Quickening®

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HONORING ACNM’S REMARKABLE MIDWIVES!
P. 20

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I have greater access and more choices

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“ I have greater access and more choices ”
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Strengthening ACNM for Midwives, for Women

What a delight to have met so many amazing midwives and midwifery students at the ACNM annual meeting in Chicago! Listening to our members gave me such a rich new appreciation of the role ACNM plays in the lives of midwives and the profession of midwifery, and its vital place in the community for women’s health. So incredibly energizing.

From the podium at the closing business meeting, I said my goal, at our board’s direction, is to help build an ACNM that midwives and members cannot imagine living without. As I write this, Congress is considering legislation seriously risking women’s access to health, health care, and coverage—legislation that midwives, ACNM, and our coalition partners have strongly opposed. Is there any doubt that our world needs midwives and what midwifery has to offer? To be the rock so many women and families need, CNMs, CMs, and student midwives need a strong ACNM that works for them.

• With the support of ACNM members and gifts through the A.C.N.M. Foundation, this June we flipped the switch on our new association management system (AMS)—the technical environment for ACNM member profiles and records of membership and goods and services. Already hundreds of members have updated their profiles enabling ACNM to serve members and women better and more conveniently.

• The community of midwives itself ranks among ACNM’s most highly valued member benefits. To make this community more available and accessible to members every day, ACNM is establishing ACNM Connect. This is a new online community solely for members that enables a member to reach out to and hear from the entire profession and all it offers from the convenience of a mobile phone, smart device, laptop, or desktop.

• Expanding our educational offerings enables every member to benefit from the advancement of knowledge for women’s health and care. In August, we kick off our first “open enrollment” period for ACNM members to enroll as educational affiliate members of ACOG at half price. Part of the benefit of membership in ACNM now includes discounted access to ACOG’s broad and deep educational and professional resources, crucial in our field. Learn more here: http://bit.ly/2vXRqHt

So please update your ACNM member profile. And watch your email for updates about ACNM Connect and discounted membership as an ACOG educational affiliate. And if you’re not a member today, the time is now. It’s never been easier, more convenient, or more valuable for you to join us at www.midwife.org/Join-ACNM.

By Frank J. Purcell  
ACNM CEO  
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An Update Halfway through My Term

A year ago I wrote my first Quickening column outlining key priorities for my term as president. My priorities included ensuring financial stability for ACNM as a membership organization, advancing our core commitment to diversity and inclusion and expanding collaboration across organizations to expand our workforce and increase access to midwives for all who desire it. I also wanted to address lack of access to care for individuals who desire a vaginal birth after a cesarean. While we continue the work outlined in the 2015-2020 Strategic Plan and its core domains generally, I offer an update on these specific commitments at the halfway point in my term.

Financial Stability
We have made significant progress, ending 2016 with a much smaller-than-predicted shortfall of less than $50,000. We initially reported an anticipated deficit of $160,000, which was reduced after a stronger performance with our global contracts and improved year-end membership numbers. This is a substantial reduction over the previous few years and is the result of difficult decisions and stewardship by the board of directors and national office leadership. In conjunction, the national office staff has worked extremely hard to manage programs in efficient, cost-effective ways while striving for excellence and bringing new ideas and opportunities forward. In 2017, we expanded our grant funding for strategic projects domestically and implemented restructuring at the national office, including new staffing models to meet our global mission. Using our membership survey data, we have prioritized highly valued programs and responded to specific needs. These include the addition of a new Association Management System to promote connection between members and expanded advocacy support for state affiliates. We will continue to monitor expenses and identify new opportunities to bring increasing value to our members.

Diversity and Inclusion
During this past quarter, we introduced new approaches to orienting new staff and are packaging new resources for onboarding board members and ACNM volunteer leaders. The goal is to assure that all members of the staff and volunteer leadership team have a shared understanding of the past and ongoing challenges of racism within ACNM and are equipped with awareness and resources to promote organizational change going forward. We have introduced standard contract language for all consultants and contract employees of ACNM that acknowledges our commitment to diversity and inclusion and establishes a mechanism to address concerns of discrimination. We are also continuing the role of the Bias Incident Response, Transparency and Healing (BIRTH) team. This team serves as initial point of contact and resource for individuals who experience discrimination, racism, or bias at the ACNM annual meeting. Any concerns brought to the team also come forward to the board of directors and/or national office to support a process of transparency in the way responses occur; including support for next steps and healing. The team, initially introduced at this year’s annual meeting, will continue their work to focus beyond annual meetings to other activities and events within ACNM. The team can be reached by emailing BIRTHTeam.ACNM@gmail.com.

Collaboration
We have prioritized collaboration as a strategy to advance our advocacy and policy agenda over this past year. We have participated in the Women’s Health Provider and Consumer Coalition led by ACOG to advocate for health care coverage and full scope maternity, reproductive, and sexual health care for those we serve. Although we have been successful on some fronts in this work, we have to remain ever vigilant and will continue to reach out to work with others who share similar goals. Primary among them is having affordable, accessible, acceptable, and comprehensive health care that includes midwives and includes the full range of preventive health care services. We are also focused on removing barriers to midwives’ prescribing treatment for opioid abuse and supporting implementation of full practice authority recently gained within the Veterans’ Affairs health system. Additionally, we are engaging in multi-stakeholder discussions to address maternity care workforce shortages, health disparities, and development of a diverse midwifery workforce. This includes increasing member knowledge about certified midwives (CMs) to support increased licensure opportunities in states without this provision.

I have been less able to make inroads to change policy related to access to care for families who desire a vaginal birth after a cesarean. I have reached out to ACOG on this topic and we continue to advocate for attention to this issue as another contributor to the high cesarean birth rates in the United States. I hope to turn more attention to this critical issue over the upcoming months.

Forward Momentum
The year has gone by quickly. I have taken brief moments to celebrate our progress in promoting financial stability and expanding collaboration to promote advocacy. We have also taken concrete action steps to create infrastructure to support ACNM becoming a more inclusive organization, including having Pat Loftman as midwife of color ex officio member on the board. Yet I am constantly aware of the long road that lies ahead. I remain committed to participating in the difficult conversations and am acutely aware of my own personal and leadership shortfalls and need for ongoing education in this area. I believe we are moving forward within ACNM, albeit slower than most would desire, but momentum is growing in our efforts to address racism, bias, and discrimination. I call on all of us to continue our work as individuals and as an organization to create a just, diverse, and inclusive midwifery community that will continue forward on the long road ahead, together.

By Lisa Kane Low, CNM, PhD, FACNM, FAAN
ACNM President
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Quickening Summer 2017
First, let me thank you for your support in electing me the next president of our important professional organization. I am honored to serve you. Over the past few weeks, I have learned much sitting beside Lisa Kane Low, CNM, PhD, FACNM, FAAN as she manages the many parts and pieces that come together to make our organization of midwives strong and effective as we work to achieve our goals. I am grateful to have this year as the president-elect to learn the ins and outs of managing our organization.

If you have not read the ACNM Strategic Plan [http://bit.ly/1fK908Z] lately, please take a few minutes to do so. It is extremely well done and gives us a clear path into the future. I have found it helpful to use these well-conceived plans to guide our work and serve as the basis of measurable goals that can move us to our preferred future.

In reviewing this key document, you will see an emphasis on 5 core commitments. The first is to diversification and inclusion. Many midwives have worked hard to live this commitment. We have talked about it passionately at past meetings in many venues. It is time to become a profession that culturally reflects the women we serve. We must bring more diversity into our organization, and we have to do it through well-defined and measurable strategies. The statistics on maternal mortality published by the CDC are unconscionable, especially the disparate effects on women of color. In catching up with my journal reading this summer, I just finished the JMWH’s fantastic issue on health equity in midwifery and women’s health (V61, Number 6, 2016). It uncovers a wealth of ideas about how to make our vision a reality. The time is now! To be effective, we must work intentionally towards this goal.

Being a midwife is not for the faint of heart. I know that you are out there working firsthand with women and families and experiencing the challenges of providing midwifery care in a difficult health care environment. Our primary goal is to support your efforts so that you can provide the care that women need. Please feel free to send me a note anytime about your thoughts. I am honored to be in this position and will strive to continue the path to make the ACNM strategic goals a reality. Thank you again for this opportunity to serve.

Sincerely,
Susan Stone, CNM, DNSc, FACNM, FAAN
ACNM President-elect
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After 6 years of dedicated service, former ACNM Vice President Cathy Collins-Fulea looks back on the joys, challenges, and camaraderie of her time in leadership.

When I was asked to share my thoughts about the past 6 years, many descriptors jumped to mind: amazing, challenging, thought-provoking, stressful, and empowering—a time when teamwork, patience, trust, and respect became the most important leadership qualities I learned. I am eternally grateful for having had this opportunity to serve our organization on the board of directors.

For as long as I can remember, I have wanted to be involved and to make a difference. When I saw something that needed to be done, I just did it. So after chairing the Michigan affiliate; the ACNM Quality Management Section, the Division of Standards and Practice, and the Service Directors Network, my next logical step was to serve on the board. As the long-time director of a large midwifery practice, I thought, “How hard can it be?” Boy, was I wrong!

The Dedication of Members
The role of the vice president is to oversee the volunteer structure and to assist the president. I was lucky to have encountered an established volunteer structure that generally needed little guidance. I am truly amazed by the dedication of the many members who so willingly give of their time and energy. This continually reminds me that ACNM is not the national office or the board—it is you, the members! That’s why we need everyone to engage with the issues and share their expertise. We particularly need younger members to volunteer. This is how we will move the needle forward in improving our profession and caring for the women we serve.

Over the past 6 years, I have also had the privilege of representing ACNM to outside organizations, mainly the certified professional midwifery community and ACOG. On the surface, these groups couldn’t be further apart in philosophy and operations. However, in both I found the same dedication to improving health care for women and their families. I have learned a great deal about patience and diplomacy working with these seemingly polar-opposite groups. I am so proud of what we have accomplished with US MERA, http://bit.ly/2vM1Gra moving all of us closer to one midwifery community. I am so proud of our role in shifting ACOG’s view toward accepting any midwife who meets the International Confederation of Midwives (ICM) definition. We will look back on this time and the visionary people who worked so hard to move us forward with deep appreciation.

Amazing Camaraderie
Last, but definitely not least, I want to extend my deep thanks for the amazing camaraderie I found with the people I encountered on this journey. They include many whom I now call “friend,” whose paths I would not have otherwise crossed. We have worked through some challenging issues, including ones that forced me to grow as a person.

“I am truly amazed by the dedication of the many members who so willingly give of their time and energy.”

I have learned to smile through dilemmas and to see the forest instead of the trees. I have always enjoyed the challenge that problems present and have learned to just deal with them as they emerge.

I have also watched with amazement the skills of the 3 presidents with whom I have served, all strong, powerful, articulate women who are full of a grace and vision that I can only hope to emulate. Those who have stood beside me have empowered me to be better than I was before. We have been thoughtful during the stressful times and have risen above the conflict to find “the third way.” Thank you for the laughter, the caring, the compassion, the support, and your friendship!

