather Prekop started her career as a Registered Nurse in 2006. She went back to school in 2017 and graduated in 2021 as a Certified Nurse Midwife. She is a CNM working at Ashland Birth Center in Ashland, WI. Prekop previously worked in a group providing home births in the Duluth, Minnesota area. She is passionate about teaching students and providing informed consent and engaging in shared decision making with the clients that seek her care.



***AnnMarie Rian Wanzeck, CPM LM***



AnnMarie Rian Wanzeck is a CPM, licensed in Wisconsin and working in community birth. She has been providing care to pregnant people and newborns since 2003 and has practiced as a CPM since 2007 in a variety of locations and settings. Rian Wanzeck is passionate about birth sovereignty and reproductive justice. She enjoys teaching both didactic and hands-on skills and brings a unique perspective from

practice in many locations, with many other midwives in a manner that focuses on complementary and alternative medicines combined with modern techniques and treatments. She is currently studying neoclassical homeopathy and is excited to introduce homeopathic medicine to the wider community of midwives.

## **MMCI Board of Advisors**

Star August, CPM

Tehmina Islam, CPM, LM

Savita Jones, CPM, LM

Tera Martin, CNM

Jeanine Valrie Logan, CNM, MSN, MPH, CLC

Kristin Westmore, RN

Mary Sommers, MPS, CPM, IBCLC: Executive Staff Representative

## Admission and Enrollment Information: CPM Program

### Admission to Certified Professional Midwifery Program

The Academic Affairs/Midwifery Program Director and the Student Affairs Director meet to review each applicant's qualifications and background to ensure a transparent recruitment and selection process. The criteria for ensuring that we are admitting applicants who are capable of completing the program are carefully reviewed. It is recommended that applicants have childbirth and/or postpartum care experience.

MMCI is particularly dedicated to recruiting and admitting students from underserved communities and backgrounds to create a birth workforce to serve in areas whose residents have few maternal health options. We have been successful in soliciting tuition grants from foundations and individuals to minimize the financial barriers to completing the CPM Program.

### Preparation and prerequisites for admission to CPM Program

#### *Recommended preparation*

- Proof of proficiency in general math and English composition.
- Childbirth and/or postpartum care experience, especially as a labor support doula with documented attendance at births
- Knowledge of birth through research and reading about midwifery and childbirth
- Volunteer experience with birth organizations

#### *Prerequisites*

- Interview with MMCI's Academic Affairs Director.
- An understanding of and competency in general reading, writing, and general math skills are essential in the practice of midwifery. (See Admission requirements).

### Admission requirements

The school application deadline is 30 days prior to the month the program begins. All application materials must be submitted by the deadline. An applicant to the Midwest Maternal Child Institute's CPM Program must:

- Be at least 18 years of age
- Have a high school diploma or secondary school equivalency diploma\*
- Complete and submit the application form and other application materials in their entirety
- Submit official high school or college transcripts
- Submit two professional/academic references
- Be physically and otherwise able to perform the duties required for labor support and midwifery\*\*
- Have satisfactorily completed a post-secondary introductory class at the 100-level in English Composition and in general math skills in the last 10 years with a grade of C or better or be prepared

to demonstrate reading, writing, and mathematical proficiency through assignments and class participation. Students may be required to attend individual tutoring sessions or taking classes at an approved institution of higher learning at their own expense, if necessary, to fulfill this requirement.

- Have completed a satisfactory admissions interview at the discretion of the Academic Affairs Director

\*We do not have a process to accept students who do not have a high school diploma or secondary equivalency diploma.

\*\*Midwest Maternal Child Institute does not have “ability to benefit” students.

### *Class meetings*

Classes are held one weekend each month for the duration of the program (CPM Program is 36 months of didactics plus clinicals). Students will receive a schedule that lists the dates of each class on an annual basis. Clinical/lab sessions will also be scheduled.

NOTE: Class meeting dates are subject to change at the discretion of the Academic Affairs Director.

## **Application process**

### *Application*

Request and complete an MMCI program application. Supporting materials must be submitted with the application. Applications are valid for up to six months from the date they are received. Application does not guarantee acceptance.

### *Interview*

At the discretion of the Academic Affairs Director, applicants will be interviewed by a member(s) of the MMCI administration.

## **Transfer of credits/advanced placement**

Students who have satisfactorily completed non-midwifery core courses such as Anatomy and Physiology and English Composition or related courses within the prior 10 years of application to the program with a grade of C or better do not have to repeat these courses if taken at an accredited higher education institution or with a MEAC-accredited program. Transfer of credits for additional classes may be assessed and accepted on a case-by-case basis. MMCI does not offer advanced placement in the CPM Program. Students wishing to transfer MMCI CPM Program credits to other institutions or programs should contact those institutions and programs regarding their transfer of credits policies.

### *Prior learning assessment*

Prior learning for MMCI’s CPM Program clinical requirements is accepted for Phases 1 and 2: documented birth observations and birth assists with a CPM, CNM, or CM. Phase 3 births as a primary



birth provider and continuity of care must be completed as a MMCI student.

### **Licensing and certification**

The CPM Program is designed to fulfill the requirements of the North American Registry of Midwives (NARM), which offers a credentialing and certification process to become a Certified Professional Midwife.

### **Enrollment Process**

After a student is accepted into the CPM Program, beginning when the student receives notification of acceptance, the student is required to read the most current MMCI Education Catalog and sign an enrollment agreement stating the student agrees to and will abide by all its provisions. The enrollment agreement must be signed before the program begins, and the student may not attend classes until the enrollment agreement is signed. Students must also submit an initial tuition payment to be considered enrolled as a student at MMCI. The enrollment start date for students is the date of the program's first class (for example, the start date of the current Certified Professional Midwifery Program was January 15, 2022).

### **Time period for completing the CPM Program**

The average timeframe for students to complete all requirements of MMCI's CPM Program is 3.5-4 years. The maximum time for completion of the CPM Program is five years.

## Requirements of Students

### Physical and Mental Requirements

The work of a midwife is physically and mentally demanding. Standing, walking, stooping, balancing, kneeling, lifting, and carrying are all part of the job. Other skills include but are not limited to reading, oral and written fluency, basic computer skills, problem-solving, practicing discernment, multi-tasking, handling stress, and being composed under pressure.

### Policy for reasonable educational accommodation

MMCI will make every effort to assist a student with disabilities in making reasonable accommodations. Educational accommodations are defined as any reasonable adjustment required for a student to participate fully in the academic program and preceptorship. It is MMCI's policy to also follow similar accommodations that the North American Registry of Midwives (NARM) provides for taking the NARM exam. Examples of such reasonable accommodations include, but are not limited to, additional time for quizzes/testing, or permission to exit/return to live classes. Costs associated with accommodations outside the classroom are not the responsibility of MMCI.

Students requiring academic tutoring will be given the opportunity to meet with the Academic Affairs Director to form a learning plan. Students may then have the option to hire tutors at their own expense from a list of tutors provided by MMCI.

We require that students be able to submit written exams online. Because the North American Registry of Midwives (NARM) does not offer a verbal examination to earn the designation of Certified Professional Midwife, we want to prepare our students to meet that standard and be successful in achieving certification. All accommodations made must give the student equal opportunity to participate in program learning, while also preparing them for eventually sitting for the NARM exam and for practicing as a CPM.

NOTE: Accommodations apply to academic learning within MMCI only; any accommodations within the clinical setting must be arranged between the student and preceptor.

### *Requesting accommodations*

Requests for accommodation must be submitted to the Academic Affairs Director by the student in writing with an accompanying signed statement of diagnosis from the student's primary care provider. The statement must be dated within the past two years, and must include a description of the diagnosis, how the related impairment(s) affect the student's ability to participate in the educational program, and a list of the specific accommodations that are being recommended to allow the student to participate fully and equally in the program. Please note that the following disabilities will require additional documentation from a specialist: hearing loss or impairment, psychological or psychiatric diagnoses, and physical disability or impairment. MMCI will maintain student confidentiality. Requests must be made a minimum of 15 days prior to the start of a class for an existing diagnosis. For a disability that is diagnosed after the start of class, accommodation requests must be submitted as soon as possible.

The Academic Affairs Director will review the documentation and request any additional clarification or documentation needed to process the request for accommodation. Within 14 business days of receiving

the request for accommodation, the Academic Affairs Director and faculty will review the request and discuss which requested accommodations MMCI will offer. The Academic Affairs Director will then provide a written list of authorized accommodations to the student and schedule a follow-up meeting to clarify any questions as needed.

Please note that submitting a request for accommodation does not automatically qualify the student for accommodations. All required documentation must clearly indicate the presence of a disabling condition and justify the need for reasonable accommodation. Requests for accommodations are evaluated on a case-by-case basis, with the ultimate goal of providing the student with an education which will prepare them for eventually taking the NARM exam and becoming a CPM. The final decision of whether or not reasonable accommodations are needed and can be provided is made by MMCI.

## **Technology**

A cell phone is required so students can be readily available to their clinical preceptors. High-speed internet, a laptop or desktop computer, tablet or device with a webcam and microphone are required to create and submit assignments. Students must also have an email account and are required to respond to emails from MMCI in a timely fashion. A Zoom account is required for class discussions and testing and for face-to-face individual meetings with faculty.

Students must have access to Google Classroom and will need a word processing program, such as Microsoft Word installed on their device. It is the student's responsibility to back up all student data, including assignments. It is not the responsibility of MMCI to back up academic assignments submitted by the student.

Accessing and training on using Google Classroom and required technology is conducted in the MMCI Orientation and assistance with technology issues is provided by MMCI staff.

## **Medical Equipment**

Students are expected to own a stethoscope and blood pressure cuff.

## Facilities, Learning Resources, and Emergency Preparedness

### Facilities and Library

#### Facilities

MMCI offers students a welcoming space that includes a classroom, library/community/study room, clinic/exam room for training, simulations, and skills practice, a kitchen area, and a storage area. Technology includes Wi-Fi, computer stations and hook ups, SMART TV, DVD player, printer, copy machine and a scanner.

#### Library and materials resources

Students and faculty are expected to refer to the reading list found in the syllabus for each course and obtain those reading materials by purchasing, borrowing, or accessing the materials online. If these options are not available to the student, MMCI will work with students to acquire the material.

The on-site MMCI library consists of required books and many recommended books associated with MMCI's CPM Program. Some books are available to students electronically and from the MMCI Academic Affairs Director's collection upon request. Online articles and videos are shared in Google Classroom and are available for download. In addition, students may utilize the Madison and Milwaukee, Wisconsin Public Library systems, as well as the Chicago Public Library system either in person or online via the Libby app.

Students and faculty have access to the following online databases:

- PubMed: A subject index from the National Library of Medicine with over 30 million citations
- UpToDate: A clinical medicine database that covers over 8,500 topics in 17 medical specialties
- Open Library: An online project by the Internet Archive aimed at creating a web page for every book ever published—a universal catalog, offering access to 1.7 million scanned books.

Also available are downloadable electronic and printed versions of Midwifery/Maternal Child Health Tool Kits and Educational Modules from the World Health Organization's (WHO) website:

<https://www.who.int/teams/maternal-newborn-child-adolescent-health-and-ageing/maternal-health/midwifery>

In the MMCI Orientation we provide an overview and training on required and additional reading materials and how to access online journals. We also include links to articles directly in the syllabus and in Google Classroom so students and faculty can easily access them.

### Emergency Preparedness and Health and Safety in the Classroom

#### Emergency preparedness

##### MMCI's Emergency Operations Plan (EOP)

- Threat Assessment:  
MMCI, based on data, identify potential hazards and threats specific to the school's location and community to be:
  - Snowstorms

- Wind/tornado
  - Fire
  - Security threat from an outside person
- Evacuation Procedures:  
Students are instructed to check weather, map out evacuation routes, and assemble in designated areas. Onsite staff follow procedures for accounting for all students and staff in case of weather issues.
- Shelter-in-Place Protocols:  
Follow established procedures for staying safe indoors during emergencies, including securing entry points and maintaining silence.
- Lockdown Protocols:  
MMCI implements a lockdown plan to secure the building and deny access to persons if there is an active shooter threat. Selected individuals have keys to the building. A building staff person is present during weekend classes and only allows MMCI students and staff entry to the building. If there is any evidence of a threatening situation, 911 will be called and students and staff will barricade doors/windows and exit as far away from the threat as possible. See training video below:
- Communication Plan:  
MMCI has a phone tree for communicating with students and staff during an emergency. The Academic Affairs Director notifies students if class is canceled due to weather prior to morning of scheduled class. If a tornado or storm warning is issued during the class students and staff will shelter in place.
- Continuity of Operations:  
A plan for how learning can continue or be resumed after an emergency includes holding class on Zoom for weather warnings issued before scheduled class. If weather warnings occur during an onsite class, students will be moved to the safest area in the building away from windows and resume class, if possible.
- Crisis Team:  
In the event of national disaster, MMCI will form a crisis team comprised of administrators, counselors, school nurses, and security personnel to handle emergencies and become, if needed, first responders.

## Training and Drills

- Evacuation drills are held on the first day of class and on an ongoing basis.
- Lockdown drills are held on the first day of class and practiced regularly to ensure staff and students know how to secure the building and protect themselves.
- Tabletop exercises are conducted regularly to test procedures and protocols in a simulated environment.
- Trauma-Informed training is provided to students and staff by MMCI to reduce stress and build confidence.
- Training in emergency procedures, including first aid and CPR is provided to students and staff.



## Training Resources

<https://www.youtube.com/watch?v=pXkOscAY8zk>

<https://www.youtube.com/watch?v=xjIPmSXj24Y>

<https://www.youtube.com/watch?v=H6icWfyMBNk>

<https://www.youtube.com/watch?v=jAfMc04nYwk>

<https://www.youtube.com/watch?v=GVBamXXVD30>

<https://www.youtube.com/watch?v=5VcSwejU2D0>

## Health and Safety in the Classroom: Covid-19

Since the onset of the COVID-19 pandemic, MMCI has continually considered the health and safety of each student and faculty member. We promote vaccinations, boosters, and masking as the most effective and safe path forward to move past the pandemic.

At the time of this writing, it had been more than three years since vaccines have been available and COVID-19 variants are not going away. The vast majority of serious COVID-19 cases (those leading to hospitalization and death) are among the unvaccinated. Evidence-based research strongly supports the assertion that vaccines are effective and safe, and we know COVID-19 can cause devastating harm. Also, more and more research is available regarding the negative long-term health consequences of contracting COVID-19, especially more than once.

Our commitment as healthcare providers and educators is to do our utmost to ensure the health and safety of our students, faculty, patients, and community members. We also care deeply about doing as much as we can to safeguard the health of our colleagues, families, and friends.

At a minimum, MMCI will follow the most recent CDC recommendations, and we reserve the right to require additional compliance should we deem the situation requires it, including in the MMCI classroom. This may mean that when attending in-person classes/clinicals, students, faculty, providers, and other persons may need to show they have been vaccinated or show proof of a negative Covid test three days prior to attending an in-person class. Other measures such as masking and social distancing may also be required, depending on the state of the Covid pandemic and the most current CDC guidelines and the requirements of the learning facilities and clinical sites MMCI utilizes. Students who can show proof of a medical contraindication, as verified by MMCI administration, or have a sincere religious prohibition pertaining to vaccinations may need to provide proof of a negative Covid test three days before attending an in-person class/clinical. Masking and social distancing may also be required.

## Finances

### Scholarships\*

MMCI offers tuition scholarships based on available funds and on students' financial need and demonstrated commitment to improving maternal child health in their communities.

\*NOTE: Scholarships are applied to tuition fees only. Students are responsible for additional fees and expenses.

### How to apply

If funds are available, students may request a scholarship application upon acceptance to the program.

### Federal Financial Aid (Title IV Funds)

MMCI is not authorized to offer Federal Student Aid.

### Tuition, Fees, and Expenses

#### CPM Associate Degree Program

#### Fees paid directly to MMCI:

- Program tuition: \$19,000  
*(If student has not completed didactic portion of CPM Program by the end of Year 3, an additional tuition fee will be assessed depending on student's progress)*

**NOTE:** Student clinical insurance does not cover any legal or medical costs related to attending unassisted births.

#### Students are responsible for:

- Textbooks, other readings: \$ 600 (\$800-\$1,000+ if student wishes to build a library)
- Miscellaneous supplies: \$ 200

**TOTAL: \$19,800**

#### Maternal Child Health Specialist Programs

Program tuition:	\$ 4,000
Textbooks, other readings:	\$ 500 (\$600-\$900+ if student wishes to build a library)
Doula insurance:	\$ 100 (if needed)
Miscellaneous supplies:	\$ 200

*(students may make one payment or quarterly payments)*

**Total: \$ 4,800**

#### Perinatal Educator Certificate Program

Program tuition:	\$ 450
Textbooks, other reading:	\$ 150

**Total: \$ 550**

### **Additional expenses**

Students should expect to incur some expense for internet, phone, photocopying, and mailing associated with program participation.

CPM students are responsible for all costs associated with room and board while attending the CPM Program. Additionally, students are responsible for costs associated with travel to class and clinical sites, including any international sites.

### **Incidental administration charges**

Transcript requests	\$ 15
NSF check return	\$ 25

### **Payment and Terms**

Students are expected to pay tuition fees and other fees on an annual or quarterly basis over the course of the program. The initial quarterly or annual tuition payment is due upon acceptance to the CPM or MCHS Program.

#### **Payment**

All fees may be paid through PayPal or with a money order or personal check.

#### *Checks and money orders*

Students may make out checks or money orders to MMCI and mail to: MMCI c/o Laura Ehmann, 1941 Ridgewood Ct, Plover, WI 54467.

#### *PayPal*

MMCI accepts tuition payments via PayPal. Students must forward a copy of each PayPal payment confirmation via email to [MidwestMaternalChild@gmail.com](mailto:MidwestMaternalChild@gmail.com). This is required to ensure correct application of tuition payments to the correct student.

NOTE: PayPal may impose its own restrictions on payments made through their system. Student transactions with MMCI processed via PayPal are subject to PayPal's privacy policy and practices. If issues should arise while using PayPal, please contact PayPal directly, as MMCI will not be able to assist with those issues.

### **Good financial standing**

A student is considered to be in good financial standing if all fees are paid on time. If a student is not in good financial standing, that student may be granted a short grace period in which the student can submit payment before the next monthly class. Failing to do so will result in the student not being able to continue to attend MMCI classes.

### **Cancellation and Refund Policies**

#### **Cancellation**

The MMCI enrollment agreement is a legally binding contract unless the student cancels within the allowed timeframe. The student has the right to cancel the enrollment agreement until midnight of the third business day after the student receives written final notice of acceptance from MMCI (this does

not apply if the program fee is less than \$150 and offered for less than six class days). The student receives a copy of a notice of cancellation privilege at the time of acceptance.

### Refunds

The student will receive a full refund of all money paid if the student cancels within a three-business-day cancellation period.

A student who withdraws or is dismissed after attending at least one monthly class, but before completing 60% of the instruction in the current enrollment period, is entitled to a pro rata refund as follows:

<b>after completion of at least:</b>	<b>but prior to completion of:</b>	<b>the refund will be:</b>
-----	the first day of class	100%
-----	10% of the didactic program	90%
10% (16 wks)	20% of the didactic program (32 wks)	80%
20% (32 wks)	30% of the didactic program (47 wks)	70%
30% (47 wks)	40% of the didactic program (63 wks)	60%
40% (63 wks)	50% of the didactic program (78 wks)	50%
50% (78 wks)	60% of the didactic program (94 wks)	40%
60% (94 wks)	-----	no refund

NOTE: MMCI will only refund fees and expenses paid directly to MMCI, such as tuition and application fees. MMCI will not refund those fees and expenses paid to other parties.

A student will receive the refund within 40 days of the termination date. If a student withdraws after completing 60% of the instruction, and the withdrawal is due to mitigating circumstances beyond the student's control, the school will refund a pro rata amount. A written notice of withdrawal is not required. MMCI will make a "good faith" effort to make a refund, if necessary, by sending certified mail to student's permanent address.

MMCI follows the State of Wisconsin's Educational Approval Program (EAP) policies:

- Wis. Adm. Code § EAP 8.04 (no refund – fixed class schedule for program shorter than six class days and costing less than \$150)
- Wis. Adm. Code § EAP 8.05 (partial refund); three-business-day cancellation period; Prior to the start of classes; First week or 10% of program. After first week or 10%, but prior to full charge. The school follows appropriate provisions regarding constructive notice of withdrawal
- Wis. Adm. Code § EAP 8.07(3). The school will make refunds due to withdrawal or dismissal within 40 calendar days after school dismisses student or receives notification of withdrawal.

Students who utilize the cancellation privilege will receive a full refund within 10 business days.

Students who are dismissed from the program will not be responsible for any further payments. They will not be refunded for any coursework completed. Students who have paid in installments will be refunded for coursework as stated above under Wisconsin's Educational Approval Program policies. If a student only completes 10% of class, will be refunded 90%, 30% will be refunded 70%.

# Certified Professional Midwifery Program Competency-Based Learning Outcomes

## Year One: Program Learning Outcomes

### Midwifery knowledge

- Earn 80% or higher on examinations

### Practice-based training

- Gain sufficient practice-based experience by attending a minimum of 20 prenatal visits and 20 births  
Complete didactic portion of coursework
- Appropriately prioritize assignments and role as assistant on a birth
- Develop appropriate understanding of labor process and patterns
- Present a provisional report of cases
- Recognize psychosocial issues that arise during clinicals
- Develop understanding of clinical guidelines for antepartum, intrapartum, and postpartum care
- Be able to engage in substantive discussion with faculty regarding specific academic issues
- Convey an attitude of teamwork, respect, and ethical behavior when working with faculty, staff, and fellow students



## Year Two: Program Learning Outcomes

### Midwifery knowledge

- Organize and present midwifery-related materials for case reviews
- Earn 80% or higher on examinations

### Practice-based training

- Gain practice-based experience as assistant and in primary role as a midwife with preceptor
- Perform 20 deliveries as an assistant, 55 prenatal visits, and 20 postpartum exams by the end of Year Two
- Incorporate the principles and practices from didactics into clinical practice
- Review cases with faculty
- Gain proficiency in conducting interviews that recognize patients' needs and plan care accordingly
- Know how to arrange referrals when indicated
- Develop clinical guidelines and informed choice documents
- Complete courses in emergency skills:
  - IV skills
  - ALSO
  - CPR
  - Neonatal Resuscitation



- Convey an attitude of teamwork, respect, and ethical behavior when working with faculty, staff, and fellow students

### **Year Three: Program Learning Outcomes**

#### **Midwifery knowledge**

- Organize and present midwifery-related materials at case reviews and in written assignments
- Earn 80% or higher on examinations

#### **Practice-based training**

- Complete clinicals or have a plan to complete clinicals by end of Year Four
- Routinely apply appropriate clinical guidelines with patients
- Perform 20 births as primary midwife, 10 of which are out-of-hospital and 3 of which are continuity-of-care; 20 initial exams; 20 newborn exams; and 20 postpartum visits
- Engage in activities that foster personal and professional growth as a midwife
- Convey an attitude of teamwork and respect, and practice ethical behavior while working with faculty, staff, and students
- Work with advisor on development and completion of required MCH project
- Meet with faculty advisor to discuss career development and prospects for continuing a career in maternal child health

**NOTE:** Students have 5 years from enrollment in the CPM Program to complete their clinicals. Length of CPM Program Classroom didactics are completed in a minimum of 3 years (36 months) and clinicals are completed throughout the program up to, and not more than, five years.

### **Length of CPM Program**

Classroom didactics are completed in a minimum of 3 years (36 months) and clinicals are completed throughout the program up to, and not more than, five years.

Minimum timeframe for program completion: 3 years

Average timeframe for program completion: 3.5-4 years

Maximum timeframe for program completion: 5 years

#### **Expiration of credits**

If a CPM Associate Degree is not earned within five years of the date a student begins the program, course credits will expire (unless prior approval to extend the time period is granted by the Academic Affairs Director). **NOTE:** Students wishing to transfer MMCI CPM Program credits to other institutions or programs should contact those institutions and programs regarding their transfer of credits policy.

## Certified Professional Midwifery Program Prerequisites and Curriculum

### Prerequisites

#### CPM Program Orientation and Annual Meeting

Students and faculty attend MMCI's CPM Orientation/Annual Meeting, which includes the module, Cultural Competency for Birth Workers.

#### Recommendation

Proof of proficiency in general math and English composition.

### Orientation to Practicum/Clinicals

During the course of the CPM Program, an Orientation to Practicum will be scheduled and will orient students to the following tenets.

A CPM student:

- is responsible and accountable for clinical decisions and actions acts consistently in accordance with professional ethics, values, and human rights as defined by national and local professional midwifery organizations
- acts consistently in accordance with standards of practice as defined by national and local professional midwifery organizations
- maintains and updates knowledge and skills, in order to remain current in practice
- uses standard/universal precautions, infection prevention and control strategies, and clean technique.
- behaves in a courteous, non-judgmental, non-discriminatory, and culturally appropriate manner with clients.
- is respectful of individuals and of their culture and customs, regardless of socioeconomic status, race, ethnic origin, sexual orientation, gender, physical ability, cognitive ability, or religious belief.
- maintains the confidentiality of all information shared by the woman; communicates essential information among other health providers or family members only with explicit permission from the woman and in situations of compelling need.
- uses shared decision-making in partnership with women and their families; enables and supports them in making informed choices about their health.

### CPM Program Curriculum and 3-year Class Schedule\*

Students meet one weekend each month for didactics and quarterly for skills training. Over the course of the CPM Program, students are expected to progress from the role of observer to assistant to the primary midwife. Each year, the expectation is that students apply their previous learning to the current year's didactics and clinical skills curriculum. Throughout the program, students are introduced to midwifery skills and labs and are required to apply theoretical learning to hands on skills. This fosters an increasing ability to think critically, preparing students for the practice of midwifery. Students are evaluated on their skills by faculty and preceptors.

*\*Class schedule is subject to change by the Academic Affairs Director*

<b>Course</b>	<b>Credits</b>
<b>Year One</b>	
History of Midwifery	1.00
Midwifery Literature & Ethics	1.00
Medical Terminology	1.00
Reproductive Anatomy and Physiology	2.00
Genetics, Conception, and Fetal Development	2.00
Normal Pregnancy, Physiological Changes, and Antenatal Discomforts & Remedies	2.00
Perinatal Wellness	1.00
Preventing Infection	0.50
Antepartum Care	1.00
Antepartum Risk Assessment and Screening	2.00
Perinatal Conditions and Diseases	1.00
Lab Work for the Childbearing Year	1.00
Observational & Charting Skills	0.50
Introduction to Herbs & Herbs for the Childbearing Year	0.50
<b>Year Two</b>	
Intrapartum Management	3.00
Intrapartum Complication Risk: Assessments and Protocols	3.00
Postpartum Care and Physical Assessment	3.00
Newborn Management and Risk Assessment	3.00
Lactation Education, Risk Assessment and Counseling	2.00
Reproductive Wellness Care and Family Planning & Human Sexuality	2.00
<b>Year Three</b>	
Advanced Antenatal Risk Assessment	3.00
Advanced Intrapartum Management and Complications	3.00
Advanced Postpartum Care and Physical Assessment	3.00
Advanced Newborn Management and Risk Screening	3.00
Midwifery Guidelines Development & Informed Consent /Legal Issues & Business Plan for Midwives	0.50
Counseling for the Childbearing Year	0.50
Interpreting and Evaluating Health Research and Statistics for Midwives	0.50
Health Disparities in Community, Public & Global Health	0.50
Seminar: Microbiology for Midwives	1.00
<b>Labs: Years 1-3</b>	
General Skills for Midwifery	1.00
Antepartum Skills	0.50
Intrapartum Skills	0.50
Postpartum Skills	0.50
Newborn Skills	0.50
IV Setup and Administration/Suturing Skills	0.50
Newborn Neonatal Resuscitation (NRP)	0.25
Final Skills Checklist	0.50
<b>Clinical Experience (based on NARM requirements)</b>	
Clinical Practicum Course 1:	1.00
Clinical Practicum Course 2:	2.00
Clinical Practicum Course 3:	2.00
Clinical Practicum Course 4:	3.00
Clinical Practicum Course 5:	3.00
Clinical Practicum Course 6:	3.00
<b>TOTAL CREDITS: 65.75</b>	<b>TOTAL CLOCK HOURS: 1,842</b>

## Maternal Child Health Specialist Programs

MMCI offers a One-Year Diploma program: Maternal Child Health Specialist (MCHS).

The MCHS Program trains students to work as advanced labor support/postpartum doulas and as maternal child case managers, and are also for those in the field of public and community health who want to further their knowledge in maternal child health.

The didactic component of the MCHS Program takes place over a 1-year period with clinicals completed concurrently and/or over the course of the following year. Students meet in person for one weekend each month and participate in weekly online discussions.



### Recommendation

Proof of proficiency in general math and English composition.

### Diploma programs credit requirement

Students will complete 30 credits in the MCHS Program and a designated number of clinical hours.

*\*Students wishing to receive an Associate Degree in this program may transfer 30 credits, approved by MMCI, from accredited higher learning institutions and complete 30 credits in the MCHS Program and a designated number of clinical hours.*

### Clinical hours\*

For the MCHS Program, a minimum of 500 hours is required..

*\* Students have 5 years from enrollment in the MCHS Programs to complete their clinicals.*

### Prerequisite

Students are required to satisfactorily complete MMCI's Perinatal Educator Program-Part 1 (Labor Support Doula) prior to beginning of the MCHS Program. This program is held over the course of one weekend and includes the module, Trauma Informed Birth Care for Birth Workers.

### Maternal Child Health Specialist

This program is for individuals interested in a robust training curriculum for maternal case management. Didactics cover a broad range of clinical, psychosocial, and operational topics relevant to working as a case manager.