“I am only one, but I am one. I cannot do everything, but I can do something. And I will not let what I cannot do interfere with what I can do.” — Edward Everett Hales

By Cathy Collins-Fulea MSN, CNM, FACNM
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"I Wish to Bring a Motion"

Members’ motions at the May 2017 business meeting reveal concerns about social justice, gender identity, and the need for a “racism and disparities” track.

A CNM business meetings offer some of my favorite moments as a board member. To have VIP-seating to view the passion of our college is a true honor. That passion is visible not only in the motions themselves, but also in the membership that steps up to the microphone with their midwives’ truths, opinions, and insights. Then, to witness how peers respond, encourage, and debate with one another is a blast. Following are the motions that came to the floor at this year’s annual meeting, with the board’s decisions accompanying each motion.

Motion 1: That the ACNM Board develop a social justice position statement and prioritize this agenda within all aspects of the college. 

Action: The Division of Standards and Practice (DOSP) is charged to develop a position statement on social justice in midwifery. DOSP will include representatives from the Midwives of Color Committee, MSRHA, and the Ethics Committee in this work.

Motion 2: That ACNM update the core competencies for basic midwifery practice to include the following:

• an understanding of fundamental concepts related to gender, gender identities, and gender expression;
• an understanding of fundamental concepts related to sexual identities and sexual orientation;
• an understanding of the health disparities and barriers to care impacting LGBTQ individuals and communities;
• an understanding of the unique reproductive health and primary care needs of non-binary and transgender clients; and,
• an understanding of the provision of gender-affirming hormone care.

Action: The Basic Competencies Section is charged to consider the motion during the core competency review.

Motion 3: That ACNM considers a change to the wording of the scope of practice statement to be more inclusive of men and gender non-conforming people with regard to assessment, diagnosis, and treatment of sexually transmitted infections and reproductive health.

Action: Gender Equity Task Force (GETF) is charged to review the gender non-conforming portion of this motion. Basic Competencies Section is charged to review the “male” portion of this motion.

Motion 4: That the ACNM Board, the leadership of our organization, develop and implement a plan and a program that will aid members in better understanding the value of, appropriation of, and need for changing the name of the college to reflect its place in the profession of midwifery.

Action: L. Kane Low, L. Himmelreich, M. Breen Rothman, K. Moriarty, to pull together information on prior work, and what would be new and different about this ask to better position board discussion.

Motion 5: That ACNM create a racism and disparities track for the annual meeting.

Action: The Programming Committee is charged with creating a racism and disparities track for the next annual meeting.

Motion 6: That ACNM take a leadership position to ensure exposure of CNMs/CMs to birth center or home birth practice and bring core competencies in line with ICM standards requiring experiential, and not merely theoretical, learning in these settings.

Action: Maker of the motion is to clarify for the board the intent and meaning behind the motion for the September board meeting.

Motion 7: That speakers at ACNM’s annual meeting receive registration and 1 night’s stay in a local hotel.

Action: National office charged to provide the board with an update on speaker compensation.

Curious about what happens next? Follow along at midwife.org on the board of directors’ meeting page, and see each quarter’s consent agenda to read progress on motions and charges. Did you know that you can submit a motion for board consideration at any of the quarterly meetings? Visit annualmeeting.midwife.org/schedule/business-meeting/faq/ to find out more.

By Stephanie Tillman, CNM, MSN
ACNM Secretary
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Welcome, Pat Loftman!

The ACNM Board has unanimously approved the addition of a new Midwife of Color Ex Officio member to the board and welcomed Patricia O. Loftman, CNM, LM, MS, FACNM, chair of the Midwives of Color Committee, to the role. Here is her first quarterly column for *Quickening*.

I am thrilled to join the ACNM Board of Directors, Midwife of Color Ex Officio. I proudly follow in the footsteps of 7 midwives of color who were elected to the board in various capacities, and I celebrate their service, as well as the service of midwives of color who have served on the ACNM nominating committee.

The strength of an organization depends on all voices in the organization being heard. The voices of midwives of color have been absent, since 2004, from the leadership process where policy decisions governing midwifery practice, and consequently their lives, are made. As the practice of midwifery has evolved, the profession's role in advancing women's health care nationally has expanded to include research that examines, evaluates, and recommends solutions to the disparate pregnancy and health outcomes for African American women and other women of color. Ongoing research documents what midwives of color have always known—structural racism negatively impacts a woman’s body, resulting in chronic illness that can’t be overcome by eating healthy foods and exercising. But research has maximum value when it includes the lens of the practitioners closest to the information.

In 2012, ACNM formed the Diversification and Inclusion Task Force and charged it with developing a strategy to recruit, retain, promote, and support the inclusion and advancement of persons of diverse backgrounds in ACNM. During the following 3 years, coupled with substantive leadership and financial support, ACNM engaged in conversations about the intersection of racism, women’s health, health disparities, and midwifery. The D & I Task Force generated a report in 2015 entitled “Shifting the Frame: A Report on Diversity and Inclusion in the American College of Nurse-Midwives” that detailed the challenges facing ACNM in achieving a diverse and welcoming community for all midwives.

ACNM identified, as an outcome of the report, diversification and inclusion as one of its core commitments in the ACNM 2015–2020 Strategic Plan. This plan includes ensuring diversity and inclusion at all levels of ACNM. This appointment to the board is a first step toward becoming an organization that is welcoming of the broad racial and ethnic diversity that exists in ACNM. In conjunction, a task force to explore the question of representation and composition of the board of directors is being convened. The task force will review the composition of the board and make recommendations for reorganization based on ACNM’s goals and strategic priorities contained in the ACNM 2015-2020 Strategic Plan, Mission and Vision. This includes considering potential changes to the bylaws. This activity will assure that ACNM has the benefit of many voices as we make critical decisions on behalf of midwives, the profession of midwifery and the individuals we serve.

It is my goal to bring to the decision-making process the voices of midwives of color and the women of color who we serve. However, this will only happen if I hear from you.

By Patricia O. Loftman, CNM, LM, MS, FACNM
Board of Directors, Midwife of Color Ex Officio
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Region I Update
CT, MA, ME, NH, NY, RI, VT, Non-US Locations

Promoting Relationships, Advancing Care
Region I is proud to celebrate New York’s Pat Loftman, CNM, FACNM, who, with an standing ovation from the crowd, took the stage with the ACNM Board of Directors as the first midwives of color representative to the board. ACNM members are ready to augment efforts toward fighting institutional racism. Thank you for standing with us, Pat!

Shannon Calhoun, CNM and Jane Bruno, SNM represented the Virgin Islands in Chicago. The Virgin Islands are excited to welcome Hawa Al-Hassan, CNM, MSN to the Governor Juan F. Luis Medical Center on the island of St. Croix. In Vermont, members are promoting stronger home-to-hospital relationships between home birth midwives and hospital-based practitioners, including hosting viewings of the documentary Why Not Home? In 2018 in New York, Christine Kocis, CNM, DNP will celebrate 20 years with Stony Brook Midwifery (13 as director). Debbie Paley, CNM, a 1990 SUNY Downstate grad, is stepping down as chief midwife at Woodhull Hospital in Brooklyn. Debbie started midwifery practices as well as a birth center in both private and public hospitals. In Massachusetts, Kelly Roberts, CNM, MSN and Michele Helgeson, CNM are organizing the first Massachusetts Midwifery Summit on Tuesday, September 26 to improve outcomes and decrease health disparities. Register at http://bit.ly/2tPSnR9. In Connecticut, Jenna LoGiudice, CNM, PhD has developed a doctorate of nursing practice (DNP) nurse midwifery program, slated to open this fall at the Egan School of Nursing and Health Studies at Fairfield University. Rhode Island is celebrating Danika Wynn, CNM, IBCLC, LCCE, who is helping to start a café to provide breastfeeding support for women of color in the Woonsocket community, and Cindy Siegel, CNM, MSN, IBCLC for her work as educational director for Midwives for Haiti. In Maine, Katherine Beach, CNM, DNP, a leader in pelvic medicine and reconstructive surgery, is being honored at the Maine Hospital Association. Request time off and register for the regional meeting before September 1 for the early-bird discount. The meeting is hosted by NYSALM and will take place on October 14 in glorious Kingston, NY. http://nysalm.org/2017-acnm-region-1-meeting/

Congratulations to regional award winners: Excellence in Teaching: Erin McMahon, CNM, EdD, Yale; Laura Zeidenstein, CNM, MSN, DNP, Columbia; Kathy Herron, CNM, Philadelphia; Preceptor: Fern Jaffe, CNM, Yale; Theresa Gay, CNM, Columbia; Heather Lane, CNM, Philadelphia; Lindsay Carleton, CNM, NYU; Clinical Star Awards: Elizabeth Howard, CNM, PhD, RI; Janet Singer, CNM, RI.

By Kathryn Kravetz Carr, CNM, MSN
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Region II Update
DC, DE, MD, NJ, PA, WV, International Addresses

Here’s to Region II’s Amazing Membership!
If you didn’t get to the 2017 annual meeting this year, you missed a lot of action! But don’t worry, there are still plenty of upcoming events, initiatives, and other activities to attend or get involved with.

During the summer, if we’re lucky, we have a chance to slow down a little, take a breath, maybe go to the beach, lake, or mountains, and take a few moments to ponder the next few months of our lives. This is the perfect time to ask yourself what you might enjoy doing with ACNM. If you’ve never been involved past your own membership, maybe you would enjoy just serving on a committee or task force within your state affiliate. If you’ve been there, done that, why not run for office in your affiliate? Most affiliates have elections in the fall, so you could let it be known now that you’d like to throw your hat in the ring! Or, if you’ve already served in a number of capacities in your affiliate, maybe consider running for the board at the national level. And if this sounds a bit scary (yeah, OK, it’s a little scary!), maybe dip your toes in the pool of national service by joining a section of the Division of Standards and Practices—such as the Business section, the Home Birth section, or the Professional Liability section. There are other areas, too, that need good volunteers, such as Education, Research, Global Outreach, and Membership. You don’t have to run for these positions—just volunteer! Just take a few minutes, as you sip that drink with the little umbrella in it, to inventory your interests and strengths and ask yourself how you could give some of those gifts to your professional organization. There are amazing leaders in Region II, and it would be great to see some new faces “graduate” to the national level. Come on in—the water’s fine! What are you waiting for?

Much-deserved congratulations for the following Region II awardees: Excellence in Teaching—Kathy Herron, CNM; Nancy Jo Reedy, CNM, MPH, FACNM; and Dawn Durain, CNM, MS, PhD, FACNM; Preceptor Award—Heather Lane, CNM; and Michelle Barcus, CNM, MSN; and Region II Affiliate Award—the entire Pennsylvania affiliate. Thanks so much for your hard work!

By Mairi Been Rothman, CNM, MSN
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Region III Update
AL, FL, GA, LA, MS, NC, SC, TN

Reunions, Plans for Savannah, and Diversity Activities

Returning from the annual meeting in Chicago, I still felt exhilarated from the many events, awards, and reunions with members from Region III. This year, our region boasted 4 new ACNM Fellows: Rebecca Bagley, CNM, DNP (North Carolina); Kate Fouquier, CNM, PhD, (Mississippi); Lesley Rathbun, CNM, FNP, MSN (South Carolina); and Pam Reis, CNM, PhD, NNP-BC (North Carolina)—outstanding all! The Region III meeting was packed, and we learned of several new, greatly needed practices that have started, or will soon be starting, in Louisiana and Mississippi! We heard about upcoming regional events and meetings including a tri-state meeting in Lake Junaluska, North Carolina, and a joint meeting with the Louisiana and Mississippi affiliates in September.