This program comprises the following:

#### Childbirth knowledge:

- Organize and present birth-related materials for case reviews

- Organize and present birth assistance and postpartum doula -related materials at case reviews and in written assignments
- Earn 80% or higher on examinations

#### **Practice-based learning:**

- Complete didactic portion of coursework
- Appropriately prioritize assignments and role as a birth worker
- Develop appropriate understanding of labor process and patterns
- Present a provisional report of cases
- Recognize psychosocial issues that can arise during clinicals
- Engage in substantive discussion with faculty regarding specific academic issues focusing on the role of a Maternal Child Health Specialist
- Convey an attitude of teamwork, respect, and ethical behavior when working with faculty, staff, and fellow students
- Incorporate the principles and practices from didactics courses into clinical practice

#### **Clinicals:**

- Gain experience as an advanced doula with hospital practice oversight
- Gain sufficient practice-based experience by completing clinical hour requirement
- Routinely apply appropriate clinical guidelines for patients: observe newborn postpartum lactation visits
- Engage in activities that foster personal and professional growth as an advanced doula/case manager
- Convey an attitude of teamwork and respect, and practice ethical behavior while working with faculty, staff, and students

#### **Case management process and skills:**

- Case management fundamentals: Review the foundational principles of case management, including assessment, planning, implementation, coordination, and monitoring.
- Client communication and engagement: Focus on interviewing skills to collect sensitive data, active listening, and building rapport with pregnant women and new mothers.
- Care coordination: Address the case manager's role in coordinating care between prenatal providers, specialists, social services, and other community resources.
- Documentation: Eligibility criteria, face-to-face visit frequency, documentation requirements, and internal referral protocols.

## Perinatal Educator Certificate Program

MMCI's Perinatal Educator Program is held over the course of two weekends, and is comprised of three modules: Childbirth Educator, Advanced Labor Support/Postpartum Doula, and Peer Lactation Educator—each with a clinical component. Students must complete all three modules and associated clinicals, including an orientation with Chicago Volunteer Doulas to receive the Perinatal Educator Certificate.

After receiving your Perinatal Educator Certificate, you will be qualified to:

- Educate your clients about childbirth during pregnancy
- Provide labor support at the time of birth and postpartum
- Offer breastfeeding support postpartum

NOTE: The Perinatal Educator Program Part 1 is a prerequisite for enrolling in the Maternal Health Specialist Program and the Certified Professional Midwifery Program.



## Assessing Student Achievement

MMCI participates in ongoing assessment of curriculum and student achievement in the following ways:

### **Formative Assessment**

Formative assessment is ongoing and practiced in real time in each course through written assignments, role-playing, art projects, presentations, skills simulation, and other methods. And, at the end of each course students and faculty are asked for feedback, which helps identify areas needing improvement.

### **Summative Assessment**

Summative assessment is conducted through didactic and clinical tests at the end of each course, the end of each program year, and at the end of the program to prepare students to achieve their goal of passing the NARM exam. In service of facilitating student achievement, each course exam is reviewed to determine if it accurately measures and promotes student achievement. For example, if a significant number of students answer a test question incorrectly, that question is reviewed by the Academic Affairs Director and instructors for efficacy. Students are also given the opportunity to give their feedback to faculty on test questions. Identifying and correcting errors and misleading or unclear questions and then correcting them removes barriers to student achievement.

### **Ongoing Evaluations**

MMCI conducts ongoing evaluations through formal and informal class discussions with students, one-on-one meetings between students, faculty, and preceptors, and student surveys. These evaluations often lead to adjustments that can have an immediate impact on improving curriculum and supporting student achievement. For example, this has allowed us to adjust the timing of introducing new material that syncs with students' level of progression in the program.

### **Annual Evaluation**

MMCI conducts an annual meeting in which curriculum and student achievement are evaluated with administration, instructors, preceptors, and our advisory board. We utilize data such as student, instructor, and preceptor feedback, student grades, and surveys to inform a more accurate assessment of the overall success of our curriculum and progress in student achievement. This evaluation also informs areas in the curriculum that need to be reviewed further to guide decisions on course revisions.

### **Making up Homework and Tests**

MMCI adheres to a competency-based education model in which effort and improvement is expected. Students who receive less than an 80% score on an assignment or test are expected to research wrong answers and be able to articulate and understand the correct answers. Students may then resubmit the assignment or retake the test until they have achieved an 80% score or better. Students struggling to grasp the material are offered tutoring and counseling to support their learning journey. Students are expected to master all midwifery core competencies as assessed through assignments and testing within five years of beginning the CPM Program. Failing to do so will result in failing grades.

## Rights and Responsibilities

### Student Rights and Responsibilities

Students have the right to a quality education from MMCI that includes learning opportunities that accommodate adult learners. They have the right to be fairly assessed in their skills, knowledge, and attitude, and to be given timely feedback on both strengths and areas needing improvement at regular intervals in the program. Students are expected to demonstrate academic and personal integrity at all times. Students agree to this by signing the MMCI Student Enrollment Agreement.



**All students must show complete mastery of subjects. We are committed to working with anyone with educational gaps. If a student falls too far behind with classwork or compiles too many absences it will lead to withdrawal from the program.**

Students have the responsibility to complete academic assignments to the best of their ability as outlined in the Course Curriculum detailed in this catalog. Students have the responsibility of mastering and demonstrating clinical skills, which takes many hours of practice. Students have the right and responsibility of choosing their own clinical preceptor and negotiating a working relationship with that practitioner to complete the required clinical experiences in order to graduate.

Students are expected to make academic progress with 80% as the minimum passing grade on academic work. Mastery is the passing requirement for clinical skills.

Students are expected to give their best effort at all times in their classes, homework, clinic days, and during births. Students have a right to be involved in program planning, evaluation, and policymaking, through input on regular evaluations.

### Instructor Rights and Responsibilities

Instructors have the right to expect assignments to be turned in completed and on time. Clinical Preceptors have the right to place their needs, preferences, and well-being first to protect their clients, which could mean that at times, a student has to step back. Clinical Preceptors also have a right to be informed of the academic and performance status of their student and be informed of the suspension or expulsion of their student for any reason.

Instructors have the responsibility to help the student succeed. Instructors are responsible for being



flexible in their teaching to help all students learn. Instructors have the responsibility to give the student honest feedback about their progress throughout the program and guide them as needed in meeting the requirements to graduate and pass the NARM exam.

### **School Rights and Responsibilities**

Midwest Maternal Child Institute has a right to expect students to comply with the conditions of their enrollment agreement, which includes all information covered in the most recent MMCI Education Catalog. The program has the right to dismiss a student who does not achieve minimum requirements or grades, does not pay tuition or fees in a timely fashion, or who disregards the spirit of the program or repeatedly violates the Student Requirements and Conduct Policies.

MMCI is responsible for meeting all the requirements of the Wisconsin Educational Approval Board and to help the student achieve success throughout the program by meeting all graduation requirements to become a Certified Professional Midwife or a Maternal Child Health Specialist.

## Student Services

### **Student Orientation & Annual Meeting**

Students, academic and clinical faculty, and employees are required to attend an MMCI Orientation and annual meetings. We conduct a review of the policies and procedures found in the current MMCI Education Catalog with students, faculty, and employees, and a review of MMCI's policies and procedures found in the current MMCI Handbook for Faculty, Guest Lecturers, Preceptors, and Administrative Staff with faculty and employees.

In the orientation and annual meeting, MMCI's philosophy, mission, and goals; administration and faculty qualifications; requirements of students; health and safety in the classroom; CPM Program competency-based goals and course curriculum; HIPAA requirements; student rights and responsibilities; student conduct policies; didactic and clinical training policies and requirements; NARM certification and state licensure requirements; and connections to possible employment opportunities once the student graduates and passes the NARM exam are reviewed with students.

As part of the orientation to MMCI's CPM Program, and throughout the program, cultural competency for birth workers (cultural humility, anti-racism), birth justice, and personal bias issues as they affect the curriculum, are also covered, as well as teaching and learning methods, such as Creative Inquiry, the Socratic method, and Whole Language pedagogy. In addition, course readings throughout the program integrate these topics on an ongoing basis.

### **Academic Advising**

Each student meets with MMCI's Academic Affairs Director annually or as needed to evaluate student's academic progress and develop a learning plan moving forward. The Academic Affairs Director is also available to address student questions and concerns individually by appointment.

As part of the orientation to MMCI's CPM Program, and through coursework, personal bias is explored. The orientation will include a session on understanding personal bias. In addition, readings throughout the program integrate this concept on an ongoing basis. Also, students and faculty are expected to be aware of and involved with the Illinois Quality Collaborative Initiatives on Birth Justice. Students may schedule a meeting with the Director of Academic Affairs via email or phone.

### **Academic Coaching/Tutoring**

MMCI takes a personalized support approach to academic coaching and tutoring that helps students develop the skills and strategies necessary for academic success. We focus on improving learning habits, time management, goal setting, and test preparation, going beyond traditional tutoring to cultivate independent and effective learners. The academic support includes scheduled in-person sessions with experienced instructors who collaborate with the Academic Affairs Director and clinical preceptors as needed to meet student needs. Academic coaches work with students on goal setting, assisting them in setting SMART goals (Specific, Measurable, Achievable, Relevant, Time-bound). Detailed action plans are created to guide students in achieving their objectives.

MMCI offers academic coaching and tutoring at no cost to the student. One-on-one academic coaching sessions can be scheduled via email or phone with MMCI's academic coach, student clinical liaison, or Academic Affairs Director.

## **Personal Counseling and Emotional Support Coaching**

MMCI recognizes the importance of personal counseling services in helping students manage the myriads of personal challenges they may encounter during their time in the program. Personal counseling services are available to assist students with any personal challenges they may face during their time at MMCI. Guidance in life choices and organizing vital life skills are offered by a highly qualified professional with a PhD credential. Sessions are designed to help individuals cope with stress, maintain a healthy balance between school, work, and life, and make well-informed decisions conducive to both their personal and professional growth. These counseling sessions provide a safe space for students to explore their challenges and develop actionable plans to overcome them. The focus is on holistic development, ensuring that students are equipped not only academically but also emotionally to handle the pressures of their studies. In terms of skills development, these coaching sessions are instrumental in helping students acquire essential skills in time management, organization, effective study techniques, test-taking strategies, and self-advocacy. These skills help in establishing effective study habits, which foster independent learning and supports students in becoming self-reliant and efficient learners.

Coaching and emotional support for life's challenging situations and their effect on students' studies is available to all students at no cost. Students may schedule a meeting with the Director of Academic Affairs via email or phone.

## **Peer Needs Support**

Students are offered the opportunity to post requests for and offers of assistance in Google Classroom such as a need for ride sharing or planning for onsite daycare.

## **Financial Aid Advisement**

Students are offered scholarships based on need and MMCI's available funds. We also offer payment plans to students on a case-by-case basis. Funding for needs like daycare, gas, and other items that are barriers to student learning is provided to students by MMCI based on need and available funds.

Students may schedule a meeting with the Director of Academic Affairs and/or the Director of Student Affairs via email or phone to discuss scholarship opportunities.

Because MMCI has been able to offer tuition scholarships to the majority of students in need of tuition assistance, we do not offer financial aid advisement in the area of tuition costs. MMCI offers students a financial planning workshop provided by Women Employed at no cost to assist students with their personal finances and any stress that may be associated with finances.

## **Clinical Placement Support**

MMCI students meet with a dedicated staff member with a CPM credential prior to clinical placement who assists with the onboarding process, including connecting students with clinical preceptors and orienting them to the paperwork and documents required for their placements. This proactive approach ensures that students are ready to meet the demands of their clinical experiences and can focus on gaining practical skills. Students may also request support from the Academic Affairs Director who may refer them to a coach or tutor for individual instruction.

MMCI's Student Clinical Liaisons assist students with clinical placement by finding suitable and flexible clinical placements (at no additional cost to the student), which take into consideration students' work schedules and travel distance to the site. They also coordinate schedules and address any issues that may arise during clinical rotations. Student Clinical Liaisons and administrative staff maintain communication throughout the placement including:

- Scheduling annual meetings with students and preceptors
- Meeting with any preceptor and student upon request
- Organizing events, such as students participating in Grand Rounds at a community health center followed by a debriefing session with their Student Clinical Liaison
- Creating on-call schedules for students when needed for working at their clinical placement sites. schedule for students that our administrative staff creates
- Monitoring progress of clinical paperwork and being available to discuss paperwork with preceptors and students

### **The preceptor-student relationship: Conflict resolution**

The goal of MMCI's conflict resolution policy is to achieve timely, equitable and satisfactory resolutions with intention to reduce conflict recurrence.

#### *Conflict resolution procedure*

1. Student identifies concern
2. Student meets with preceptor if concern is deemed minor, otherwise student meets with Student Clinical Liaison or Academic Affairs Director if concern is deemed more serious
3. If the concern is of a personal nature, the student receives counseling at no cost to the student
4. If concern is resolved no further action is needed
5. If concern is unresolved, possible next steps include:
  - a. On behalf of the student, the Student Clinical Liaison requests a meeting with the preceptor
  - b. The Student Clinical Liaison meets with the student and preceptor to discuss the student's concern; facilitates the creation of a plan of action with the preceptor, student, and MMCI representative; and follows up with all parties within two weeks to determine if the concern is resolved or if further steps need to be taken
  - c. Throughout this process, the Student Clinical Liaison may offer the student referrals to MMCI resources for students or to resources outside of MMCI
6. If the concern is resolved or on its way toward resolution no more action may be needed
7. If further action is required, the Academic Affairs Director should be engaged as needed and the student may participate in ongoing coaching sessions with either the Student Clinical Liaison and/or counselor
8. If the concern remains unresolved and if the concern is severe, an Occurrence Report should be initiated, and the student is reassigned to another clinical placement
9. Based on the Occurrence Report and statements by the parties involved, the Academic Affairs Director will conduct a root-cause analysis and follow up as appropriate

### **Professional Development**

MMCI staff and the Student Clinical Liaisons provide guidance on professional development. The MMCI administrative assistant also provides support to students, including resume writing and scheduling appointments between faculty, students, and clinical placement contacts. MMCI's Academic Affairs

Director and Student Clinical Liaisons provide networking opportunities for students with other providers. MMCI also offers a course in business planning including information on not-for-profit organizational models. MMCI students are able to transfer credits to DePaul University for further studies, including in Not-for-Profit Management. MMCI works with funding sources and prospective employers to assist with securing student employment post-graduation.

Students may schedule a meeting to discuss these opportunities with the Director of Academic Affairs via email or phone.

### **Career Advising and Licensure**

MMCI's Student Clinical Liaisons support students in documenting clinicals, working with clinical placements, and advising students on preparation for filing student permit licensure which is needed for Wisconsin students, and applying for the NARM exam and state licensure. MMCI works with potential employers to create a network of possible employment opportunities for graduating students. MMCI graduates have a good track record of obtaining employment, including creating their own successful businesses and in some cases, employing midwives.

### **Technical Support**

Each MMCI platform, including Google Classroom, Zoom, and Gmail have many online resources with excellent help options. Our administrator is available to provide technical support to students and instructors. They are always able to email our administrator at any time to schedule a time to meet virtually to go over any questions they might have.