At the Region III Affiliate Leadership Breakfast, Stephanie Tillman, our board secretary, provided an overview of social media platforms, their uses, advantages and disadvantages. We practiced a few connections in real time.

The Savannah Local Committee, hosting next year’s annual meeting together with the ACNM Program Committee, also met with us and described of the characteristics that make this Southern city so charming: its historical architecture, destination cuisine and restaurants, location near beaches, and music and culture. All reasons to attend next year’s annual meeting! What’s more, Savannah and the South generally have a long interesting midwifery history, which the local committee is planning to showcase in an exhibit that will spotlight the special contributions of Granny midwives who cared for so many women in the Jim Crow South.

Midwives of the Georgia affiliate’s subcommittee on Diversity and Inclusion also held a key activity on June 8. Partnering with the Emory Pipeline Collaborative at the Emory University School of Medicine, the members (including myself) hosted a morning event to expose 26 high school students of color to the world of midwifery. The event included films, hands-on activities, and a participatory simulated birth in the maternity sim room at Emory University School of Nursing. Afterward, we asked for a list of participants who would like to keep in touch with a CNM mentor over time. We would have been happy with 1 or 2 student names, but we received the signatures of 9 interested students! We share this information in the hope that other affiliates might take something like this on as a step toward building a midwifery workforce that embraces more midwives of color.

By Jenny Foster, CNM, MPH, PhD, FACNM
Region III Representative
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Region IV Update
AR, IL, IN, KY, MI, MO, OH, VA

Sharing Our Successes and High Points

Fabulous time at the 62nd ACNM Annual Meeting & Exhibition! Thank you Illinois affiliate for hosting us! From the opening to the closing speakers, it was an action-packed meeting, and I enjoyed getting the opportunity to engage with CNMs/CMs and students at education sessions, meetings, luncheons, networking sessions, and fundraising and social events. Thank you to the members who produced the Midwives of Color Annual Fundraising and Social Event, Division of Global Health Reception, the A.C.N.M. Foundation 50th Birthday Bash, the PAC Rally, and the Midwifery Awards Dinner and Celebration Party!

Dr. Vic Strecher, our Closing Session speaker, is health founder and CEO of JOOL, a purpose-driven health and well-being tool and website that can be your personal, digital life coach. This is totally up my alley, and I did sign up.

Thank you to those who attended our Region IV meeting. It’s powerful to share our successes and high points. Congratulations to Arkansas for winning our Affiliate Award. Your members reelected your affiliate, held a successful election, and even hosted Ginger Breedlove, CNM, PhD, FACNM as a keynote speaker. Mary Bradish, CNM won our Distinguished Service Award. Clinical Star Awards went to Mary Franklin, CNM (Ohio) and Katie Lavery, CNM, MS (Michigan); Excellence in Teaching Awards; Megan Arbour; CNM, MS, PhD, FACNM (University of Cincinnati) and Lee Kirstin Roosevelt, CNM, PhD, MPH, (University of Michigan); Preceptor Awards: Rachel Kay, CNM, MPH, MSN (Case Western Reserve University), Susan Comte, CNM, MSN (University of Cincinnati), Stephanie Tillman, CNM, MSN (University of Illinois-Chicago), and Sarah Hakala, CNM, MS (University of Michigan).

Congratulations to all!

Ohio welcomed all to its upcoming Ohio Forward February 2–4 2018; they also achieved a success with House Bill 2016. Kentucky hosted its best-attended affiliate meeting and saw its first birthing center open at St. Elizabeth’s in Edgewood. Michigan celebrated successes with CPM licensure and their APRN Bill. Illinois: Well—let’s just say Full Practice Authority—what a way to start the ACNM annual meeting! And thank you for shining as a host; we loved the banners on Michigan Avenue. Congratulations, Rita Ledbetter, CNM, MS for receiving a Midwives of Excellence Award. Missouri keeps on growing with practices and legislative activity. Indiana is also growing with practices, increasing its connections, and celebrating a new birthing center in Indianapolis.

By Katie Moriarty, CNM, PhD, RN, CAFCI, FACNM
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Region V Update
IA, KS, MN, ND, NE, OK, SD, WI

Celebrating the Backbone of ACNM

What a wonderful annual meeting in Chicago! The affiliate workshop was one of the highlights for me. Many thanks to Jane Dyer, CNM, MBA, PhD, FACNM, Carrie Neerland, CNM, MS, APRN, FACNM, and Stephanie Tillman, CNM, MSN for putting together a workshop on using social media to assist with membership communication, recruitment and retention. It was hands on and interactive, and affiliate leaders had the opportunity to network and share their successes and challenges. What was especially uplifting was seeing how passionate the affiliate leaders are about their affiliates. Affiliate leaders are the backbone of ACNM. A big thank you for your hard work and dedication!

It was also wonderful to see so many Region VI members there; we had members from all of the Region VI states at our affiliate meeting (with the exception of North Dakota, which currently has 11 ACNM members). Sue Rooks, CNM, MPH, president of the South Dakota affiliate, won the Public Policy Award. She led her affiliate in working toward full practice authority for more years than either of us would like to remember. This year with a coalition of CNMs and NPs, her state won their goal. This proves that you can still be small (only 26 ACNM members) and still achieve mighty goals. For their wonderful effort, South Dakota also won the Region VI Exemplary Affiliate Award.

Excellence in Teaching Awards went to Lisa Hanson, CNM, PhD, FACNM from Marquette University and Melissa Saftner, CNM, PhD from the University of Minnesota. Mary Ann Scherer, CNM, MSN, RN from Marquette University, Kathy Leggit, CNM, MS from the University of Minnesota, and Kyanna Kunitz, CNM from Kansas University won Outstanding Preceptor Awards. We had many students at the region meeting, and it was wonderful to see so many of our future midwives and help them celebrate those who educate and precept them.

Last, Wisconsin members Lisa Hanson, CNM, PhD, FACNM, Kate Harrod, CNM, Karen Luna, CNM and Deborah Zelhofer; CNM received Clinical Star Awards. I hope some of the other affiliates will consider honoring those midwives who have worked “in the trenches” for 25 or more years. All you have to do is complete the application on the ACNM web site under “Awards”. Then get 2 letters of recommendation and the nominee’s resume, and send it to your region representative. Let’s fill a room full of clinical stars to celebrate in Savannah!

By Lynne Himmelreich, CNM, MPH, FACNM
Region V Representative
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Region VI Update
AZ, CO, MT, NM, UT, TX, WY, IHS/Tribal

Movers and Shakers Across the Region

Hello Region VI! I had a wonderful time seeing so many of you at the annual meeting in Chicago. If I missed you, I hope that our paths will cross in the near future. The wisdom and accomplishments of midwives from our region amazed and inspired me. I left the meeting with renewed energy, a wealth of ideas, and a longer “to-do” list.

Regional Awards: Excellence in Teaching—Marie Hastings-Tolsma, CNM, PhD, FACNM (Baylor University); Nancy Jo Reedy, CNM, MPH, FACNM (Georgetown); Debra Penney, CNM, MPH (University of Utah); Preceptor Award—Susan Akins, CNM (University of New Mexico); Julie King, CNM, MSN (University of Utah).

The Arizona affiliate is busy planning their fall summit, “Overcoming Challenges in Pregnancy, Birth and Women’s Health,” on October 7. Additionally, Banner Healthcare Systems has expanded its nurse-midwifery services and student clinical sites.

The Colorado affiliate is organizing their 14th Annual Nurse-Midwifery Symposium on October 6. A group of CNMs and other stakeholders are updating the Colorado Health Department rules for the licensure of free-standing birth centers. The work group is a wonderful demonstration of collaboration with state stakeholders.

Indian Health Services: Venay Uecke, CNM was recently elected to the ACNM Nominating Committee.

The New Mexico affiliate Statewide Perinatal Collaborative is working on 3 initiatives, reducing post-partum hemorrhage, improving access to LARCs, and improving care to infants with neonatal substance syndrome. The affiliate also renewed their agreement to collaborate with ACOG on an annual women’s health conference. Also, the state’s Midwives of Color Committee has been offering a series of webinars on cultural safety.

The Texas affiliate has hired a lobbyist and moved a full-scope practice bill all the way to hearing this year. In addition, the state received the Exemplary Affiliate Award. Congrats, Texas!

The Utah affiliate recently hosted a DNP evening for the midwifery community during which students shared their synthesis projects. It was a—a wonderful opportunity for networking and learning. Utah also sponsored a DNP student to make freedom kits, home-made washable sanitary napkins for a village in Nepal.

The Montana affiliate started an affiliate Facebook page during the annual meeting!

By Jessica Anderson, CMP, DNP, WHNP
Region V Representative
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Region VII Update
AK, CA, HI, ID, OR, WA, Uniformed Services, Samoa, Guam

Honoring Excellence and a Legacy of Connection

In my first *Quickening* entry as the Region VII representative, I must commend my predecessor, Barbara Anderson, CNM, DrPH, FACNM, FAAN for her service over the past 3 years. Region VII is the largest geographical region, but this did not stop Barbara from visiting nearly every affiliate! At the annual meeting in Chicago, a midwife attendee commented, “Ruth, you’ve got big shoes to fill.” I am thoroughly aware of this, and look forward to continuing Barbara’s legacy of connection with our vast region! It was palpable at our recent meeting in Chicago, during which many of our own were recognized and received ACNM regional and national awards.

Alaska received the Exemplary Affiliate Award. California affiliate members who received ACNM annual meeting awards in Chicago were Vanessa Wright, CNM, Naval Medical Center, San Diego and Ana Delgado, CNM, UCSF/SFGH midwifery program—Outstanding Preceptor, and Rebekah Kaplan, CNM, UCSF School of Women’s Health Care Nursing—Excellence in Teaching. The recipient of the JMWHi Mary Ann Shaw New Author Award was Jyesha Wren Serbin, CNM, Kaiser Redwood City/Alameda Health Care System. Uniformed Services Affiliate member, Ruth Boone, CNM, DNP, was inducted as a 2017 ACNM Fellow (FACNM). Among her many accomplishments, Dr. Boone established the first nurse-midwifery service at Womack Army Medical Center and is the only CNM appointed to North Carolina’s Governor’s Commission on Reduction of Infant Mortality.

The 2017 Dorothea M. Lang Pioneer Award, the most distinguished honor bestowed by the A.C.N.M. Foundation, Inc. was awarded to California midwifery pioneers Rosemary J. Mann, CNM, MSN, JD, PhD and Susan J. Leibel, MSN, MPH. More than 4 decades ago, Rosemary and Susan were instrumental in crafting legislation authorizing the CNM to provide full scope midwifery care. Their innovations in midwifery practice at the San Francisco General Hospital and their visionary leadership in midwifery education both at UCSF and Stanford University are legendary. Congratulations! You make us proud!

Another reason to be proud is that Portland, Oregon has been chosen as the site for the ACNM 2017 Midwifery Works! conference, which will be held October 26–29. Join us to interact with midwifery service directors and program directors, and attend timely educational sessions focused on midwifery business and leadership. Let’s show our Region VII numbers this fall in Portland! I look forward to reconnecting and meeting with you there!

By Ruth Mielke, CNM, PhD, FACNM, WHNP-BC
ACNM Region VII Representative
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Student Update

Students Stepping Up to Shape Midwifery’s Future

It was a pleasure to get to meet so many students from schools across the nation at the 2017 ACNM annual meeting in Chicago! It was equally exciting to see how engaged and involved many students already are in our professional organization. Throughout this year, student liaisons from every program surveyed their classmates on the needs of midwifery students. At the 2017 annual meeting, they compiled the data and wrote the Student Report to the ACNM Board of Directors. Important themes that came out of this report include the need to find creative ways to engage more students in the volunteer structure of ACNM, the need to continue to strive for diversity and inclusion within the organization, and the need to expand programs to improve communication within the organization and among and with students.

“I commend you all for being present, asking questions, and seeking to be involved ...”

The ACNM Board of Directors takes this report seriously; this summer I am working closely with others in leadership to consider carefully how we can best move forward with some of these great ideas! Additionally, at the annual meeting, I met student volunteers at the PAC Rally, talked with many students who attended the “speed dating” event to meet ACNM leaders, and saw students actively participating in the business meetings. I commend you all for being present, asking questions, and seeking to be involved from the early stages of your careers!

Personally, I am passionate about seeing midwives work in areas of high need and improving women’s health and maternity services in areas of crisis around the world. It was great to meet many students at the Division of Global Health Reception who wanted to learn more about how to ensure health care equity globally! I hope to help more interested students become involved in this work during my term on the board.

I am excited for the coming year and to have the opportunity to give voice to the unique needs of student midwives! There are many ways for us to stay connected as student midwives. I would encourage you to join the ACNM student midwives page on Facebook and get involved with your local affiliate, and please feel free to contact me any time if the need should arise!

By Lillian Medhus, SNM
ACNM Student Representative
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Gender Equity Task Force Steps Forward

ACNM has accomplished much to affirm the gender identities of its LGBTQIA* clients and members. Now we seek an organization-wide conversation to move beyond language changes.

At the Spring 2016 board meeting, the ACNM Board of Directors approved the creation of a Gender Equity Task Force charged with examining member education, online and print resources, and language in ACNM documents. The task force grew out of a recognition of an evolving queer and trans membership in the college, changing patient communities, midwifery care needs, and intentional movements toward sexual and reproductive justice and inclusivity within the broader gynecologic and obstetric community. Our 11 members comprise representatives from the queer and trans midwifery community, midwives currently in practice with LGBTQIA clientele, an external content expert, and members of the board, Midwives of Color Committee, and volunteer leadership.

ACNM’s 2012 position statement “Transgender/Transsexual/Gender Variant Healthcare” (http://bit.ly/1BY3YJj) states “It is the position of ACNM that midwives provide care in a manner that affirms patients’ gender identities.” This affirmation continues to ring true, and in the intervening 5 years, ACNM has accomplished much to reach these goals.

An Expansive Consideration

At the same time—acknowledging that other organizations are taking important steps toward gender equity with changes in language in core documents and that opportunities exist to acknowledge midwives and clients beyond language changes alone—ACNM seeks an organization-wide, expansive consideration of this topic.

Since its inception, the Gender Equity Task Force has been outlining its scope of work and collecting information within and outside of the college related to its charge. Specifically now we are developing surveys of student and active membership, reviewing opportunities for additions and revisions in the Core Competencies, updating the current position statement, developing a new clinical bulletin, drafting documents focused on a glossary, definitions, and word replacement, and reviewing the ways other organizations have addressed inclusivity and member education. Additionally, at the 2017 Open Business Meeting, a new charge came to the floor asking the college to consider including gender non-conforming people within the current ACNM scope of practice, which the task force is reviewing.

Follow Our Progress

While the work of the task force is in its preliminary stages, ACNM membership can follow its progress by reviewing quarterly reports submitted to the board, which are available to all members on the ACNM website (www.midwife.org/Board-Meetings). With any questions, please contact the task force chair, Stephanie Tillman, at sntillman@gmail.com.

By the Gender Equity Task Force

Members: Simon Adriane Ellis, RN, BSN, FNP; Nikole Gettings, CNM; Annie Gibeau, CNM, PhD; Jane Houston, CNM; Noelene Jeffers, CNM; Fausto Miranda; Jenny Nelson, SNM; Elizabeth Reis, PhD (content expert); Mairi Breen Rothman, CNM, MSN; Stephanie Tillman, CNM, MSN; and Ruth Zielinski, CNM, PhD, FACNM.

*lesbian, gay, bisexual, transgender, queer/questioning, intersex, and asexual/agender/aromantic
Midwifery Fellowships: Addressing the Trend
A call to ACNM to define and accredit post-graduate midwifery programs.

Let’s cut to the chase: The popularity of midwifery “fellowships” and other post-graduate programs is sky-rocketing, and we, as the midwifery community, continue to grapple with a meaningful response. It is imperative now more than ever that ACNM and ACME actively listen to why post-graduate programs are popular and then jump ahead of this growing trend. The profession must take the lead to elevate midwifery by defining key elements of a “fellowship” that ensure high quality outcomes and equal access to new graduate positions.

A variety of post-graduate programs have been called “fellowships,” “residencies,” “transition-to-practice programs” and “internships.” The multiple terms and lack of standard definitions have proven to be confusing. I use “post-graduate programs” to collectively refer to all of the above. The 2 most common types of midwifery post-graduate programs are associated with birth centers or relatively large hospital systems, frequently academic medical centers. The post-graduate program is available to licensed CMs/CNMs (i.e. billing providers) typically right out of school and last 6 to 12 months, often with the potential of a formal staff position. Pay is commonly two-thirds of an entry-level salary in exchange for a variety of deliverables. Sometimes a program consists simply of being co-staffed with a senior midwife during labor and birth, plus formal mentoring; alternatively, it may also include gaining expertise in basic midwifery competencies or skills in additional advanced midwifery competencies.

Considering Patient Outcomes
The 2010 Institute of Medicine Future of Nursing Report recommended implementing nurse residency programs for both RNs and advanced practice nurses (APRNs) to assist with “transition to practice.” Although data support increased retention, no data has found that transition-to-practice/APRN residency programs provide any improvement to patient outcomes.

Of note, US medical societies have been pushing for mandatory transition-to-practice programs as a stipulation of removing scope-of-practice restrictions for APRNs. Multiple APRN organizations oppose this practice and are supported by reams of evidence regarding the safety and high quality outcomes of APRN care with current educational standards, which do not require post-graduate residencies.

Unique Skills
What purpose do post-graduate programs serve? As outlined in the 2012 ACNM Student Report, new graduates are requesting them to improve their confidence levels (which data support). In the case of birth center fellowships, the programs provide new graduates with a unique set of birth center-specific skills. For hospital-based programs, presenters at the 2017 ACNM annual meeting cited this pathway as the sole way their respective health care organizations were willing to hire new grads. These organizations do not otherwise have the means to invest in beginning practitioners, presumably due to higher volume and/or acuity. The programs were also identified as an inexpensive way to meet staffing needs, including coverage related to limits on OB/GYN resident hours and nights, weekends, vacations, and holidays.

Many midwifery post-graduate programs have the potential to confer competency in specialized higher level skill sets or advanced competencies, providing an opportunity to specialize in areas such as high acuity caseload, abortion, infertility, global health, clinical teaching, and practice management and leadership. However, no standard currently requires provision of advanced competencies. I believe ACNM should vociferously maintain the 2015 ACNM Residency Task Force position that post-graduate programs are not mandatory for entry to practice. I also believe ACNM should go further and recommend that all post-graduate programs have a formal structure and be accredited by the Accreditation Commission for Midwifery Education (ACME).

Value of Accreditation
Accreditation will ensure post-graduate programs have measurable objectives consistent with professional standards and processes in place for continual evaluation and improvement. Accreditation also will help ensure program consistency, incorporate peer review, and establish the rights of the participating new graduate. For example, in the setting of pre-existing undervaluation of midwifery care in the health care system and increasing student loan debt, is a two-thirds salary fair? Does this negatively impact diversity of midwifery by further limiting post-graduate opportunities to a privileged subset of midwives? An accreditation agency (ie ACME) can set standards to ensure equitable access and set pay standards.

The Association of Post-Graduate APRN Programs recommends accreditation, and both the ANCC and CCNE accredit post-graduate nurse practitioner programs. OB/GYN fellowships are accredited by ACGME. I see accreditation not only as the norm, but also midwifery’s opportunity to ensure that we employ the recent popularity in post-graduate programs to maintain high professional standards at all levels of midwifery practice and learning.

By Kim Q. Dau, CNM
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Affiliate Spotlight

A Win for Midwives 20 Years in the Making

With their APN full practice authority bill set to be signed into law, Illinois midwives celebrate.

Illinois nurse-midwives will soon have full-practice authority, the culmination of an effort of more than 20 years. On June 25, the Illinois General Assembly unanimously passed House Bill 313. When Governor Bruce Rauner signs it later this summer, Illinois will become the twenty-third state to grant authority to APNs to practice without a collaborative agreement.

The journey began in 1995. The Illinois Nurses Association formed an Advanced Practice Nursing (APN) Task Force, and 3 years later, it achieved its first success when Illinois became the last US state to recognize APNs. Finally, certified nurse-midwives, nurse practitioners, clinical nurse specialists, and certified registered-nurse anesthetists had separate licensure from other RNs. We celebrated, but we knew we had a long way to go.

Countless Hours

It wasn’t until 2001 that the first APN license was issued, and that year, a handful of advocates formed the Illinois Society for Advanced Practice Nursing (ISAPN), a nonprofit organization. We hired a full-time lobbyist and spent countless hours traveling the state to speak with APNs to teach them that the journey was not over. We also emphasized that there is more to practice than the office or hospital, and encouraged APNs to volunteer with their district legislators and network with professional associations. We worked with—not against—groups such as the Illinois Hospital Association, the Illinois Department of Professional Regulations, and the Illinois Department of Public Aid. We also recruited APNs for positions on state and professional boards, including the Illinois Board of Nursing, the Maternal-Child Health Coalition, the Pharmacy Board, the Illinois Center for Nursing, and the Illinois Prescription Monitoring Program. Every year or 2 since 1998, CNMs, along with other APNs, pushed hard to open the door—sometimes inch by inch—to independent practice. In 2007, Schedule II medications were added to our prescriptive authority and the requirement that APNs have a written collaborative agreement with a physician was dropped for those APNs who were privileged and credentialed by a medical board in a hospital or ambulatory surgical treatment center (ASTC).