## Student Conduct Policies

Students are required to follow all school rules and procedures and are expected to behave in a professional manner at all times. Standards of conduct policies include, but are not limited to:

- Sexual or physical harassment of any type or form is strictly prohibited.
- Email/Texting/Social media harassment of students or faculty is strictly prohibited.
- Breach of confidentiality is strictly prohibited.

Failure to comply with these standards of conduct will result in progressive discipline, which may, but not necessarily, include a verbal warning, a written warning, probation, and/or dismissal.

MMCI does not offer an appeal process for students dismissed for violating conduct policies. Students dismissed for reasons having to do with leave of absence or other attendance issues may choose to go through the following process.

- The student will write a letter to MMCI's CEO and Academic Affairs Director detailing the complaint pertaining to the dismissal.
- If the administration deems it appropriate, a meeting will be arranged with appropriate parties to discuss the merits of the request.
- If the request is granted, an Attendance Improvement Plan will be made with the student, Academic Affairs Director, and the CEO.
- Failure to comply with the Attendance Improvement Plan will result in dismissal.

### Academic Integrity

Midwest Maternal Child Institute requires that students and faculty adhere to the following principles and rules and pursue academic work in a truthful and straightforward manner, free from deception or fraud.

MMCI's approach to learning encourages sharing of resources and answers including homework, however; during closed book exams the following rules are to be observed.

#### Definitions of academic dishonesty

- Copying or attempting to copy from others during an exam
- Using unauthorized materials, prepared answers, written notes, or concealed information during an exam.
- Taking an exam for another person or having someone take an exam for them.
- Plagiarism: Plagiarism is defined as the use of intellectual material produced by another person without acknowledging its source, for example, false information and representation and fabrication or alteration of Information:

- Fabricating or altering information or data (such as clinical experiences) and presenting it as legitimate.
- Providing false or misleading information to an instructor or preceptor.

Before students are officially enrolled in MMCI programs, an agreement must be signed stating they have read and agreed to abide by all MMCI policies. This includes making a commitment not to engage in or tolerate acts of falsification, misrepresentation, or deception.

### **Copyright and fair use**

Copyright protects original works of authorship (books, articles, software, images, etc.) giving creators exclusive rights to reproduce, distribute, display, and create derivative works from their creations. Fair Use: This is an exception to copyright law that allows limited use of copyrighted material without permission for purposes such as criticism, commentary, news reporting, teaching, scholarship, or research. Fair use factors include:

- Purpose and character of the use: Non-profit educational uses are generally favored over commercial uses.
- Nature of the copyrighted work: Using factual works is more likely to be considered fair use compared to highly creative works like art or music.
- Amount and substantiality of the portion used: Using smaller, targeted portions relevant to the educational purpose is favored over using the entire work.

It is the Academic Affairs Director who is also lead faculty to educate students and faculty, explaining fair use guidelines, proper citation practices, and the importance of respecting intellectual property rights.

### **Procedure for addressing academic dishonesty**

Individual cases will be handled initially by the instructor of the course in question, as required by the instructor's professional responsibility to assess the performance of their students. The student will be allowed an opportunity to rebut the allegation within a month's period. Any mitigating circumstances, such as personal crises or lack of understanding of academic integrity policies, may be considered when determining an appropriate course of action.

The penalty imposed by the instructor may not exceed mandatory resubmission of all course work submissions in violation of this policy, in which case the student will be informed in writing of the specific assignments/tests requiring resubmission due to academic misconduct. In cases of falsification of clinical work, the infraction is documented, and penalties may include suspension or removal from program.

### **Liability Insurance Policy**

Students may be required to show proof of insurance for midwifery and labor support to clinical sites and community programs.

## **Health Insurance Portability and Accountability Act**

Students must comply with the provisions of the federal Health Insurance Portability and Accountability Act (HIPAA) regarding the security and confidentiality of patient/client health care information.

## **Nondiscrimination Policy**

In the recruiting, selecting, enrolling and advancing students in MMCI's programs, in accordance with state and federal regulations, MMCI does not discriminate on the basis of race; color; national or ethnic origin or ancestry; religion or creed; sex, gender, gender identity or expression, including transgender identity; sexual orientation; marital status; familial status; age; disability; genetic information; or any other protected category.

## **Drug and Alcohol Policy**

Smoking of any substance, possession or use of alcohol, and unlawful possession or distribution of illegal drugs are prohibited on or near any MMCI teaching or clinical locations. Students are prohibited from being under the influence of drugs or alcohol while in class, at clinical sites, or while on-call for births. Any violation of this policy will initiate disciplinary action by the Academic Affairs Director.

## **Social Media Policy**

- Students may not post confidential or proprietary information about the school, staff, faculty, preceptors, clinical facilities, clients, students, or others with whom one has contact in their role at MMCI.
- Students must respect copyright and fair use. When posting, be mindful of the copyright and intellectual property rights of others.
- Students must consider that they are associated with MMCI and should take care when using online social media networks to represent views as their own. Students should not claim nor imply that they are speaking on behalf of MMCI unless specifically authorized by MMCI in writing to do so.
- HIPPA guidelines must be followed at all times. Identifiable information regarding patients/clients, clinical facilities, and Preceptors must not be posted on any social media site.
- Birth-related postings should be avoided at all times as even vague references may accidentally identify clients or preceptors, particularly in small communities.
- Students may not use ethnic slurs, personal insults, obscenity, and pornographic images or engage in any conduct that could be deemed defamatory or libelous in nature.

## **Leave of Absence Policy**

I. PURPOSE: The purpose of MMCI's Leave of Absence Policy is to offer eligible students the opportunity to take a leave of absence for: childbirth and to care for the child; adoption or placement of a foster child; to care for a child, spouse, or parent with a serious health condition; or when the student is unable to meet the requirements of the program due to his or her own serious health condition.



II. SCOPE: This policy applies to all eligible students.

III. POLICY: It is the policy of the MMCI to provide family and medical leave.

IV. ELIGIBILITY: Students are eligible for leave of absence if they have been enrolled in the program for more than three months.

V. GENERAL PROVISIONS AND DEFINITIONS:

A. Basic provisions: Leave of Absence requires that covered students be offered up to three months of time off. MMCI requires that the time on leave be made up in order to complete the program and graduate within five years plus the number of months on leave.

B. The conditions under which eligible students may take Leave are:

- The birth of a child and in order to care for the newborn child. \*
- The placement of a child for adoption or foster care. \*
- To care for an immediate family member (spouse, child, or parent) with a serious health condition.
- When the employee is unable to perform the functions of his or her position because of a serious health condition.

\*Leave for birth or placement for adoption or foster care must conclude within three months of the birth or placement.

C. Serious health condition: A serious health condition is defined as an illness.

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## **Policies Regarding Harassment (Including Sexual Harassment)**

I. PURPOSE: The purpose of these policies is to establish MMCI's position on the subject of harassment, to set forth guidelines for handling violations of the policy, and to specify the related complaint-handling procedure.

II. SCOPE: This policy applies to students at all clinical locations. Furthermore, senior management will establish appropriate procedures to ensure that all faculty are made aware of these policies and their intent.

III. POLICY: Harassment, including sexual harassment, is contrary to basic standards of conduct between individuals and is prohibited If any of the acts or behavior defined below are committed, such

misconduct will subject a student to corrective action up to, and including, immediate dismissal from the program.

Students who feel that they have been harassed should immediately report such incidents following the procedure described below without fear of reprisal. Confidentiality will be maintained to the extent permitted by the circumstances.

#### IV. DEFINITIONS:

A. HARASSMENT. This includes unwelcome verbal, physical, or visual conduct of a racial, ethnic, religious, or gender nature, which is based upon a person's legally protected group status that affects tangible program benefits; interferes with the individual's academic performance; or creates an intimidating, hostile, or offensive learning environment.

B. SEXUAL HARASSMENT. This includes unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when:

- submission to such conduct is made explicitly or implicitly a term or condition of remaining a student in the school, or
- submission to, or rejection of, the conduct is used as a basis for academic decisions, or
- the conduct has the purpose or effect of unreasonably interfering with performance or creating an otherwise offensive learning environment.

#### C. PROHIBITED CONDUCT:

1. SEXUAL HARASSMENT. Prohibited acts of sexual harassment can take a variety of forms. Examples of such conduct include:

- Unwelcome requests for, or suggestions of, sexual contact; sexual flirtations, advances, or propositions; or unnecessary touching of an individual.
- Graphic or verbal comments of a sexual nature including commentaries about a person's body; sexually explicit or offensive jokes; sexually suggestive objects or pictures placed in the work area that may be embarrassing or offensive; or using sexually degrading words to refer to or describe an individual.

2. OTHER FORMS OF HARASSMENT. These include, but are not limited to:

- Epithets, slurs, negative stereotyping, or intimidating acts based on a person's protected status.
- Written or graphic material circulated or posted online that shows hostility toward a person or persons because of their protected status.
- Any action or willful failure to act that tends to harm, frighten, or endanger the safety of a patient, faculty member, or fellow student.
- Threatening, intimidating, or coercing anyone associated with MMCI, which includes the use of abusive or provocative language, fighting, agitating a fight, or attempting

bodily injury on any MMCI premises.

- Destroying or defacing the property of a fellow student or faculty.
- Malicious gossip.

#### V. PROCEDURE:

A. COMPLAINT PROCESS FOR ALL FORMS OF HARASSMENT: If the student believes that he or she has been the victim of, or witnessed, harassment, the following steps should be taken promptly:

The student or faculty member should immediately report the harassment to a school official.

MMCI will conduct an investigation of any harassment complaint. To the extent possible, the nature of the complaint, the identity of the complaining person, and the investigation will be kept confidential. Retaliation for good faith reports of harassment or for providing information in the course of an investigation of a harassment complaint is strictly prohibited.

MMCI will take appropriate corrective actions, including discipline for violations of this policy based upon the results of its investigation.

### **Cancellation of Enrollment Agreement Policy**

The MMCI Enrollment Agreement is a legally binding contract unless the student cancels. The student has the right to cancel the enrollment agreement until midnight of the third business day after the student receives written and final notice of acceptance.

### **Student Dismissal Policy**

I. PURPOSE: This policy ensures timely, accurate processing of students who choose to or are asked to leave the program.

II. SCOPE: This policy applies to students in the program participating in the academic setting and at clinical sites.

III. POLICY: The categories of dismissal and their definitions are:

A. VOLUNTARY RESIGNATION/WITHDRAWAL. This is defined as a voluntary separation. We recommend that students choosing voluntary separation give written notice one month prior to their date of departure. This is recommended but not required. Voluntary separation also occurs upon a student's failure to return from a leave of absence as arranged with MMCI.

B. DISMISSAL. This is defined as a separation in which the student is removed at the request of MMCI.

C. CONSTRUCTIVE WITHDRAWAL. This is defined as a dismissal due to a student's absence for

two consecutive scheduled classes. Students will be notified by email after their first absence without notification; after two consecutive “no shows,” students will be sent a letter informing them that they are no longer in the program.

D. TERMINATION GRIEVANCE. In the case of a grievance arising from a determination, see the Complaint and Grievance Policy in this catalog.

#### IV. PROCEDURE:

A. VOLUNTARY SEPARATION. The procedure is as follows: 1) the student notifies the school administration of intention to resign; 2) the student is asked to submit the intention in writing to the school administrator at least two weeks prior to the next class (we recommend, but do not require written notification); 3) the school administrator confirms with the student the last class the student plans on attending; 4) an exit interview will be scheduled in which an administrator discusses the reason for separation, exiting procedures, eligibility for tuition reimbursement, replacement for student clinical site, notification of clinical preceptor, and other applicable issues; 5) the school administrator will file all notes and recommended letter of withdrawal in the student’s file and update the school roster.

### **Dress and Appearance Policy**

I. PURPOSE: This policy establishes guidelines for dress and appearance during normal school and clinical site hours.

II. SCOPE: This policy applies to all students.

#### III. POLICY:

A. GENERAL: The school firmly believes that neat dress and good grooming habits contribute much to the student’s morale and a positive image of the midwifery profession. Students are expected to exercise good judgment in choosing their apparel for work at a clinical site. The primary criteria for proper school dress are that it must be neat and modest. Acceptable standards for dress and appearance include, but are not limited, to the following:

- Clothing must be neat, clean, and in good repair.
- Clothing may fit into the “casual wear” or “sportswear” categories but should also be neat in its appearance (for example, this clothing should be significantly different from, and more formal than, that which is worn during a typical weekend cleaning the garage).
- Good personal grooming and hygiene habits (regular bathing, clean nails, clean teeth, and neat hairstyles) must be maintained.
- Jewelry must be kept to a minimum at clinical sites.
- Shoes are to be worn at all times.

#### B. EXAMPLES OF INAPPROPRIATE DRESS:

- Worn, torn, dirty, ill-fitting, or “cut-off” jeans
- T-shirts that would normally be worn as underwear

- Sweatpants
- Shorts and excessively short skirts
- Tank tops
- Any clothing that reveals bare backs, midriffs, or shoulders
- Thong sandals (flip flops)
- House slippers

This list does not include every inappropriate clothing item and will be amended as determined necessary by school officials.

C. **HAIR:** Hair should be clean, combed, and neatly trimmed or arranged so as not to spread pathogens during clinical rotations. This also pertains to sideburns, moustaches, and beards. Shaggy, unkempt hair is not permissible.

D. **PERSONAL HYGIENE:** Good personal hygiene habits must be maintained.

IV. **PROCEDURE:** The supervisor is responsible for evaluating the dress and appearance of students under his or her supervision. If a student is not dressed appropriately, the supervisor should take the following steps:

A. On the first occasion, counseling will be given to the student by the supervisor and a decision made on whether to send the student home to change clothes immediately.

B. On the second occasion, a verbal warning will be given to the student, and the student will be sent home to change clothes.

C. On the third occasion, the student should be sent home to change clothes immediately and given a written warning.

D. Any further violations will result in continued disciplinary action per MMCI's Discipline and Dismissal policy.

### **Student Clinical Availability Policy**

Students must be available to their clinical preceptors by cell phone. Students are expected to be available at the agreed upon times for continuity deliveries. Every attempt will be made to notify the student via home phone number and cell phones. Students are expected to communicate with preceptors and academic advisors regarding vacation and sick leave.

### **Attending Unassisted Births Policy**

MMCI does not condone students attending unassisted births. When working as a student midwife, it is the student's responsibility to practice within the scope of the role of a student. A student must not

assume any additional responsibilities that are not sanctioned by MMCI. Clinical birth experiences except for “birth as an observer” must be supervised by a credentialed Certified Professional Midwife (CPM), Certified Nurse Midwife (CNM), Certified Midwife (CM) or by a practitioner whose Certified Professional Midwife licensure is pending in the state of Illinois; or s/he must be a licensed practitioner legally recognized by a state/jurisdiction to provide maternity care.

There is a very real and substantial medical and legal risk of liability for students and for MMCI in attending an unassisted birth. Therefore, any student choosing to attend an unassisted birth will be immediately dismissed from MMCI’s CPM Program and no credit will be given for unassisted births. MMCI’s Academic Director should be consulted if there are any questions about this policy.

### **Attendance and Tardiness Policy**

MMCI requires 100% attendance in classes and practicums. Classes meet one weekend each month (an annual class schedule will be provided). NOTE: Clinicals may require working up to 40 hours a week and may include working on weekdays. Any missed work must be completed before graduation. All hours must be documented accurately. If students are unable to attend classes due to an emergency or illness, they must contact the Academic Affairs Director to report their situation.

Students may miss classes due to illness. They must contact the Academic Affairs Director and clinical preceptor as soon as they know they will be absent. A plan will then need to be made to make up work prior to the next class. If a student is absent for more than two classes per program year due to illness or leave of absence, the student is required to repeat that year.

#### **Leave of absence request**

Students in good standing may request a leave of absence for non-emergency reasons for up to three months during the program. This time is added to the total duration of training and has to be approved by the clinical preceptor and Academic Affairs Director prior to taking the leave of absence. A plan to return to the course must be made prior to the granting of a leave of absence. Failure to communicate leave or create a return plan may result in termination of the student. If this should occur, students will not be refunded the tuition fees for prior coursework already completed.

#### **Tardiness and punctuality**

If a student is going to be late for class or a clinical, the Academic Affairs Director and/or the clinical preceptor, if appropriate, must be notified. Both punctuality and tardiness are noted in students’ performance evaluations and kept as part of our permanent record. Repeated occurrences of tardiness and disregard for scheduled hours are indicated on any future recommendations made by MMCI. Excessive tardiness is defined as more than 15 minutes late for a lecture or lab. More than two instances of tardiness in a semester result in a performance improvement plan. Failure to comply with the performance improvement plan may result in dismissal from the program.

### **Vacation and holiday policy**

Vacation should be taken between monthly scheduled didactic portions of class. The procedure is as follows: if a student is intending to take a vacation during scheduled classes, the student must notify the Academic Affairs Director two months in advance and determine, in advance, a plan to make up missed work. A student should not make any plans until receiving written confirmation of approval of vacation. A student must inform clinical preceptors, in writing, of who will cover the student's clinical responsibilities. Students are expected to make up coursework. Any time that is unaccounted for due to lack of both verbal and written communication to the Academic Affairs Director is reflected in evaluations on professionalism and may result in disciplinary action if recurrent or deemed unacceptable. Class is in session during the weekend timeframe. If the weekend falls on a major holiday, the class will meet on an alternate weekend.

### **Children in the Classroom Policy**

Students are expected to have childcare arrangements. Breastfeeding babies, up to six months of age, are allowed in class. Crawling children are not appropriate in a classroom setting. Sick infants are to remain at home. Babies who are crying or restless are the responsibility of the student/parent and they are expected to leave the classroom with the infant until the child is calm as a courtesy to fellow students and faculty.

### **Student Complaints and Grievances**

**A comprehensive Complaint and Grievance Policy can be found in the Appendix**

MMCI's aim is to provide a fair, impartial, and timely process for addressing complaints and grievances, ensuring that concerns are addressed constructively and in accordance with program policies and MEAC standards for accreditation. Any student who believes they have experienced or witnessed discrimination, harassment, or retaliation is encouraged to report it promptly.

Complaints are considered less serious in nature and may include, for example, a suggestion on changes to class content, or feedback on an academic course instructor. Grievances are very serious and therefore much rarer. Incidents of inappropriate conduct, discrimination, and/or harassment should be promptly reported to MMCI school officials.

Students are strongly encouraged to first attempt to resolve concerns informally by directly discussing the issue with the individual(s) involved, as many issues can be resolved at this level through direct communication and understanding.

#### **Complaints**

Students can email suggestions and complaints to members of the MMCI administration. If a complaint specifically concerns an instructor or preceptor, the matter should be taken directly to the faculty member/instructor first. If this is not possible, it should be taken to the Academic Affairs Director, who may suggest moving to the formal grievance stage.

#### **Grievance policy**

##### *Submitting a grievance*

To submit a grievance is to engage in a formal process where the concern must be submitted in writing.

Formal grievances must be submitted within 30 days of the incident(s) using a form that can be requested from and submitted to the Academic Affairs Director. If the subject of the grievance is the Academic Affairs Director, the grievance may be submitted to the Student Affairs Director.

The written grievance should clearly state the issue(s) involved, dates, witnesses, the relief sought, and any supporting documentation.

The Director will conduct an investigation, which may involve a committee of MMCI board members, and provide a written decision to the student within 30 days of receiving the formal grievance.

In the event that a student is not satisfied with the resolution of the grievance process through MMCI, the student may file a complaint with the Wisconsin Educational Approval Program (EAP)—for more information: [Wisconsin EAP](#), or with the North American Registry of Midwives (NARM)—for information: [NARM](#), or with Midwifery Educations Accreditation Council (MEAC)—for information: [MEAC](#).

#### *Confidentiality*

All grievances will be handled with appropriate confidentiality. Information pertaining to grievances will only be released to authorized individuals involved in the resolution process. However, details of the grievance may need to be disclosed to the person(s) against whom the grievance has been raised to facilitate a resolution. MMCI faculty, instructors, administrative staff and school officials may not discuss the grievance, before and after it has been resolved, with any other MMCI student, faculty member, instructor, or administrative staff member, including school officials who are implicated in a grievance filing.

Breach of confidentiality by any party to the grievance is considered unethical conduct and is subject to disciplinary action that includes actions in a progressive disciplinary process up to and including dismissal from the program for students and termination for faculty and administrative staff.

#### *Documentation*

All documentation related to grievances are kept on file for seven years from the date of resolution. Documentation will include the name of the person filing the grievance, the date filed, a summary statement of the reasons, investigation findings, the resolution, and the date of resolution.

#### *Discrimination, harassment, and retaliation*

Any individual engaging in discrimination, harassment, and retaliation is subject to disciplinary action that includes actions in a progressive disciplinary process up to and including dismissal from the program.

#### Non-retaliation

MMCI prohibits any form of retaliation against individuals who file a grievance or participate in the grievance process. Upon determination by MMCI officials that an incident of retaliation has occurred, the individual responsible will be subject to dismissal from the program (if a student) or termination (if a faculty member or staff person).



## Didactic and Clinical Training Policies and Requirements

### Learning Methods for Student Success

Each MMCI CPM cohort is composed of a small group of students who are together throughout the program. Students have the opportunity to get to know each other, work together, and build on each other's strengths and expertise as a learning community.

Students may request one-on-one sessions with instructors to explore the learning process, review successes and challenges, review question patterns, and have the opportunity to formulate and ask questions that elicit thoughtful responses.

For each course, MMCI employs the following methods to facilitate student success:

- Students practice putting learning target statements into their own words
- Students participate in a sharing session to discuss their learning and to engage with important content concepts and thinking processes to simulate various scenarios
- Students have the opportunity to receive and provide feedback during class, in discussions, through surveys, and during office hours
- Students receive feedback on performance and are given the opportunity to explore the rationale behind the feedback to assist in improving performance
- Students are offered examples of performance benchmarks and are given the opportunity to explore gaps in learning, as well as styles of learning to improve comprehension and application
- Students receive an assessment plan for ongoing learning and coursework, including identifying barriers to learning, the opportunity to work with instructor to overcome barriers, and creating a self-paced timeline to gain mastery of the material
- Students are given an opportunity to offer their reasoning on any incorrect test answers and to work with instructors on comprehension of/rationale for answers on quizzes, tests, and demonstrations
- Students assist fellow students in learning how to think in new ways and further develop their critical thinking skills
- Students are asked strategic questions throughout their coursework to help them set goals for learning, self-assess, and self-regulate
- Students are asked strategic questions that reflect the content of each course which require responses that make students' thinking transparent so instructors and peers can offer effective feedback-each lesson has questions in which to reflect the learning content and are discussed as a group

### Integrating Academic and Clinical Experiences

The knowledge and skills gained in the didactic/course work portion of the program prepare students for active participation during the apprenticeship/clinical experience. MMCI supports the preceptor as educator by working with preceptors to ensure didactics correspond to clinical work. Preceptors will meet with MMCI faculty annually to develop curriculum. MMCI will also liaise between preceptors and students regarding feedback about clinical experiences and training.

## **Clinicals**

### **Clinical placement**

Clinical placement is a fundamental component of midwifery education, enabling midwifery students to consolidate the knowledge and skills learned in the classroom and facilitating their understanding of clinical practices and professional development.

MMCI identifies and recruits clinical placement opportunities for students at no additional cost to them through networking with local midwives and through MMCI's Student Clinical Liaisons who work with potential and current preceptors to support student learning in various clinical preceptor settings.

All MMCI preceptors are practicing midwives. They are clinically based and support preceptees as part of their day-to-day clinical role. They work alongside preceptees in clinical settings and meet with students and their Student Clinical Liaisons on a regular basis to track progress. The Academic Affairs Director meets with preceptors on an annual basis to track students' progress, elicit feedback on the overall student experience, and gather their insights on improving MMCI's curriculum to better support student achievement.

All preceptors working with MMCI are experienced licensed midwives who legally work in the jurisdictions in which they practice. Preceptors supervise MMCI midwifery students as they learn and practice the clinical skills that comprise the various phases of NARM skills, and the preceptor is the person who signs the NARM skills check list to indicate a student has obtained mastery. MMCI's Student Clinical Liaisons' task is to both support the preceptor's role and advocate for students by supporting them in translating theoretical learning into clinical practice to master MEAC's core competencies for midwifery practice.

### **Clinical placement support**

Clinical sites have been identified and MMCI's Academic Affairs Director works with students to secure clinical opportunities. The costs to students associated with clinicals are travel to births and clinical sites and purchasing a blood pressure cuff and stethoscope. Although we do our best to assist students in finding local preceptorships, students should be prepared to find housing when attending clinical sites.

MMCI offers a clinical support person who acts as a liaison between the student and preceptor. They have expertise in CPM education and are available for additional student support, along with the Academic Affairs Director. And they are available to students for onboarding support and throughout their clinicals. They also meet with preceptors to assist with students' progress in meeting their learning objectives and goals.

### **Documentation of clinicals**

MMCI will assist students with obtaining the proper forms and documentation for coursework and clinical work. It is the student's responsibility to ensure that documentation from clinical preceptors is filed with the Academic Affairs Director in a timely manner as required by the Academic Affairs Director. Preceptors who are recruited by students must submit the following documents:

- Written goals and objectives for the clinical preceptorship
- Signed letter of agreement with the preceptor (arranged by one month prior to beginning the preceptorship)
- Curriculum Vitae
- Copy of license and highest degree of preceptor
- Program forms on oversight, equipment, and fire safety



NOTE: Students may not submit clinical work towards graduation requirements if the above documentation is not completed prior to beginning the clinical rotation.

### **Student role with preceptor**

Students are to perform all clinical work under the direct supervision of precepting faculty. Students are required to introduce themselves as students and/or labor support, depending on their role at initial birth experiences. Students are not to assume the role of independent midwife during their training.

### **Preceptor responsibilities**

The role of clinical faculty is to arrange appropriate supervision of students during clinic hours, be responsive to and coordinate student clinical needs, provide instruction and input to students as appropriate, and write detailed performance improvement plans and reviews. All precepting faculty must:

- Attend an MMCI orientation prior to beginning work as a preceptor
- Read the MMCI Education Catalog and MMCI Handbook for Faculty, Instructors, Preceptors and Administrative Staff and sign a document stating they understand MMCI policies and procedures and their associated duties and requirements
- Agree to uphold MMCI program goals, philosophy, and mission statement
- Demonstrate an effective teaching style, incorporating student input and feedback
- Work cooperatively with other faculty

- Maintain updated clinical skills meeting current program goals
- Complete cultural sensitivity training or course work
- Evaluate student progress according to the required schedule
- Complete and document 30 hours of continuing education every three years (consistent with NARM CEU policy)
- Maintain a professional ethic (as defined by the MANA Statement of Values and Ethics), upholding student confidentiality at all times
- Agree to participate in conflict resolution, utilizing the program's Complaint and Grievance Policy as necessary
- Be certified/licensed/registered by a mechanism recognized in their jurisdiction, or maintain the CPM/CNM credential where midwifery is not regulated and not prohibited by enforcement of existing law
- Periodically attend peer review. Preceptors are encouraged to include students in routine peer review, if acceptable within the local midwifery community

In addition, when precepting midwives observe and document increasing skill levels in their students, they are expected to make additional responsibilities and practice opportunities available to students in a timely fashion.

### **Preceptor paperwork**

Students are responsible for keeping track of all clinical experience in the Observe, Assist, and Primary Phases and for documenting experience properly. Original signatures on forms will still be required per MEAC and NARM requirements.

### **Clinical birth experience**

#### *Unassisted birth*

Clinical birth experiences except for "birth as an observer" must be supervised by a credentialed Certified Professional Midwife (CPM), Certified Nurse Midwife (CNM), Certified Midwife (CM) or by a practitioner whose Certified Professional Midwife licensure is pending in the state of Illinois; or s/he must be a licensed practitioner legally recognized by a state/jurisdiction to provide maternity care. No credit will be given for unassisted births and participating in such births is strictly forbidden for student midwives. Students who participate in unassisted births in a role as a doula and/or student midwife/unlicensed midwife will be dismissed from MMCI's CPM Program. MMCI's Academic Director should be consulted if there are any questions about this policy. When working as a student midwife it is the student's responsibility to practice within the scope of the role of a student. A student must not assume any additional responsibilities that are not sanctioned by MMCI.

#### *Birth as an observer*

Students must document attendance at ten births in any setting in any capacity (observer, doula, family member, friend, beginning student). These births may be verified by any witness who was present at the

birth.

#### *Clinicals as an assistant under supervision*

Students must document at least 20 births, 25 prenatals (including 3 initial exams), 20 newborn exams, and 10 postpartum visits as an assistant under the supervision of a qualified preceptor. Eighteen births in this category must be completed before beginning Primary under Supervision births. Determination of readiness for serving as Primary under Supervision is at the discretion of the supervising preceptor and may require more births as an assistant before moving to the next step.

#### *Clinicals as primary under supervision*

Students must document 25 births, 75 prenatals (including 20 initial prenatals), 20 newborn exams, and 40 postpartum exams as a Primary Midwife under Supervision. Three intrapartum transports are allowed if labor began in an OOH setting.

#### *Continuity of care*

Of the 20 Primary births required under Supervision in Phase 3, five require full Continuity of Care and ten more require at least one prenatal under supervision.

#### *Full continuity for five primary births*

Students must have five Continuity of Care as a primary Midwife under Supervision will include 5 prenatals spanning two trimesters, the birth, newborn exam and two postpartums. Multiple preceptors can verify the continuity of care. The newborn exam must be done within 12 hours of the birth; maternal postpartum exams must be done between 24 hours and 6 weeks following the birth.

#### *Prenatals for additional primary under supervision births*

Students must have attended at least one prenatal (in a primary or assisting role) with the mother prior to her labor and birth for 10 of the 20 primary births under supervision (in addition to the 5 with full COC).