Gaining Political Savvy

Every year, Illinois APNs became more politically savvy and more determined to practice independently. In January 2017, the time was ripe and HB 313 was introduced. The Illinois Medical Society objected, as it had every step of the way since 1995. We urged all ISAPN members to contact their legislators. We also developed an elaborate advocacy network whereby we recruited and designated APNs who lived in every state legislative district to be legislative “captains.” Captains ensured that at least 1 APN made a personal visit to every legislator in his or her local offices. We hosted 2 official lobby days. Additionally, our lobbyists invited APNs to make targeted visits in the legislators’ state capitol offices.

“Illinois APNs became more politically savvy and more determined to practice independently.”

Eventually, APNs were able to convince lawmakers that they did indeed increase access to safe, high-quality care for the people in their home districts. Aiding us was the fact that, a generation after our first bill was passed in 1998, nurse midwives and nurse practitioners had been providing this care to enough legislators, their families, friends, and supporters that the best-kept secret about our skills and talents was a secret no more. As a result, the Illinois Medical Society was forced to negotiate in good faith. Thus, State Rep. Sara Feigenholtz (D-12) introduced the negotiated bill and it passed by unanimous vote.

Lessons Learned

Our journey in Illinois is not unique. We learned early on the benefits of compromise and making friends in the right places, and we made it known that APNs were voters. Certainly, it took a great deal of blood, sweat, and tears. But even in a Midwestern state not known for progressive policies, it can be—and was—done.

By Rosemary F. Meganck, CNM, MS
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Marie Lindsey, PhD, FNP
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Greetings amazing midwives! I’m Emily Hart Hayes, the new chair of the Midwives-Political Action Committee (PAC). In addition to caring for women and babies, my passions include political advocacy to advance the midwifery profession. I joined the PAC as a student in 2013 and have been active on my Utah affiliate’s Legislative Task Force. I am excited to continue fundraising and advocacy on behalf of midwives, and I’d like to extend a special thank you to Jennifer Jagger, MSN, CNM, WHNP, FACNM, who served as the chair before me. Jennifer has worked tirelessly to collaborate with other members of our advocacy and government affairs team to meet our common goals.

I’d also like to extend a huge thank you to all of the midwives and affiliates who contributed at the annual meeting during the PAC Rally and through their individual donations. All told, we raised a record-breaking $49,756—and had a blast in the process. This impressive sum includes more than $13,000 in straight donations!

Our PAC Rally featured the inimitable Kitty Ernst, CNM, MPH, DSc (hon), FACNM along with Frank Purcell, and Violet, the passionate daughter of Kendra Adkisson, CNM, MSN super midwife and PAC vice chair. We enjoyed fierce bidding wars and left inspired by having the support of such an animated and generous crowd.

The PAC aims to raise at least $75,000 a year, primarily to help re-elect federal legislators who have the ability to influence and support key legislation. This June, for instance, the PAC provided $2,000 to Representative Jaime Herrera Beutler (R-WA). In March, she co-sponsored the bipartisan Preventing Maternal Deaths Act, which establishes maternal morbidity and mortality review boards in every state.

To meet our annual fundraising goal, we make a final push through 2 fall activities, our Student PAC-athon and the Fall Affiliate Challenge. During the PAC-athon, midwifery students call members who haven’t donated during the year. For students such as Zoe Gutterman, this is an opportunity both to be involved in the political work of ACNM and to engage with midwives locally and nationwide. “Although I am usually hesitant to make fundraising calls,” she said recently, “when I called for the PAC-athon, I was greeted by midwives who were excited to talk to me and ready to be a part of the change we want to see.” If you hear from a student midwife, please take a few minutes to connect and support federal midwifery advocacy efforts. You can also make a donation online via our secure link (www.midwife.org/Donate.)

You’ll hear more about these drives in the fall edition of Quickening. Meanwhile, know that we’re working hard to ensure that midwives voices are heard—and listened to! Learn more by visiting www.midwife.org/Midwives-PAC.

By Emily Hart Hayes, CNM, DNP, WHNP
Chair, ACMN Midwives-PAC
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Midwifery Works

Sneak Peak: Midwifery Works 2017

A great opportunity for midwives to enhance their business management skills.

Inspire, Build, Grow is the theme for Midwifery Works 2017, ACNM’s annual conference dedicated to the business of midwifery. This year, the conference, designed by the Midwifery Business Network, will be held October 26–29 in beautiful Portland, Oregon.

As always, the conference is carefully developed based on the feedback of previous years’ participants. This year, sessions on finance and practice expansion are sure to attract practice managers among other business- and leadership-minded midwives. Workshops, scheduled for Thursday, October 26, include “The Entrepreneurial Midwife: Strategies for Successful Midwifery Practice Start-up and Growth” and “Integration of Precepting into Your Business Model.” Education sessions cover topics ranging from advocacy to collaborative practice, and highlights include the following:

- “Strengthening Midwifery through Collaborative Practice,”
- “Show Me the Money: Understanding Finances of a Midwifery Practice,”
- “Adding Primary Care to an Established Nurse-Midwifery Practice.”

Midwifery Works is a smaller, more intimate conference that fosters relationship development and provides time for networking with other midwives and ACNM business leaders. Of course, CEUs are attached to the conference with more than 20 hours available. So we hope to see you in Portland as we “Inspire, Build, and Grow” midwifery practices just like yours across the country! Learn more and register by visiting http://midwiferyworks.midwife.org.

By Christie Bryant, CNM, MS
Lead, Midwifery Works 2017 Planning Committee
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Advocacy

ACNM Government Affairs Team at a Glance.

ACNM is dedicated to moving a pro-midwifery policy agenda forward. Working on your behalf are the committed, skilled members of 3 committees and our national office team, all focused on state or federal policy, legislation, and regulation. Please contact us with your questions and legislative or regulatory requests, or to become a welcome volunteer: govaffairs@acnm.org.

ACNM National Office

Advocacy & Government Affairs Director
AMY KOHL

State Affiliate Support Specialist
BARBARA WOOLLEY

ACNM Federal Lobbyist
PATRICK COONEY

Communications & Marketing Specialist
ASHLEY WEST

Works closely with volunteer committees to promote and advance the legislative, policy, and advocacy interests of midwives and the individuals they serve.

NATIONAL GOVERNMENT AFFAIRS COMMITTEE (NGAC)
Kate Green, CNM, PhD, Chair
(kate.green11@aol.com)

VOLUNTEER MEMBERSHIP
Approx. 25 midwives and 2 students

Helps to implement ACNM’s federal advocacy goals by carrying out strategies on a national level, including 1) coordinating the mobilization of grassroots efforts by ACNM’s membership and 2) working to coordinate policies that affect midwives across divisions. Also works to ensure that ACNM’s direct political action is enthusiastic and effective. Meets monthly and offers coaching on how to lobby federal legislators effectively.

MIDWIVES POLITICAL ACTION COMMITTEE (PAC)
Emily Hart Hayes, CNM, DNP, WHNP, Chair
Midwives PAC Board of Directors
(emilyharthayes@gmail.com)

VOLUNTEER MEMBERSHIP:
Board comprises 16 voting members, including 2 students; many volunteers help with campaigns. Solicits contributions from ACNM members that can be distributed strategically as federal campaign contributions. The PAC’s mission is to amplify the voice of midwifery in Congress by supporting legislators from both parties who have demonstrated a commitment to the initiatives of the ACNM or who hold positions on key committees.

STATE GOVERNMENT AFFAIRS COMMITTEE (SGAC)
Lynne Himmelreich, CNM, MPH, FACNM, Chair
(lynnemichel.himmelreich@uiowa.edu)

VOLUNTEER MEMBERSHIP:
Approx. 19 members, most of whom have prior legislative experience at the state level. Supports and mentors state affiliates in achieving their legislative and regulatory policy and advocacy goals. Also serves as a repository of experience in common state legislative, regulatory, and advocacy goals including full practice authority, women’s health, and CM and CPM licensure. SGAC members will be paired with affiliates, coaches them on leadership, and advocate on behalf of midwifery interests and the political climate.
Buy individually or save more by selecting one of two bundles – **Starter Practice Bundle ($134)** and the **Innovator Practice Bundle ($265)**. bit.ly/2vHAPcD

The **Starter Practice Bundle ($134)** includes:
- The Home Birth Practice Manual, 3rd Ed.
- Midwife Birth and Skills Log, 1st Ed.

The **Innovator Practice Bundle ($265)** includes all of the Starter Practice Bundle PLUS
- The Midwife as Surgical First Assistant, 2nd Ed.
- Vacuum Assisted Birth in Midwifery Practice, 3rd Ed.
Honoring Innovation, Leadership, and Service at the 62<sup>nd</sup> ACNM Annual Meeting & Exhibition

Once again, ACNM’s remarkable members shine in an atmosphere that highlights the best in our profession and ourselves.

The 2017 Annual Meeting & Exhibition in Chicago brought together a record 1881 certified nurse-midwives, certified midwives, and guests at the historic Chicago Hilton. As banners celebrating the gathering waved along Michigan Avenue, midwives mingled, laughed, learned, connected, and reconnected with one another and with new, important knowledge and research findings. Moreover, amid a backdrop of a national maternal mortality crisis, a real and growing health provider shortage, and continual threats to health coverage for women and families, midwives and midwifery leaders championed our collective influence and renewed our commitment as change-makers for women and families.

Discussion and Debate
Members and leaders also rededicated our organization to our core values of excellence, inclusiveness, advocacy, and women-centered care, among others. In the student report, business meetings, and other venues members discussed and debated the best way to achieve these goals, chief among them, a more inclusive future.

Highlights of the week included a full day of celebration for the A.C.N.M Foundation’s 50th Anniversary, (see page 31), the PAC Rally (p. tk), and a series of galvanizing premier speakers. Donna Hicks, PhD, author of Dignity: Its Essential Role in Resolving Conflict, illuminated the essential role of dignity in enabling us to connect across cultural and social barriers. Caroline Mitchell, MD, in a fascinating presentation, highlighted the critical, undervalued role our microbiota play in terms of our wellness and reproductive health. Victor Stretcher, PhD, author of Life on Purpose: How Living for What Matters Most Changes Everything, took audience members through his own transformational journey to drive home the fundamental message that good health starts with knowing one’s own values. These are just a few of the many interesting premier presentations.

Energized and Enlightened
Between events such as these and 133 education sessions and workshops, the days left us energized, enlightened, and enriched. Midwives left ready to put new ideas into practice and to build on relationships made or strengthened. As always, the meeting also left us with lessons, and these are already being implemented to ensure that the 2018 Annual Meeting & Exhibition, May 20-24, in Savannah, Georgia, surpasses 2017’s in terms of member and speaker experience. Before we look ahead, however, we must thank our national and local program committee and acknowledge the innovation, leadership, and service of the 2017 ACNM award winners, as follows (for A.C.N.M Foundation award winners, see page tk):

2017 AWARD WINNERS

**Hattie Hemschemeyer Award**
Named in honor of ACNM’s first president and a pioneer of the profession, the Hattie Hemschemeyer Award is ACNM’s most prestigious. It is given annually to a member who has been certified for at least 10 years and has made continual outstanding or historically significant contributions to midwifery, ACNM, or maternal child health:

**Frances T. Thacher, CNM, MS, FACNM**
At the heart of Francis T. Thacher winning “the Hattie” are her contributions to the development of midwifery leadership throughout the profession, her openness and advocacy about mental illness and disability, her steadfast commitment to diversity and inclusion, and her remarkably selfless philanthropy on behalf of our beloved profession. In 2008, Frances and her husband Thomas ‘Toby’ D. Thacher, II established the Frances T. Thacher Midwifery Leadership Endowment Fund with the intention that the endowment would forever enable the A.C.N.M. Foundation to support midwives as leaders and empower midwives facing challenging clinical leadership roles, while advancing initiatives for women and midwives with chronic physical or mental disease and disability and striving to improve maternal child health care globally.

**Kitty Ernst Award**
Affectionately known as the “Young Whippersnapper Award,” this award is named after the college’s fourth and youngest president, a dynamic living legend. It honors an ACNM member who has been certified for
fewer than 10 years and who has demonstrated innovative, creative endeavors in clinical practice, education, administration, or research relating to midwifery and women’s health:

**Ann Marie Konkoly, CNM, MSN**

“Fierce, fearless, leader, passionate, and innovative” are the terms used to describe Ann Marie Konkoly. In only her ninth year as a midwife, Konkoly demonstrates “whippersnapper” qualities, including being direct, evidence-based, challenging, and compassionate in her role as preceptor (she was awarded Outstanding Preceptor in 2016). Her leadership skills belie her short time in practice. For instance, she was recently promoted as the medical director of ambulatory practice at a large local clinic, and is the first midwife in this role. She’s also served as treasurer and is currently vice president of the ACNM Ohio affiliate.

**Dorothea M. Lang Pioneer Award**

The most distinguished honor bestowed by the A.C.N.M. Foundation, the Lang Award honors exceptional ‘unsung heroes’ who have demonstrated pioneering vision and innovative leadership in midwifery. (See page 34, for more about this award.):

**Rosemary J. Mann, CNM, MSN, JD, PhD**

**Susan J. Leibel, MSN, MPH**

This award honors Rosemary Mann and Susan Leibel for their critical leadership in developing midwifery in San Francisco, as well as their persistence in formally establishing practice and education in California, which flourishes to this day. More than 4 decades ago, Mann and Leibel, working with a few others, crafted legislation authorizing CNMs to provide full scope midwifery care. Their innovations in midwifery practice at the San Francisco General Hospital and their visionary leadership in midwifery education both at UCSF and Stanford University are legendary.

**Distinguished Service Award**

This award recognizes a CNM/CM or other professional for an unusual and exemplary effort in the field of community service, innovation in midwifery practice, education, or research.

**Kathryn Schrag, CNM, FNP**

**Mary Theresa Bradish, CNM**

**Nadene Brunk, CNM, MSN**

**2017 ACNM Fellows**

**Jill Alliman, CNM, DNP** is a past president of American Association of Birth Centers and is on the faculty at Frontier Nursing University.

**Rebecca Bagley, CNM, DNP** has been the director of the East Carolina University Midwifery Program since 2007 and is a senior site visitor for ACME.

**Margaret Beal, CNM, PhD** has served as the chair of the Division of Education and was the first midwife on the Massachusetts Board of Registration in Nursing.

**Ruth Boone, CNM, DNP** established the first nurse-midwifery service at Womack Army Medical Center, and serves on North Carolina’s Commission on Reduction of Infant Mortality.

**Debora Dole, CNM, PhD** is a senior site visitor for ACME and started first midwifery practice in Butler County, Ohio.

**Kate Fouquier, CNM, PhD** is a past chair of the ACNM Program Committee and an associate professor of nursing at the University of Mississippi Medical Center.

**Sherilyn Gibbs, CNM, DNP, RNC-OB** is an active member of the Membership & Marketing Committee and received the 2015 A.C.N.M. Foundation W. Newton Long Award.

**Jennifer Jagger, CNM, MSN, WHNP** is former chair of the Midwives-PAC and has served as secretary of NYSALM.

**Lucia Jenkusky, CNM, MS, C-EFM** is co-founder and director of Birth and Beyond Midwifery Practice, PLLC in Oneonta, New York.

**Karen Jefferson, CM, LM** is the president of the New York affiliate, NYSALM, and chair of ACNM Committee for Advancement of Midwifery Practice.

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Ann Marie Konkoly, CNM, MSN

is awarded “the Kitty.”

Angela Chambers, CNM, PhD

enjoys the fun.
Susan Krause, CNM, MSN directs the Baystate Midwifery Education Program and participates in the ACNM/ACOG Inter-Professional Education Curriculum workgroup.

Mayri Leslie, CNM, MSN, EdD, a past ACNM Kitty Ernst “young whippersnapper” award winner, Leslie directs the MSN concentration in nurse-midwifery at George Washington University.

Carrie Neerland, CNM, MS, EdD serves as chair of the ACNM’s Membership and Marketing committee and is a site co-leader for the ACNM’s Reducing Primary Cesareans project.

Ann Forster Page, CNM, DNP directs the U of Minnesota CNM academic service and serves on the ACNM’s Reducing Primary C/S Project steering committee.

Dana Perlman, CNM, MSN is the program director at the Midwifery Institute at Philadelphia University. A past chapter president, she co-founded the Pennsylvania Affiliate.

Lesley Rathbun, CNM, FNP, MSN is the first and only CNM owner of a birth center in South Carolina. She has served 2 terms as president of the American Association of Birth Centers.

Pamela Reis, CNM, PhD, NNP-BC is an assistant professor at East Carolina University College of Nursing in the Midwifery and PhD programs and co-chairs the ACNM Program Committee.

Melissa Saftner, CNM, PhD is a clinical associate professor at the University of Minnesota School of Nursing, and has served ACNM on the Clinical Practice and Documents Section.

Melanie Sumersille, CNM is an AMCB external reviewer, where she has seen firsthand how health literacy improves outcomes for women and their families.

Best Podium Presentation Award
Elizabeth Jesse, CNM, PhD
“The Role of Mediators in Reducing Antepartum Depressive Symptoms in Rural Low Income Women Receiving a Culturally Tailored Cognitive Behavioral Intervention”

Best Research Poster Award
Kimberly Trout, CNM, PhD, APRN
“Carbohydrate Restriction or Social Determinants? Impact on Outcomes in Pregnancies Affected by Gestational Diabetes”

Best Division of Global Health Podium Award
Patricia L. Riley, CNM, PhD, FACNM, FAAN

“Nurse and Midwifery Knowledge, Attitudes, and Practices toward Viral Load Testing in Managing HIV-Infected Patients in East, Central and Southern Africa”

Best Research Article of the Year Award
Marit L. Bovbjerg, PhD, MS
Melissa Cheyney, PhD, CPM, LDM
Courtney Eversion, MA, PhD

Best Review Article of the Year
Cheri Van Hoover, CNM, MS
Lisa Holt, RN, MSN, MS. “Midwifing the End of Life: Expanding the Scope of Modern Midwifery Practice to Reclaim Palliative Care”

Journal of Midwifery & Women's Health Mary Ann Shah New Author Award
Jyesha Wren Serbin, CNM, WHNP-BC, MS
“The Impact of Racism and Midwifery's Lack of Racial Diversity: A Literature Review.”

Immunization Champion Award
Nicole Rouhana, PhD, FACNM, FNP-BC
Niessa Meier, CNM, DNP
Noelle Jacobsen, DNP, CNM
DeAnn Brown, CNM

Outstanding Preceptor Award
Theresa Gay, CNM
Lindsay Carleton, CNM
Heather Lane, CNM
Fern Jaffe, CNM
Michelle Barcus, CNM, MSN
Melody Shambley, CNM
Jessica Brumley, CNM
Jenny Allen, CNM
Nikole Gettings, CNM
Rachel Kay, CNM, MPH, MSN
Susan Comte, CNM, MSN
Stephanie Tillman, CNM
Sarah Hakala MS, CNM
Mary Anne Scherer, CNM, MSN, RN
Kyanna Kuntz, CNM
Kathy Leggitt, CNM, MS
Susan Akins, CNM
Julie King CNM
Vanessa Wright, CNM, NP, MS
Ana Delgado, CNM

Excellence in Teaching Award
Laura Zeidenstein, CNM, MSN, DNP, FACNM
Kathy Herron, CNM
Erin McMahon, CNM, EdD
Dawn Durain, CNM, MS, PhD, FACNM
Pamela Reis, CNM, PhD, NNP-BC
Kate Woebber, CNM
Kim Baraona, CNM, DNP, ARPN
Anita Lenas, CNM, DNPC, MSN, FNP
Jeremy Neal, CNM, PhD, RN
Megan Arbour, CNM, MS, PhD, FACNM
Lee Kirstin Roosevelt, CNM, PhD, MPH
Lisa Hanson, CNM, PhD, FACNM
Melissa Saftner, CNM, PhD
Marie Hastings-Tolsma, CNM, PhD, FACNM
Nancy Jo Reedy, CNM, MPH, FACNM
Debra Penney, CNM, MPH
Rebekah Kaplan, CNM

Public Policy Award
Karen Jefferson, LM, CM
Susan Rooks, CNM, MPH

Media Award
Lisa Yarger
Lovie: The Story of a Southern Midwife and an Unlikely Friendship

Best Book of the Year Award
Sharon Schindler Rising CNM, MSN, FACNM
Charlotte Houde Quimby CNM, MSN, FACNM
The Centering Pregnancy Model: The Power of Group Health Care

ACNM Video Contest Award
Amy Rogers, SNM
Mary Dunn, SNM
Kiley Hewett, SNM

Exemplary Affiliate Award
Region 1 Rhode Island
Region 2 Pennsylvania
Region 3 South Carolina
Region 4 Arkansas
Region 5 South Dakota
Region 6 Texas
Region 7 Alaska

Joyce E. Thompson Exemplary Affiliate
• Alabama State Affiliate of ACNM
• Maine State Affiliate of ACNM
• New Mexico State Affiliate of ACNM
• Ohio State Affiliate of ACNM
• Virginia State Affiliate of ACNM
• Wisconsin State Affiliate of ACNM
• Uniformed Services State Affiliate of ACNM
Attendees Overflow Popular Ultrasound Workshop

A heroic scramble ensures every last midwife receives the training she or he signed up for.

No one would have guessed that the ultrasound workshop at this year’s annual meeting in Chicago would be so popular that it would attract 3 times the number of expected attendees. What was to have been limited to 40 participants swelled to more than 120 when a “workshop full” computer cut-off signal never triggered. With the true numbers discovered at the last minute, a heroic behind-the-scenes scramble ensued to ensure that every last midwife received both the didactic and hands-on training she or he had signed up for.

Unexpected Demand
Numerous individuals offered their time, their connections, and even their uteri to meet the unexpected demand. Frank Miele, MSEE, president of Pegasus Lectures tapped his industry influence to call in 4 extra ultrasound machines. For 2 days, midwife sonographer Diana Dowdy, DNP, CNM, RDMS and Kathy Watkins, CNM, MSN coordinated the many moving parts that needed to come together for a success hands-on portion. Next they joined with Carolyn Gegor, CNM, MS, FACNM; Venay Uecke, CNM, MSN; and LaNiece Abdel-Shakur, CNM, RDMS, MSN to provide more than 12 hours of hands-on instruction. The instructors focused on teaching the basics of the ultrasound uterine exam, and learners obtained longitudinal and transverse views, foundational to a women’s health or first trimester ultrasound exam. Then midwives rotated to a simulation station where Julie Gaston, RDMS of SonoSession spent the day with her phantom helping attendees visualize a first trimester intrauterine pregnancy.