#### *Experience in specific settings*

A minimum of five home births must be attended in any role. A minimum of two planned hospital births must be attended in any role. These cannot be intrapartum transports but may be antepartum referrals.

All students must have a minimum of ten out-of-hospital births as a Primary under Supervision midwife in the US or Canada regardless of route of entry.

#### *Timeframes*

Ten out-of-hospital primary births must have occurred within the last three years. All clinicals must occur within ten years.

### *Duration of clinical experience*

The minimum timeframe for clinical education must span at least two years.

## **Didactics**

### **Academic faculty responsibilities**

Academic faculty must prepare learning objectives and an updated literature review for the course being taught. PowerPoint and written course outlines must be submitted no later than one week prior to the lecture. Teaching responsibilities also include providing academic input. Faculty are instructed in MMCI's policies and procedures as part of their orientation, including cultural competence, whole language pedagogy, competence-based training, and birth justice. Faculty are expected to review student feedback and supervisor feedback on the courses they teach and use them as a basis for updating course outlines. Faculty participate in annual reviews of MMCI's CPM academic program and MMCI policies and procedures.

### *Advising, tutoring, and support*

Students meet with MMCI's Academic Affairs Director annually or as needed to evaluate academic progress and develop a learning plan moving forward. The Academic Affairs Director is also available to address student questions and concerns during class or individually by scheduling an appointment. Career advising, including information about NARM certification and state licensure requirements and employment opportunities are offered by MMCI's Academic Director. Students are offered individual tutoring sessions upon request. MMCI's Academic Affairs Director is available for one-to-one meetings with students to address any concerns.

## **Student Educational Requirements**

MMCI mandates that upon graduation, a midwifery student is competent in prenatal care and in the care of low-risk patients and their families in labor through delivery and the postpartum period.

### **Attendance at births**

Each student midwife must accomplish the following as a doula, birth assistant, and/or primary midwife: Attend a minimum of 60 deliveries during the three years of training. Ten of those deliveries will be out-of-hospital and three will be Care of Continuity patients. Note: Care of Continuity patients take precedence over all other academic and clinical duties.

### *Definition of Care of Continuity patient*

A Care of Continuity patient is any patient seen by a student for the majority of prenatal visits (four or more). This includes the initial visit, the newborn exam, and the postpartum visit. In such cases, the student assumes the role of primary attendant.

### **Requirements: Labor support**

Midwifery students are expected, as are doulas, to provide emotional and physical support to 20 women in labor prior to assisting supervising clinical preceptors with deliveries. The student midwife should be present during the active phase of labor, supporting the women and their families during the process of labor and immediate postpartum.

**Requirements: Labor assists with primary midwife**

The student midwife should be present to assist the primary midwife in performing tasks directed by the primary midwife. The student must be present during the active phase of labor, during the process of labor, and through delivery.

**Requirements: Primary midwifery student under supervision**

The student midwife should be present to manage the active phase of labor, the process of labor, and the immediate postpartum and breastfeeding phase. This includes performing any procedures which may be indicated under the preceptor's supervision. The supervisor will observe the student on how the student responds to the client's questions, and if the student effectively communicates information, including informed consent, to the client. The student is also evaluated on communication skills, teamwork, and labor support skills, as well as the ability to integrate knowledge from the curriculum into practice. The clinical preceptor will inform the program director if there are areas that require improvement. If this is the case, students will receive a written notice indicating performance needs improvement and the program director will then initiate a formal plan of development for performance improvement. There is the potential for further remediation if performance does not improve. Students who do not comply with the performance improvement plan may be dropped from the clinical site, and if skills are not improved under another clinical preceptor, the student will be dismissed from the program.

**Required Materials and Resources for Students**

**Readings and other resources\***

Students are required to purchase and read the following material as core books, as well as additional selected books for each course:

- *Anatomy and Physiology for Midwives 3rd edition. by Jane Coad*
- *The Midwives Guide to Key Medical Conditions, Pregnancy and Childbirth 2nd Edition, Linda Wylie and Helen Bryce*
- *Skills for Midwifery Practice, 5th Edition Ruth Bowen & Wendy Taylor*
- *Advancing Skills in Midwifery Practice, 1st Edition, Editors: Jayne E. Marshall & Maureen D. Raynor*
- *Undivided Rights: Women of Color Organizing for Reproductive Justice by Jael Silliman, Marlene Gerber Fried, et al*
- *Birthsong Midwifery Workbook Basic Level Study Guide and Coloring Book (most recent edition) by Daphne Singingtree (STUDENTS WILL BE SENT A PDF)*
- *Myles Textbook for Midwives 17th Edition, by Jayne E. Marshall (Editor), Maureen D. Raynor (Editor)*
- *Myles Midwifery Anatomy & Physiology Workbook 2nd edition, by Jane Rankin*

- *A Book for Midwives: Care for pregnancy, birth and women's health, (20th Anniversary ed.), by Susan Klein et al.*
- *Heart and Hands by Elizabeth Davis*
- *Varney's Midwifery by Helen Varney*
- *Physical Assessment of the Newborn: A Comprehensive Approach to the Art of Physical Examination by Ellen P. Tapper and Mary Ellen Honeyfield*
- *The Action Research Guidebook, by Richard Sager*
- *Circle of Midwives, by Hilary Schlenger (STUDENTS WILL BE SENT A PDF)*
- *Rewrite the Mother Code, by Dr. Gertrude Lyons*
- *Hormone Intelligence: The Complete Guide to Calming Hormone Chaos and Restoring Your Body's Natural Blueprint for Well-Being, by Aviva Romm*
- *Breastfeeding and Human Lactation, 7th edition, by Karen Wambach*
- *Birth Emergencies for Community Midwives, by Bonnie Gruenberg*
- *Guidelines for Perinatal Care by AAP Committee on Fetus & Newborn, ACOG Committee on Obstetric Practice, et al.*
- *Comprehensive Midwifery Vol. 2*  
<https://www.radixantiqua.com/product/comprehensive-midwifery-vol-2-normal-pregnancy-birth-postpartum/>
- *Physical Assessment of the Well Woman & Newborn*  
<https://www.radixantiqua.com/product/physical-assessment-of-the-well-woman>

*\*NOTE: Reading requirements are subject to change at the discretion of the Academic Affairs Director.*

### **Midwifery organizations and maternal child health conferences**

Students are expected to be a member of at least one midwifery organization. Students are encouraged to attend conferences on maternal child health.

### **Class Attendance and Work Policy**

Students may continue to work as doulas while attending the MMCI program, however, doula activities may not compromise academic performance, and it is a violation of program policy to miss classroom time due to doula functions. It is also a violation of program policy to work as a midwife while attending the program, unless the student already has a permanent Wisconsin license as a CPM and is enrolled in a dual program seeking a degree or MEAC accreditation.

### **Clinical student hours**

- Clinical preceptors cannot require students to work more than 40 hours per week
- One day in seven is free from all academic and clinical responsibilities
- Students will have a minimum of 10 hours of rest following a 24-hour call
- Back-up coverage is provided if a student is in a situation of unusual stress and/or fatigue



## **Program Orientation**

The MMCI Orientation for Students, Faculty and Staff addresses the concerns and interests of incoming students and provides guidance in understanding both the academic and clinical aspects of the program.

## **Evaluation Meetings**

MMCI faculty and staff meet annually or as needed. This ensures that all midwifery students are systematically evaluated regarding their knowledge, skills, performance, professional growth, and self-care on an ongoing basis throughout their training. MMCI collects and assesses the same information for each student.

Faculty and clinical preceptors also meet annually or as needed to discuss student performance, which facilitates written and verbal feedback being given to students in a timely manner. This information, along with grades, recommendations for improvement, documentation identifying areas of strength and weakness, and target areas needing improvement, are stored in each student's file.

The Academic Affairs Director issues final grades after soliciting feedback from clinical preceptors and faculty. It is the Academic Affairs Director's responsibility to provide feedback to students regarding their performance, assist students in appropriately completing curricula and midwifery requirements, complete formal student evaluations each annually or as needed, serve as a resource for career direction, and assist students in completing documents for graduation.

## **Satisfactory Academic Progress (SAP)**

MMCI is committed to ensuring students make steady academic progress toward program completion and are prepared for midwifery practice. MMCI values and practices competency-based education, emphasizing the mastery of core midwifery competencies over the length of time spent in the program. This prioritization of competency is integrated into SAP policies. Students are able to self-pace their clinicals to accommodate their life circumstances.

### **SAP policies and procedures**

- Maintaining satisfactory academic standing
  - Pace or Completion Rate: Students are required to successfully complete a certain percentage of the credit hours they attempt.
  - Maximum Time Frame: Students must complete their program within a specified maximum time frame of 5 years from start to finish. This ensures students remain on track for timely graduation and time to complete their clinicals.
  - Qualitative Standard: Students must pass their summative exams with 80% or better before continuing to next level of program.
- Addressing academic difficulties
  - Academic Warning/Probation: Students whose academic performance falls below the established SAP standards may be placed on academic warning or probation. This allows them to continue enrollment while working to improve their academic standing.

- Academic Improvement Plans: When placed on probation, students may be required to develop and follow an academic plan, outlining specific steps and resources to address academic deficits. Students are assigned a tutor if they fall behind in the plan.
- Academic Suspension or Dismissal: In cases of continued lack of satisfactory progress despite interventions, or in instances of serious academic misconduct, students may be subject to academic suspension or dismissal from the program. This includes failure to meet with tutor for assigned tutoring sessions.
- Appeal process
  - Right to Appeal: Students typically have the right to appeal an adverse SAP decision, such as suspension or dismissal.
  - Appeal Process:
    - The student will write a letter/email to the Academic Affairs Director detailing the complaint pertaining to the suspension/dismissal.
    - If the administration deems it appropriate, a meeting will be arranged with the relevant parties to discuss the merits of the student's request.
    - If the request is granted, an Attendance Improvement Plan will be made with the student and the Academic Affairs Director.
    - Failure to comply with the Academic Improvement Plan will result in dismissal.
  - Mitigating Circumstances: Appeals are often considered when students can demonstrate mitigating circumstances, such as illness, family emergencies, or other unforeseen events beyond their control that impacted their academic performance.
  - Required Documentation: Appeals must typically include supporting documentation to substantiate the student's claims regarding mitigating circumstances.

### **Testing, grading, and academic progress**

Students participate in skills testing and take written tests throughout the course of the program. Students are expected to make academic progress, with 80% as the minimum passing grade on academic work. Mastery is the passing requirement for clinical skills. The results of these tests are used to assess students' knowledge base and to inform the Self-Improvement Reviews. Grades and reviews are communicated in 1:1 meetings between the student and academic advisor on an ongoing basis. All written summaries, plans, grades, and follow-up documentation are placed in students' permanent files.

#### *Grading policy for testing for calculating GPA (Grade Point Average)*

Grade of 'A':	92-100
Grade of 'B':	84-92
Grade of 'C':	76-84
Grade of 'D':	68-76
Grade of 'F':	67 and below

NOTE: Mastery is the passing requirement for clinical skills.

### *Retaking tests*

Students can request to retake tests one month after developing a study plan for mastering the required skills and increasing their knowledge. Students are allowed three attempts to take the test. Students who fail the test after three attempts must repeat the course. Students can appeal this process in a written request. Faculty and staff then review appeals.

### **Graduation Requirements: Associate Degree in Certified Professional Midwifery**

A final written evaluation is given to each student by the Academic Affairs Director after the student has successfully completed both the academic and clinical portions of the program. Students have up to five years to complete the program, including all clinical requirements. Failure to meet any of the graduation criteria by the end of year five results in a faculty review and possible probationary or disciplinary action. Students must pass a final exam with a grade of 80% or higher and a skill test with a positive rating in order to complete the program. A student is allowed to take the test three times, with a two-month timeframe between each test. Tutoring may be offered to students who receive a failing score.

MMCI utilizes the PEP process and documents for the CPM program. See NARM:

<https://narm.org/pdf/CIB.pdf>

### **Minimum requirements for students to complete the CPM Program and graduate**

- Complete 75 prenatal exams, including 20 initial exams, 20 newborn exams and 40 postpartum exams
- Complete a minimum of 20 primary births: Of the 20 primary births, five require full Continuity of Care (COC), and ten more require at least one prenatal under supervision
- Complete five Continuity of Care births to include five prenatal cases, the birth, newborn exam, and two postpartum exams. Students must have attended at least one prenatal (in a primary or assisting role) with the client prior to client's labor and birth for 10 of the 20 Phase 3 births, in addition to the five with full Continuity of Care
- Complete a minimum of 10 of the 20 Phase 3 births must be in homes or other out-of-hospital settings and must have occurred within three years of Phase 3 application submission
- Have experience in specific settings: A minimum of five home births must be attended in any role
- Complete a minimum of two planned hospital births must be attended in any role. These cannot be intrapartum transports, but may be antepartum referrals
- Complete required paperwork
- Successfully complete CPR/NRP and IV skills drill
- Successfully complete all labs/skills drills.
- Ensure all tuition and other fees have been paid

The minimum requirements for students to complete the MCHS Program and graduate is 500 clinical hours in maternal child health that may include but is not limited to labor and postpartum support and

breastfeeding peer counseling. Clinicals need to be approved by the Academic Affairs Director, and they must be submitted prior to graduation.

### **Graduation date**

Because each student completes graduation clinical requirements on an individual basis, the date of graduation for each student varies. Students must fulfill all graduation requirements within five years of their enrollment date.

### **NARM Certification**

MMCI discusses NARM certification requirements during the student orientation. MMCI follows NARM preceptor and clinical requirements and utilizes NARM forms. For more information, visit NARM:

<https://narm.org/preceptors/preceptor-student-policies/guidelines-for-documentation-of-clinical-experience/>

<https://narm.org/certification-recertification/cpm-application/meac/>

<https://narm.org/preceptors/preceptor-resources/>

<https://narm.org/certification-recertification/cpm-application/pep/application/>

### **Informed Disclosure for Midwifery Care**

NARM requires the Certified Professional Midwife to have written statements of Informed Disclosure for Midwifery Care on file for each client.

### **Consent to release NARM certification test results**

By signing the MMCI Enrollment Agreement, students are giving their consent to release their NARM certification test results to MMCI so that MMCI can compile student achievement data in accordance with and in compliance with MEAC standards.

### **Professional Opportunities for Midwives & Employment Assistance**

Professional opportunities for midwives and other birth workers include Certified Professional Midwife in private practices and community clinics, birth assistant, labor support/postpartum doula, and maternal child case manager. Further opportunities are to be found in working in public health policy, social work, gender studies, human milk bank administration, and birth justice programs.

MMCI does not have an Employment Assistance Service. We do work with potential employers to create a network of possible employment opportunities for graduating students. MMCI graduates have a good track record of obtaining employment, including creating their own successful businesses and in some cases, employing midwives. Students will have opportunities to meet with representatives of various midwifery practices and other birth organizations and attend conferences for the purpose of networking.