The didactic portion of the workshop had featured Diana’s discussion of expansion of practice and the return-on-investment analysis for midwifery practice, including a cost breakdown. Frank demonstrated that the best use of ultrasound is grounded in an understanding of physics and outlined basic concepts. Additionally, to help midwives visualize the uterus in two views, instructors provided a complimentary ebook (available here, http://apple.co/2gQHdz) as well as videos. One video described the entire gynecological exam including adnexa. Another, developed by Diana, focused on “knobology” to demystify the ultrasound machine and orient new users to using the keyboard and better applying new concepts such as gain and resolution. Subjects covered include safety, power levels, image adjustment, measurements, and pre-set menus.

“Midwives are looking for avenues to validate new knowledge and experience.”

What came through loud and clear is that as the use of ultrasound increases in practice settings, midwives are looking for avenues to validate new knowledge and experience obtained while expanding practice following Standard VIII of the Standards for the Practice of Midwifery. The American Registry of Diagnostic Medical Sonography (ARDMS) Midwife Sonography Exam is one mechanism to do this. The first exam opened this spring, and the number of midwife test takers exceeded expectations.

Citations and Resources
The ACNM Ultrasound Education Task Force is currently revising its 2010 position statement on ultrasound use in practice, “Midwives Performance of Ultrasound in Clinical Practice.” Article citations, as well as a list of educational resources, are found on the ACNM Ultrasound Education webpage at www.midwife.org/Ultrasound-Education. The task force is also available to support midwives expanding their practice to include ultrasound. Please send questions to the email address below.

By Kristen Ostrem-Niemcewicz
Chair, ACNM Ultrasound Education Task Force
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APPLICATIONS ARE OPEN
Applications for the second ARDMS Midwife Sonography exam are being accepted now until September 12. ARDMS is offering the exam October 10 to November 9, 2017. Learn more here. http://bit.ly/1FDtAMS.
Harnessing Women’s Energy

What is certain is that in every corner of the world, midwives must lead their own advocacy efforts in times of decreasing national support. ICM Chief Executive Sally Pairman encouraged us to harness women’s energy and voices to realize the vision of a midwife for every woman. Incoming ICM President Franka Cadée called for midwives to take action to address care that teeters between too little, too late and too much, too soon, echoing the results of the WHO Midwives’ Voices, Midwives’ Realities report. Additional themes included universal health coverage, interdisciplinary partnerships, and maintaining and promoting the highest quality education and clinical care.

A Crucial Journey

Throughout the week, speakers called for action, engagement, and leadership from the world’s midwives as critical for the well-being of women, families and communities.

- Canadian officials committed themselves to making national efforts toward women’s right to access to reproductive health and midwifery care.
- ICM Global Ambassador Toyin Saraki stressed that supporting midwifery advances gender equity and urged stakeholders to place midwives at the heart of global health solutions.
- United Nations dignitary Kate Gilmore delivered a remarkable address about the role of midwives in promoting the fundamental rights of women and girls, and encouraged us to accompany women on this crucial journey.
- Young midwifery leaders engaged in sessions throughout the congress, asking tough questions and voicing their needs in serving diverse communities (“I’m a midwife; I’m an advocate”).
- White Ribbon Alliance interviews reflected a key theme—the essential responsibility of each midwife to advocate for women, girls, and the profession.
- World Health Organization (WHO) leaders underscored the importance of monitoring for quality care in support of its 2016-2030 Global Strategy for Women’s Children’s and Adolescents’ Health. Hold our individual governments accountable, they challenged us, for promoting midwifery and its outcomes and significance to global health by collecting key data.

“Let’s remember the sacred in what we do as midwives every day.”

The meeting wrapped up in the same celebratory fashion in which it had opened. Closing speaker Katsi Cook, a native American midwife, environmentalist, and researcher left us with rejuvenating words about cultural diversity, creativity, community, and the concept of “cosmovision,” knowing and understanding deeply who we are as part of Mother Earth, the “world alive.”

As we look forward to the ICM 32nd Triennial Congress in Bali, Indonesia in June 2020, let’s remember the sacred in what we do as midwives every day. Advocate and take action. Build partnerships. And go hand in hand with women and families.

By Tina Johnson, CNM, MS, FACNM
Interim Director, Midwifery Practice, Education & Global Outreach
TJohnson@ACNM.org
The World Health Organization (WHO) estimates that between now and this time tomorrow about 830 women will die from causes related to pregnancy and childbirth. Most of these deaths are preventable. Globally, more than half a million mothers and nearly 4 million babies (stillbirths and neonatal deaths) lose their lives each year, most of them in lower income countries. Health care providers, public health initiatives, nonprofit organizations, and governments have been focused on improving maternal and newborn health, but their efforts are complicated by the fact that a huge variation in the quality of care exists not only between regions and countries, but also within countries, cities, villages and communities. (See p. 26 of Spring 2017 Quickening.) So how do we address the critical issue of global maternal mortality? How do we identify barriers to life-saving care as well as the crucial moments that can make or break an outcome?

Standardizing Care
Questions such as these have driven global researchers, ministers of health, and clinicians to develop what is known today as the WHO Safe Childbirth Checklist. Across industries, checklists have been utilized to standardize processes to address safety, efficiency, and quality needs and have demonstrated impressive success in doing so. In 2008, under the leadership of public health researcher and author Atul Gawande, M.D. and others, WHO created a surgical checklist that standardized care in the operating theatre to reduce disparities in quality and surgical practice. Ultimately the tool robustly decreased human error and led to improved surgical safety and improved outcomes.

In the same light, Gawande and an international team of maternal and neonatal health specialists developed the WHO Safe Childbirth Checklist. It is a 29-item tool addressing the major complications that account for a significant percentage of maternal and perinatal deaths worldwide. These complications include:

- abnormal bleeding and hemorrhages;
- infection and the need for antibiotics;
- pre-eclampsia/eclampsia and antihypertensive treatment;
- obstructed labor; and
- newborn issues such as difficult breathing, infection, pneumonia, prematurity, being unusually cold, or not feeding well.

The checklist is implemented during 4 critical checkpoints: 1) on admission, 2) just before pushing or before a caesarean, 3) soon after birth (within 1 hour), and 4) before discharge. Providing these tools at critical junctures enables providers to step back and ensure they are applying evidence-based birth practices.

In 2010, researchers piloted the Safe Childbirth Checklist in Karnataka, India to quantify the delivery of essential childbirth practices. Evaluating 29 practices, including assessment of the mother and baby, the identification of abnormalities, and the implementation of appropriate next steps, they found the list effectively enhanced the performance of key clinical practices. Specifically it led to an average 150% increase in compliance with accepted clinical practices during any given birth.

Optimizing Outcomes
WHO officially rolled out the Safe Childbirth Checklist in December 2015. Currently, through the Better Birth Project in Uttar Pradesh, India, a team is evaluating the effectiveness of the list in optimizing outcomes for mothers and their babies. Promising initial results of the randomized trial suggest the tool offers a potentially exciting approach to improving the quality of direct clinical care.

As midwives, it is our duty to make sure we are aware of the barriers to applying quality, evidence-based care and how they impact our practice, whether we work in rural or urban communities and whether we attend births in hospitals, clinics, or homes. Global health care includes the work we do here in the United States. Especially during these turbulent political times, which threaten the very lives we safeguard, we must continue to take steps to achieve the crucial, time-sensitive goal of reducing maternal and newborn mortality so every mother and baby can safely transition from our care into the world. Learn more at [http://bit.ly/1TqMVt](http://bit.ly/1TqMVt).

By Yael Offer, CNM
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Motivating an Unengaged Student

Welcome to our new column by and for preceptors (and for midwives considering precepting). Please think of it as your forum for sharing expertise, ideas, questions, and concerns.

Q: I’m precepting a student nurse-midwife who doesn’t seem especially engaged or excited about what she is learning. Any advice?

A: When I sense that my student isn’t engaged, we have a conversation which involves the following: “I sense you are not engaged currently. How are you feeling about this clinical? Do you have expectations for it that you’d like to share with me? Why did you go into this profession?” Sometimes the students are juggling multiple issues—kids, homework, financial stress—so asking them the “why” behind the lack of engagement can illuminate much. Also, setting clear expectations can assist them in knowing what’s important. As midwives, we use intuition a lot—this should be no exception. Good luck!

A: My experience suggests 2 possibilities: 1) Midwifery is “just a job” to her/him; and 2) S/he is trying very hard to absorb every clinical pearl and perform each one perfectly, and is forgetting about developing interpersonal skills.

Possibility #2 is much more common, and can be addressed directly by making it clear that perfection is not the standard and s/he is not expected to be a skilled midwife while still a student. She is expected to be excited about every client’s birth and communicate that excitement to the client. Modeling the caring attitude of a good midwife towards the client and her family is as much the preceptor’s responsibility as is teaching the student how to manage the clinical aspects of a pregnancy and birth. However, if possibility #1 is the problem, I’ve found that such students do not practice for long, if at all. Midwifery is a tough way to earn a living, and these students usually find an easier path.

A: The following tips have been amazingly helpful in my experience:

1) Inquire what their knowledge base is around a clinical topic at hand. Offer insight based on experience. If both the preceptor and student could use a theoretical refresher or research-based knowledge, look it up together on UpToDate
2) Engage them in conversation about random relevant topics
3) Show your passion around the topic by educating both the student and the client/patient about what is happening
4) Have fun together! If the preceptor shows their interest and passion, this will rub off. Good energy is infectious!

Question for Fall 2017 Quickening

Q: I’m thinking about precepting a midwifery student. The catch is that I’m worried that precepting will slow me down and negatively affect my clinic productivity. Thoughts?

Responses should be no more than 250 words (they may be edited) and can be submitted to quicke@acnm.org. Thank you!
The Certified Midwife Path

Part 2 of a series spotlighting the choices, challenges, and rewards of the alternate path to certification.

GOLDIE MCBRIDE: Bridging Careers

“As a physical therapy assistant, I was exposed to a lot of pregnant women,” says Goldie McBride, a certified midwife (CM) with the State University of New York (SUNY) Stony Brook Midwifery practice. “The only one who had anything nice to say about her provider was a physical therapist who had used a midwife.” Her colleague’s words sparked an epiphany. She had long had an interest in women’s health; she had worked as a Lamaze childbirth instructor and breastfeeding educator and had earned her bachelor’s degree in women’s studies. Now she was determined to become a midwife.

She was also set on finding the most direct route into midwifery, a second health career for Goldie. She found her path in the SUNY Downstate Certified Midwife program. Although a majority of her classmates were nurses, she discovered that many had never practiced as such; they had graduated and moved directly into a midwifery program. “The only additional course that [the non-nurses] took was Basic Health Skills,” Goldie recalls.