## **Student Records Access, Confidentiality & Security**

Students have the right to the privacy of their educational records as stated by FERPA (Family Educational Rights and Privacy Act). MMCI maintains digital and paper records on secure digital platforms and in locked file cabinets in a secure, locked office. MMCI maintains paper records pertaining to past cohorts for seven years from graduation or last date of attendance, at which time they are shredded and disposed of.

### **Access controls**

Access to student data and other sensitive information, including paper files, is restricted to the Academic Affairs Director and Student Affairs Director. Limited access is also granted to the Classroom and Administrative Assistant as it relates to this position's role at MMCI.

### **Access to records by students**

Students have access to their academic/clinical or employment records upon request in writing to MMCI administration, and requests will be fulfilled within ten working days.

### **Rights Under FERPA**

FERPA affords students certain rights with respect to their academic records. These rights include:

1. The right to inspect and review your academic records within 45 days of the day the College receives a request for access.
2. The right to request the amendment of your academic records that you believe are inaccurate, misleading, or otherwise in violation of your privacy rights.
3. The right to consent to disclosures of personally identifiable information contained in your academic records, except to the extent that FERPA authorizes disclosure without consent. Student records are confidential. Generally, records will only be released with written permission of the
4. The right to file a complaint with the U.S. Department of Education concerning alleged failures by the College to comply with the requirements of FERPA.

Family Policy Compliance Office  
U.S. Department of Education  
400 Maryland Avenue, SW  
Washington, DC 20202-4605

### **Retention of records**

Per the Wisconsin Educational Approval Program, MMCI maintains student records for a minimum of six years from graduation or last date of attendance.

## Course Descriptions

### Course Descriptions

#### Didactic Courses

##### **Advanced Antenatal Risk Assessment**

In this course students build on Year One's Antepartum Management course covering the provision of health care, support, and information to pregnant people throughout pregnancy. Taking a comprehensive health history, determining pregnancy, calculating due date, evaluating fetal growth and wellbeing, and formulating a comprehensive care plan based on educating the patient on pregnancy and the factors that affect pregnancy and utilizing shared decision making are addressed. Common problems, risks, and comfort measures during the antepartum period are also covered.



##### **Advanced Intrapartum Management and Complications**

Understanding and approaching problem-solving using a comprehensive systems approach is an essential skill in the midwifery profession. This course is designed for the advanced student to gain a thorough understanding of the risk and management of intrapartum complications, including its systemic and complex nature and how to perform in different birth environments and under high pressure conditions. Labor management, including identification, evaluation and management of the stages and progression of labor, identifying complications, and utilizing techniques and management to ensure the wellbeing of pregnant persons and fetuses are covered. Students learn to respond appropriately and in a timely manner, using best practice strategies, to ensure best outcomes in labor following the midwifery standard of care guidelines for complications, including measures to identify and reduce risk. Topics include identification of normal physiological and psychological changes, progress in labor, nourishment and hydration, signs of maternal exhaustion, comfort measures, non-allopathic methods for coping with pain, all serving the laboring person and the evolution of fetal wellbeing. Management of the delivery of the newborn and placenta, including appropriated setup of delivery tools and the delivery area, manual techniques for newborn delivery, support for normal neonatal transition, delivery of placenta, and management of postpartum care, including inspection of the cervix, vagina, and perineum are addressed.

##### **Advanced Newborn Management and Risk Screening**

Understanding and approaching problem-solving from a comprehensive systems approach is an essential skill in the midwifery profession. This course is designed for the advanced student to gain a thorough understanding of newborn management and risk screening, including its systemic and complex nature and how to perform in different birth environments and under high pressure conditions. Throughout this course, students are exposed to newborn management and assessment through various physiological systems and learn how these systems influence each other and influence the whole. Students learn to communicate their insights and rationale through case study evaluations, midwifery guidelines reviews, and examination of protocols. Understanding and then simplifying complex situations in their documentation, recognizing patterns in order to rule out a particular

diagnosis, and performing effective assessments, creating a plan, and communicating findings in their charting and with other birth professionals are also addressed. Students gain a deeper understanding of the screening tests and procedures commonly used during the neonatal period and the state laws and requirements pertaining to indications for, administration of, and the risks and benefits of prophylactic biotechnical treatments. Understanding, incorporating, and demonstrating relevant concepts, skills, and knowledge having to do with a variety of newborn health changes and the newborn's adaptation to life outside the uterus are also covered. This encompasses identifying, assessing, and appropriately treating and applying emergency measures when neonatal problems and abnormalities occur, as well as being able to provide anticipatory guidance regarding newborn care to parents.

### **Advanced Postpartum Care and Physical Assessment**

Understanding and approaching problem-solving using a comprehensive systems approach is an essential skill in the midwifery profession. This course is designed for the advanced student to gain a thorough understanding of postpartum management, including its systemic and complex nature and how to perform in different birth environments and under high pressure conditions. Throughout this course, students are exposed to postpartum management and assessment through various physiological systems and learn how these systems influence each other and influence the whole. Students learn to communicate their insights and rationale through case study evaluations, midwifery guidelines reviews, and examination of protocols. Understanding and then simplifying complex situations in their documentation, recognizing patterns in order to rule out a particular diagnosis, and performing effective assessments, creating a plan, and communicating findings in their charting and with other birth professionals are also addressed. This course focuses on monitoring and evaluating physiological and anatomical changes during the postpartum period including evaluating the patient's vital signs and other physical signs, symptoms, and changes such as the patient's blood pressure immediately following delivery. Delivery of the placenta is also covered. Using quantitative methods students learn how to check temperature, pulse, and respiratory rates, as well as noting any renal system changes, weight loss, gastrointestinal changes, and checking the blood loss. Students develop a management plan for early postpartum care that reflects the patient's environment, birth experience, and health needs, and conduct a competency review of basic skills for assessing fundus and bladder. Learning how to apply critical thinking in evaluating and demonstrating the involution process, inspecting the perineum, and applying healing methods for postpartum discomfort are addressed. Students also learn how to provide counseling and anticipatory guidance for the patient and infant during the immediate postpartum (six weeks). Assessment of the vagina, perineum, rectum, and pelvic floor, as well as the lochia, the return of menses, and the lactation process are also covered.

### **Antepartum Care**

This course provides a framework for obtaining and using specific information about the client and how to make a clear assessment of the level of risk the midwife may encounter over the course of a person's pregnancy, as well as discerning the appropriate time to refer the patient to other professionals. Diagnostic tests and bio-technical screening methods are evaluated in terms of benefits and risks during pregnancy for fully informed decision making. Preexisting conditions in a person's health history, history taking, and environmental and occupational hazards for pregnant people will be covered, as well as indications for risk.

### **Antepartum Risk Assessment and Screening**

An important part of antepartum management, this course emphasizes a framework for interviewing clients to obtain a comprehensive health history, as well as making a determination of pregnancy, calculating due dates, evaluating fetal growth and wellbeing, providing the client with a thorough

education on the factors affecting pregnancy, and collaboratively formulating a comprehensive care plan. Common problems, risks, and comfort measures associated with the antepartum period are covered in detail.

### **Counseling for the Childbearing Year**

This course focuses on counseling and educating pregnant and parenting individuals during the childbearing year by providing a framework for understanding components of perinatal education, including choices in care, nutrition, physiology of labor, fetal development, and newborn care. Lactation support and education about the physiology of lactation and its effect on fertility and sexuality using unbiased educational material that is appropriate for the individuals' reading and language skills are addressed. Students also explore the principles of moral injury, issues of trauma, trauma-informed care and guidance, and resources for patients experiencing trauma, including past birth trauma, domestic violence, and attachment and/or perinatal mood disorders. Students are introduced to Best Practices for communicating with patients and an overview of outreach and counseling resources for special populations such as adolescents, refugees, and limited-proficient readers.

### **Genetics, Conception, and Fetal Development**

This course covers basic genetic concepts, genetic screening and diagnosis, pregnancy counseling, and common genetic disorders. It also focuses on the development of the fetus up until birth, including the configuration and function of the placenta, umbilical cord, and amniotic sac.

### **Health Disparities in Community, Public & Global Health**

This course has both a national and international focus in which students are asked to examine the practice of midwifery through the lens of a community and global health care model. Through analyzing issues related to geography, race, age, access to care, availability of providers, health problems associated with poverty, nutrition, and the rights and access available to individuals in various settings, students gain an understanding of the wide variety of factors that affect the health status of pregnant people and children and the provision of health care. Local, state, and federal programs that address barriers to receiving health care are also covered.

### **History of Midwifery**

This course provides historical and political context for the modern-day practice of midwifery in the US and globally. It includes an examination of midwifery's varied ancestral beginnings in the US, midwifery milestones, perceptions of midwifery over time, and the establishment of the Midwifery Model of Care.

### **Interpreting and Evaluating Health Research and Statistics for Midwives**

This course provides students with the basic statistical skills needed to interpret scientific research and to understand fundamentals of scientific methods and implementation of research studies. An overview of commonly applied statistical methods used in health research is utilized by students to develop their skills in analyzing actual birth-related studies and expose them to basic metrics and descriptive statistics. Ethical and political issues related to how statistics are gathered and calculated, how clinical studies are created, and how results from these studies are applied to maternity care are also addressed.

### **Intrapartum Complications**

This course gives students a thorough understanding of the risks and management of intrapartum complications. It covers labor management including identification, evaluation and management of the



stages and progression of labor, how to identify complications, and how to utilize techniques and management strategies to assure wellbeing of the pregnant person and fetus. Emphasis is placed on the student midwife gaining the skills to respond appropriately and in a timely manner, following best practice strategies and guidelines for midwifery standard of care for various complications in order to achieve the best outcomes in labor. Labor management, including identification of abnormal physiological and psychological changes, progress in labor, nourishment and hydration, signs of maternal exhaustion, comfort measures, non-allopathic pain coping for the laboring person and evolution of fetal wellbeing is addressed. Students also study management of delivery of the newborn and placenta. Appropriate setup of delivery tools and space, manual techniques for newborn delivery, support of abnormal neonatal transition to extra uterine live, delivery of placenta and management of postmature care including inspection of the cervix, vagina, and perineum is also covered.

### **Intrapartum Management**

This course provides a thorough understanding of how to provide health care, support, and information to pregnant people throughout labor, birth, and the hours immediately thereafter. Students are given a foundation of knowledge for assessing the fetal position and progression of labor, and an understanding of the physiological changes and adaptation that occur during the various stages of labor. Students learn the most relevant structures for labor and delivery: the pelvis, the uterus, and the skull, as well as the anatomy of the soft and bony structures, how they adapt to the process of labor, and how to evaluate the presentation and progression of the fetal skull through these structures. The fetal skull structure and how it adapts to the pelvis during labor, the cardinal movements of the baby during labor, and how these factors, including malpresentation, can affect the progress of labor are examined. The course also covers the stages of labor, signs, and symptoms of each stage, assessing labor through the cervical exam, and hand maneuvers for delivery of infants and placenta. Assessing the wellbeing of birth persons and infants in the labor processes is also addressed, including how to offer emotional and physiological support for the birthing person that supports normal physiological birth and how to determine if a consultation or referral is appropriate.

### **Introduction to Herbs & Herbs for the Childbearing Year**

This course is an introduction to the herbs and herbal preparations used by traditional midwives during the childbearing year followed by an examination of methods of preparation and the indications and contraindications of the most commonly used herbs in midwifery practice.

### **Lab Work for the Childbearing Year**

The focus of this course is to provide the student midwife with an understanding of the standards of care in ordering the labs needed in the childbearing year and the ability to interpret findings that will be used to monitor the progress of pregnancy in optimizing maternal and fetal health. This course addresses the understanding, analysis, and practice of prenatal and postpartum blood tests, urinalysis, and other screenings performed in the childbearing year from routine screening tests and screening for infections during the initial prenatal visit to understanding the screening guidelines for GDM, GBS, and pap smears.

### **Lactation Education, Risk Assessment, and Counseling**

This course covers the fundamentals of lactation, the physiological changes, and adaptations for human lactation of the newborn, and milk composition. Providing support throughout the first 6 weeks postpartum is also addressed, including identifying possible concerns, providing guidance, and understanding when to refer to a provider for medical treatment.

**Medical Terminology**

This course focuses on the language used in the health professions to describe the human body and its processes and treatment, as well as its importance as a safety practice. Emphasis is placed on understanding the etymology, definition, and pronunciation of medical terms, as well as translating them into accessible language.

**Midwifery Guidelines Development & Informed Consent /Business Planning for Midwives/Legal Issues in Midwifery**

This three-part course is designed to acquaint students with the relevant state rules and regulations affecting the legal practice of midwifery and how to apply them to practice guidelines, and to introduce students to business planning for midwives. Students practice researching, analyzing, and distilling the clinical information relevant to their midwifery practice.

**Midwifery Literature & Ethics**

This course explores historical and modern literature and art as they relate to ethics pertaining to midwifery, childbirth, and women's health. There is a focus on ethical dilemmas that may occur in midwifery practice and using critical decision making within an ethical framework.

**Newborn Management and Risk Screening**

This course prepares students to demonstrate concepts, skills, and knowledge of a variety of health changes for the newborn and the newborn's adaptation to life outside the uterus. These include causes, assessment, appropriate treatment, and emergency measures for neonatal problems and abnormalities, as well as providing anticipatory guidance in newborn care to parents. Screening tests and procedures commonly used during the neonatal period and the state laws, requirements, and indications for administration of and the risks and benefits of prophylactic biotechnical treatment are also covered.

**Normal Pregnancy, Physiological Changes, and Antenatal Discomforts & Remedies**

This course gives students a thorough understanding of the physiology of pregnancy, how the body adapts and changes, and the homeostasis of the entire process in order to provide optimal care to pregnant persons. There is a focus on training students in educating and guiding pregnant persons in the areas of physiological changes, including the influence of hormones, common problems, risks, and comfort measures during the antepartum period.

**Observational & Charting Skills**

This course covers important observational and charting skills, including data collection and in particular the documentation method comprised of subjective, objective, assessment, and plan (SOAP) notes for birthing people and their infants. Documentation methods addressed include forms for labor flow charts, telephone communication, and transfer forms. Students learn how to apply the principles of HIPAA, informed consent, and standards to protect the patient's health history, including proper use of electronic medical record keeping, as well as texting with patients. Declination forms and processes relating to waivers of consent are also covered.

**Perinatal Conditions and Diseases in Pregnancy**

This course covers complications of pregnancy in the antenatal period and their impact on the mother, baby, and family. Appropriate risk screening methods and the importance of prenatal care in identifying risks and patients who are not appropriate for out of hospital birth care are examined. Students identify signs and symptoms of various complications, learn the standard protocols for labor work, and contribute to assessment and planning. Midwifery management and peer review are also covered.

### **Perinatal Wellness**

This course provides a foundation in perinatal wellness during pregnancy and the postpartum period with an emphasis on educating pregnant individuals on nutrition and the benefits of various self-care methods for optimal wellness. The course covers essential nutrients, dietary supplements, pregnancy movement, and how to individualize nutritional guidance utilizing labs, patient history, and individual nutritional patterns. RDA recommendations, adjustments for pregnancy, effects of malnutrition (both maternal and fetal), and normal BMI ranges for pregnancy are also addressed. Student wellness is emphasized, and students create a wellness plan to support sustainable health while practicing as a midwife and are introduced to resources for programs such as WIC , movement classes, yoga, Yoga Nidra, and mindfulness.

### **Postpartum Care and Physical Assessment**

The course establishes a knowledge baseline of care for evaluation of the postpartum period that consists of monitoring and evaluating the physiological and anatomical changes of the postpartum period such as the patient's vital signs and other physical signs, symptoms, and changes such as blood pressure immediately following delivery. Students learn how to check the following using quantitative methods: temperature, pulse, and respiratory rates, as well as noting any renal system changes, weight loss, gastrointestinal changes, and blood loss. The development of a management plan for early postpartum care reflecting the patient's environment, birth experience, and health needs is also covered. In addition, this course teaches competency in basic skills for assessing the fundus and bladder, evaluating, and demonstrating the involution process, inspecting the perineum, delivering the placenta, and applying healing methods for postpartum discomfort. Counseling and anticipatory guidance skills for the immediate postpartum through six weeks postpartum period are also addressed, as well as assessment of lochia, return of menses, lactation, muscle prolapse of vagina and rectum, cystocele and rectocele, strength of pelvic floor, conditions of the vagina, perineum, and rectum.

### **Preventing Infection**

This course covers the midwife's role in infection prevention and control, pathogenic organisms and the chain of infection, precautions, and techniques to prevent transmission of infections, and local regulations and agencies affecting midwives regarding infection control.

### **Reproductive Anatomy and Physiology**

This hands-on introductory course addresses the basic terms, structure, and functions of the reproductive system in the context of practicing midwifery, including during pregnancy and childbirth and in family planning scenarios.

### **Reproductive Wellness, Family Planning, and Human Sexuality**

This course gives students a thorough understanding of the causes of problems associated with reproductive systems and their treatment, as well as the normal life cycle for health and wellbeing as it relates to midwifery care. Students also learn how to perform a complete physical examination. In this course students are exposed to a broad understanding of human sexuality, including the actions of the hormones that affect reproductive functioning. The many options for family planning such as IUD, natural family planning, and hormonal and non-hormonal options are covered.

### **Seminars**

#### **Microbiology for Midwives**

Those students who have not previously completed a Microbiology class must complete a seminar in

Microbiology for Midwives covering microscopic organisms, such as bacteria, viruses, archaea, fungi, and protozoa, as well as using a microscope to detect yeast and bacteria.

## **Skills Labs: Years 1-3**

### **Antenatal Skills**

This course provides a basic understanding of the concepts needed for students to perform in the roles of student, birth assistant, and primary midwife in evaluating the health of the birthing person. In this course students receive an orientation on their role when working with preceptors at clinical sites and gain mastery of the skills they need to practice as a midwife. The procedures and associated supplies for taking vital signs, handwashing, gloving and ungloving, blood draws, lab preparation, collecting cultures, urinalysis, sterile technique, Leopold Maneuvers, fetal heart auscultation, doppler demonstration, doppler, feta scope, fundal height measurement, bimanual exam, signs of pregnancy from bimanual exam, and estimated fetal weight are covered. Students also learn to take a patient history and counsel the pregnant patient in the areas of health status, weight gain, nutrition, and exercise. Confidentiality, policy, and procedure guidelines, introducing students to patients, the role of student, and duties on clinical rotation are also covered.

### **General Skills for Midwifery**

This course is designed to provide a basic understanding of the concepts and skills needed for students, birth assistants, and primary midwives to evaluate the birthing person's health. It serves not only as an orientation to mastering the skills needed to practice as a midwife, but also to the student's role with a preceptor at a clinical site. Students learn the procedures for and the supplies required for taking vital signs, handwashing, gloving and ungloving, drawing blood, lab preparation, collecting cultures, urinalysis, sterile technique, sterilization of instruments, universal precautions, oxygen set up for the birthing person and newborn, basic treatment for shock, assessment of patient's temperature/pulse/respiration, use of a stethoscope and blood pressure cuff, intramuscular injection procedures for the birthing person and newborn, use of doppler, assessment of newborn temperature/pulse/respiration, Apgar Scoring assessment, and set up for procedures and birth.

### **Intrapartum Skills**

This course is designed for students to understand the risk and management of intrapartum complications. Labor management including identification, evaluation and management of stages and progression of labor and how to identify complications and utilize techniques and management to assure wellbeing of pregnant persons and fetuses is covered. Students learn to respond appropriately and in a timely manner to achieve best practice strategies for best outcomes in labor and learn to follow guidelines for midwifery standard of care for various complications including measures to identify and reduce risk. Labor management including identification of normal physiological and psychological changes, progress in labor, nourishment and hydration, signs of maternal exhaustion, comfort measures, non-allopathic pain coping for the laboring person, and evolution of fetal wellbeing are addressed. Students study management of the delivery of the newborn and placenta including appropriate setup of delivery tools and the birthing space, manual techniques for newborn delivery, and support of normal neonatal transition to extra uterine life, delivery of placenta and management of postmature care including inspection of cervix, vagina, and perineum.

This course is designed for students to gain a thorough understanding of the systemic and complex nature of intrapartum management and how to perform under high pressure conditions in various environments. Students will be able to see birth through various physiological systems and understand how these systems influence one another as a whole. They will be able to communicate insights through assignments on case studies, explain their rationale through review of midwifery guidelines and protocols, and distill complex situations through documentation, recognizing patterns for ruling out a diagnosis and evaluating a differential diagnosis, creating effective assessments and plans, and communicating findings in charting and with other birth professionals. Understanding and approaching problem solving from a comprehensive systems approach is an essential skill for the midwifery profession.

#### **IV Set Up and Administration & Suturing Skills**

In this course students receive training in the basic intravenous (IV) therapy skills needed to administer fluids, antibiotics, and Pitocin postpartum directly into a patient's vein with the goal of providing fluids, electrolytes, or medications quickly and to replenish blood volume. This course also focuses on the skills needed to assess and repair the perineum in the postpartum period. Students learn suturing techniques, the instruments and equipment used in the skill, and the medicines utilized in perineal repair. How to assess trauma to tissue and when to refer care to an appropriate provider for further treatment and repair are also addressed.

#### **Newborn Neonatal Resuscitation (NRP)**

In this course students receive comprehensive instruction from a certified NRP instructor in the administration of neonatal resuscitation, including the instruments, equipment, and medications utilized in NRP and their uses. When and how a variety of resuscitation techniques should be applied to the newborn is also covered. NOTE: NRP and CPR are to be completed prior to working with a preceptor.

#### **Newborn Skills**

This course is designed for students to gain mastery in the competencies necessary to provide healthcare to the newborn during the postpartum period and in supporting and providing information to parents regarding newborn care. Students develop the knowledge and skills necessary for developing, implementing, and evaluating individualized midwifery care plans for the newborn. They learn the skills needed for assessing the condition of and providing care for the newborn, including keeping the baby warm, conducting a newborn exam, estimating gestational age, and identifying the need for a consultation or a referral as appropriate. Newborn anatomy and physiology, supporting the newborn's adjustment during the first days and weeks of life, methods for evaluating newborn wellness such as utilizing relevant historical data, and the nutritional needs of the newborn are all addressed.

#### **Postpartum Skills**

This course establishes a baseline of care for monitoring and evaluating the physiological and anatomical changes during the postpartum period, including evaluating the patient's vital signs and other physical signs, symptoms, and changes such as blood pressure immediately following delivery until six weeks following delivery. Students learn and demonstrate how to check the patient's temperature, pulse, and respiratory rates, as well as noting any renal system changes, weight loss, and gastrointestinal changes. Students learn to check the birth patient's hemoglobin and hematocrit to ensure that blood loss during labor and birth has not made the patient anemic. Demonstration of quantifying blood loss and other skills are observed for practice and mastery. Conducting a physical examination, which includes the above basic skills, as well as auscultation of the patient's heart and lungs and checking for hemorrhoids, varicosities of the extremities, edema, calf tenderness or heat, and reflexes are also covered. Students

also learn to evaluate the involution of the uterus and the amount of lochia, and they evaluate lactation and its effect on the involution process, effectiveness of the latch, and intake transfer for the infant. Evaluating the vagina and perineum immediately postpartum and during the first 24-48 hours postpartum and conducting perineal assessment for bruising, edema, hematoma, healing of any repair, and inflammation or suppuration are addressed. Students learn to administer injections and the use of pharmacology relating to the postpartum period and the common problems associated with Standing Order medicines, including the uses of RhoGAM, Pitocin, methergine, rubella vaccine, antibiotics, iron, lidocaine, OTC pain relief and, as appropriate, herbal remedies for the relief of common postpartum discomforts and conditions.

### **Clinical Experience (based on NARM\* requirements)**

Clinical Practicum Course 1

Clinical Practicum Course 2

Clinical Practicum Course 3

Clinical Practicum Course 4

Clinical Practicum Course 5

Clinical Practicum Course 6

*\* North American Registry of Midwives*

## Appendix

### **MMCI Complaint and Grievance Policy**

MMCI's aim is to provide a fair, impartial, and timely process for addressing student, faculty, and administrative staff complaints and grievances, ensuring that concerns are addressed constructively and in accordance with program policies and MEAC standards for accreditation.

This policy applies to all MMCI students, faculty, and administrative staff, and is applied fairly and consistently to all. The MMCI Complaint & Grievance Policy is available in the MMCI Education Catalog and MMCI Handbook for Academic & Clinical Faculty and Administrative Staff. The Education Catalog can be downloaded from MMCI's website. The policy is also reviewed at Orientation and Annual Meetings.

#### **Discrimination, harassment, and retaliation**

MMCI is committed to a safe, respectful, and inclusive environment free from unlawful discrimination, harassment, and retaliation. Any student, faculty member, or staff person who believes they have experienced or witnessed discrimination, harassment, or retaliation is encouraged to report it promptly.

MMCI's efforts to protect students, faculty and administrative staff from discrimination, harassment, and retaliation include reviewing this complaint and grievance policy at Orientation and the Annual Meetings to raise and maintain awareness about these topics, and requires all students, faculty, and administrative staff to participate in relevant trainings. Further, an individual engaging in discrimination, harassment, and retaliation is subject to disciplinary action that includes actions in a progressive disciplinary process up to and including dismissal from the program for students and termination for faculty and administrative staff.

#### **Complaints**

A complaint can be defined as a general expression of dissatisfaction or a problem that doesn't necessarily involve a violation of formal policy or law. Students, faculty, and administrative staff are strongly encouraged to first attempt to resolve concerns informally by directly discussing the issue with the individual(s) involved, as many issues can be resolved at this level through direct communication and understanding. If unresolved, the complaint may be escalated to involving the Academic Affairs Director. Students, faculty and administrative staff can email complaints to the Academic Affairs Director, who will attempt who will respond within ten days, and will then attempt to resolve the issue by mediating between the parties involved in the complaint. If there is no resolution, the Academic Affairs Director may suggest moving to the formal grievance stage.

#### **Grievance policy**

##### *Process*

##### Reporting a grievance

If informal resolution is unsuccessful or inappropriate, a formal written grievance using the MMCI Complaint/Grievance Form may be submitted to the Academic Affairs Director within 30 days of the alleged unfair treatment.

The written grievance should clearly state the issue(s) involved, dates, witnesses, the relief sought, and any supporting documentation. Upon receiving the grievance, the Academic Affairs Director will promptly acknowledge receipt within three days. The Director may then attempt to resolve the concern informally.

***If the Academic Affairs Director is the subject of the grievance, it should be reported to the Student Affairs Director, who will lead the subsequent investigation. The Academic Affairs Director will be excluded from all aspects of the investigation except for an interview to respond to any allegations.***

#### Investigation

The Academic Affairs Director will first review and outline the specific allegations contained in the grievance and gather all relevant documentation related to the grievance. The Director will then identify any individuals who may have relevant information. At the Director's discretion, she may create a committee of individuals from the advisory board who have experience/expertise in the areas in which the grievance pertains or who are able to act as unbiased participants who can assist in the investigation.

The Director will meet with the individual who submitted the grievance to gather detailed information about the grievance, asking open-ended questions and ensuring a safe space for the individual to share their story. The Director will then interview witnesses to gather additional perspectives and facts related to the grievance, maintaining confidentiality to the extent possible.

The Director will then provide the accused individual with an opportunity to respond to the allegations, explaining the process.

#### Analysis of findings to reach a conclusion

The Academic Affairs Director, and committee if relevant, will carefully assess the credibility of all statements and evidence gathered during the investigation, considering consistency, corroboration, and potential biases and apply the relevant school policies, laws, and regulations to the gathered evidence to determine whether a violation occurred.

Based on the evidence and applicable policies, the Director will reach a conclusion as to the validity of the grievance and any necessary corrective or remedial actions.

#### Communication of outcome and appeal process

The Academic Affairs Director will provide the individual filing the grievance with a written report summarizing the investigation's findings and the proposed resolution within 30 days of receiving written notification of the grievance.

If the individual filing the grievance is not satisfied with the resolution, they may file a complaint in writing to these authorities:

- Wisconsin Educational Approval Program (EAP)—for more information: [Wisconsin EAP](#)  
4822 Madison Yards Way  
Madison, WI 53705  
(608) 266-2112 or (877) 617-1565 and [DSPSEAP@wisconsin.gov](mailto:DSPSEAP@wisconsin.gov)
- North American Registry of Midwives (NARM)—for information: [NARM](#)  
PO Box 439  
Columbia, TN 38402



931-201-9609 and support@narm.org

- Midwifery Educations Accreditation Council (MEAC)—for information: [MEAC](#)  
1935 Pauline Blvd  
Ann Arbor, MI 48103  
(360) 466-2080 and info@meacschools.org

MMCI recommends filing a complaint in a timely manner.

#### Follow-Up

The Academic Affairs Director will monitor the effectiveness of any corrective actions implemented and assess the need for ongoing support or policy adjustments.

#### *Confidentiality*

All grievances will be handled with appropriate confidentiality. Information pertaining to grievances will only be released to authorized individuals involved in the resolution process. However, details of the grievance may need to be disclosed to the person(s) against whom the grievance has been raised to facilitate a resolution. MMCI students, faculty, administrative staff, and school officials may not discuss the grievance, before and after it has been resolved, with any other MMCI student, faculty member, or administrative staff member, including school officials who are implicated in a grievance filing. Confidential information is stored securely with restricted access, including restricting access by school officials if they are implicated in a filed grievance.

Breach of confidentiality by any party to the grievance is considered unethical conduct and is subject to disciplinary action that includes actions in a progressive disciplinary process up to and including dismissal from the program for students and termination for faculty and administrative staff.

#### *Documentation*

All documentation related to grievances is kept on file for seven years from the date of resolution. Documentation will include the name of the person filing the grievance, the date filed, a summary statement of the reasons, investigation findings, the resolution, and the date of resolution.

#### *Non-retaliation*

MMCI prohibits any form of retaliation against individuals who file a grievance or participate in the grievance process. Upon determination by MMCI officials that an incident of retaliation has occurred, the individual responsible will be subject to dismissal from the program for students and termination for faculty and administrative staff.