Now 10 years into her career, Goldie divides her time between 2 of 4 offices, and spends twice a week on call. “In the office, my day is usually filled with 20 to 25 clients,” she says. “We give more time for new OB visits and new gyn visits, so we can really start to get to know the women we’ll be attending. We like to have many gyn clients. I do endometrial biopsy, implant Nexplanons, and place IUDs.”

Precepting is a rewarding aspect of Goldie’s work, she says. “We have a lot of midwifery students with us on labor and delivery,” she notes. “If I don’t have a midwifery student, there are medical students and nursing students; they all want to see the midwife deliveries or take part because our deliveries are special and not typical. We encourage women to have their birth their way.”

MARIAN SELIQUINI: Following A Dream

As an undergraduate, Marian Seliquini, CM, LM, MS, thought she would follow a track into social work. Then, just as she was graduating as a women’s studies major, a classmate mentioned going to midwifery school. “I thought, ‘What? Midwives?’” recalls Marian, who now works at Cornerstone Family Healthcare, a federally qualified health center, in the Hudson Valley an hour north of New York City. “It turned on a light in my head.”

Dismayed by extensive wait lists for 2-year RN programs and 4-year BSN programs near her home in New Jersey, Marian reached out to Philadelphia University’s Midwifery Education Program, which offers a direct path to full-scope midwifery education. “It felt like the exact answer for what I was looking for,” Marian said. “I remember Tanya Tringali, CNM, MS telling me, ‘You need to know you’re going to be a pioneer. It won’t be easy.’ I said, ‘Aren’t midwives pioneers anyway?’ I was a little bit naïve, perhaps.”

As a CM student, Marian found that although New Jersey licenses CMs, getting into local hospitals for her clinical training was challenging. Additionally, the CNMs there hadn’t had much exposure to CMs, so Marian initially faced some skepticism about her capabilities and qualifications. “It was a matter of showing up, being who I was, and demonstrating that my education had prepared me. [Their concerns] fell to the sides very quickly.”

Because CMs in New York are more fully integrated into the health care system, Marian looked to the state for work and earned a position quickly. “In terms of my employer and the credentialing board at the hospital, there was not a hiccup along the way,” she says.

Now an integral part of her facility, Marian earned its Cornerstone Family Healthcare Medical Provider of the Year award in 2016. Currently, she’s looking forward to participating in the launch of a new prenatal group program for patients. “Becoming a midwife has been truly a dream come true,” Marian says. “It took me longer to get here than I may have wished, but I’m so pleased to be here now.”

By Dana Perlman, CNM, MSN
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Karen Jefferson, CM, MS, FACNM
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Certified midwives (CMs) are master’s degree graduates of ACME-accredited programs. To learn more about this certification path, visit www.facebook.com/ACNM-CAMP/?ref=bookmarks, watch for an upcoming webinar and video from the Committee for the Advancement of Midwifery Practice (CAMP). View a video featuring Goldie (bit.ly/2tDJQEk), and Marian (bit.ly/2eHQbYH).

*Read Part I on page 21 of Spring 2017 Quickening, here.*
The Incremental Danger of Sleep Deprivation

ACNM’s new position statement on fatigue is a wake-up call.

As midwives, we work in a 24/7 profession. Babies come when they are ready, and women need us at all hours. Some of us take more “call” than others, but we have all heard stories of colleagues in midwifery or other health care fields falling asleep at the wheel after a long stretch. Some of us have colleagues who have suffered the devastating consequences of a fatigue-related clinical incident or a vehicle accident post-call. A few of us have encountered such experiences ourselves. Even if not, most of us have fought off that “nodding off” sensation, opening windows, turning on the air conditioning, or blasting the radio in an attempt to stay alert. Some midwives view this phenomenon as something that “goes with the territory.” Some joke about it and take their exhaustion as a badge of honor. Others determine this type of schedule impacts their well-being too negatively and seek positions with schedules more conducive to sleep.

Long Hours
But sleep deprivation is no laughing matter. Some researchers have found that 17 hours of wakefulness has an effect equivalent to a dangerous level of blood alcohol. It can affect judgment and ultimately the quality of care provided to moms and babies. Inadequate sleep also is associated with significant health risks, including obesity, diabetes, cardiovascular disease, stroke, depression, and hypertension. Additionally, it impinges on family life. Many midwives have left the profession or modified their roles because of perceived family neglect. Juxtaposed against these drawbacks is our awareness that many states and counties do not have adequate obstetric and women’s health services. Women and babies, and the profession as a whole, cannot afford to lose the providers they have.

In 2014, the report of a midwifery student falling asleep at the wheel and causing a serious accident underscored the severity of the problem of sleep deprivation within our profession. Members of the ACNM Division of Education Policy Section, working with input from the Accreditation Commission for Midwifery Education (ACME), Directors of Midwifery Education (DOME), and the Division of Standards and Practice (DOSP), developed a draft position statement focused on keeping midwifery students safe. The ACNM Board of Directors, however, urged us to broaden our scope and, in 2015, charged us to convene the ACNM Sleep and Safety Taskforce.

The Urge to Sleep
The taskforce consisted of clinical midwives, educators, and researchers representing ACNM divisions, geographic regions, and a variety of practice areas and styles. Its members viewed our task solely as improving the safety and sleep habits of midwives and student midwives with general recommendations, backed by data, and supported by the best evidence. We conducted an extensive review of the literature in midwifery, medicine, nursing, and other 24/7 professions to determine the scope of the sleep problem and how other professions were addressing it. Discovering that no specific data existed related to the sleep habits or concerns of US midwives, we developed a survey, gained IRB approval, and distributed it to active membership. The data we collected informed the general recommendations of the resulting ACNM position statement. It emphasizes that midwives have a professional responsibility to be aware of the effects of sleep deprivation on clinical and personal safety and take steps to limit those effects. It also stresses that midwives should plan a rest period after 16 hours of continued wakefulness and be aware that the urge to sleep is strongest between 3 am and 5 am.

Read the Statement
In March 2017, the board approved “Fatigue, Sleep Deprivation, and Safety” (http://bit.ly/2pdqWkV). We encourage you to read it and to talk with your practice partners, collaborators, and facilities about putting its recommendations into practice. Let’s make our profession safer for us, and for women and babies, by reducing sleep deprivation.

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By Cynthia Nypaver, CNM, PhD, WHNP-BC
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By Judie Wika, CNM, MSN
Member, ACNM Sleep and Safety Taskforce
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A First Birth Experience, Shared

During an International Day of the Midwife student café presentation, a midwife-in-training describes her first solo delivery and the lesson it nurtured.

Every May 5 for almost a decade, midwives, educators, and facilitators have produced a free virtual conference to celebrate the International Day of the Midwife. The event includes many compelling presentations and in addition presents “student cafés.” This year, during their second conference-related student café, students of the Georgetown University Nurse-Midwifery/Women’s Health Nurse Practitioner Education Program shared the hopes, fears, and lessons of their first births. We’ve excerpted and adapted one of the presentations. To hear other accounts, please visit, https://vidofmid.wordpress.com/vidm-2017/workshops-and-student-cafes/

When the time for the intrapartum rotation came, to say I was anxious would be a monumental understatement. We gathered together as faculty and classmates to discuss fears and hopes. I am almost never comfortable sharing in large groups and had more fears flooding my mind than I could enumerate or even articulate. What if I wasn’t good enough? What if I loved midwifery only to find out that the art itself would not love me in return? Would these women, these sweet babies, ever be safe in the skills wrought by these same hands? Yet I simply said I was afraid I would not learn everything I needed and hoped that I would learn enough to be competent and safe. Little did I know, I was practicing one of the trademark qualities of midwifery care—keeping a calm exterior despite raging emotions.

My first completely solo birth was intense. It was with a young woman who was having her fourth baby. She was excited, yet calm, confident, and sure of what she wanted. I loved that she had a plan; it meant structure for the day. I could work with structure.

She progressed so rapidly and the day was so busy that she was unable to receive the epidural she had wanted. The time came to push, and she was not tolerating the process well. Meanwhile, as a student, I was finding it difficult to keep order and “manage the room.” With decelerations and the need to start pushing, the situation grew more intense. Later, despite her greatest efforts, the baby could not get beneath her pubic bone. I coached and coached and nervously watched the decelerations. I then encouraged her to stop pushing to allow the baby time to recover. This pattern repeated itself for what felt like an eternity. My consultant was available, but did not step in. I helped my young mother change positions over and over. Finally, the baby passed beneath the pubic bone and emerged, though very slowly. I reduced the tight nuchal cord and caught—for the first time—a limp, pale baby.

A Spontaneous Cry

The mother began to sob and ask why he was so quiet. She grasped my hand and would not release it. I was poised for action, but the cord blood was able to flow giving this baby life. His spontaneous cry moments later relieved his mother. I found it disconcerting that she had looked to me for comfort. If she had seen how I felt inwardly, she surely would have looked elsewhere. Yet even when I felt inadequate, what I had to give was enough for her, for her worries, for her fear, for her birth.

Toward the end of the term, I attended another birth with a young girl who also had a detailed plan and who was calm until it was time to push. She looked at me with large, questioning eyes and asked if it were my first time. “No, it isn’t,” I replied. “You will be magnificent, and I will help you.” “Oh good,” she said, and instantly relaxed.

My advice to other student midwives? Reach a point where we trust ourselves to be enough for our patients—enough in knowledge, skill, presence, support, and heart—where the awe-inspiring and tremendously humbling birth experience motivates us to strive to be enough for each woman we serve.

By Michal Wright, BSN, SNM
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Cindy L. Farley, CNM, PhD, FACNM
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A few months into my practice as a new midwife, I arrived early on a quiet morning to prep charts as usual. I was just starting to feel solid on my feet, finding my rhythm on clinic days. I was pleased I was more or less ready for my first patient, a new prenatal intake. She had had an early ultrasound the week before for some light spotting, but the sonographer had noted cardiac activity, so Traci (not her real name) had gone home expecting everything to be OK.

Then Sam, our clinic sonographer, walked into my office—something she did only when there is news to share. My stomach dropped. "I'm so sorry, Lena," she offered. "Traci's had a miscarriage." She paused, looking at me. She knew this case would be my first miscarriage as a midwife. I breathed in, feeling the world fall away. I was facing the difficult task of informing my patient that her baby was no longer alive. The appointment she had thought would initiate a healthy pregnancy would instead become focused on her options for miscarriage management.

I was the sole midwife in the office that morning; my on-call colleague was still doing rounds. However, I knew what I needed to do, although I dreaded it. This task, too, I told myself, is part of being with women. As midwives, we hold space for moments of both transcendence and despair. This is what I had signed up for and what I been trained to do. I wanted to do it well.

Sam and I locked eyes. "OK, I'm ready," I said. She squeezed my hand, and we walked back together to the ultrasound room.

"Hello, my name is Lena," I said to my waiting patient. "I'm your midwife today." I felt my mouth turn dry. "Sam asked me to come and talk with you about your ultrasound."

Traci's eyes widened and she took a deep breath.

"I'm so sorry, Traci," I managed to utter, "but we weren't able to see a heartbeat today." Her instant response, a guttural wail, shook me deeply. I chastised myself: why hadn't somehow softened the news? Suddenly I doubted everything about myself and my ability to do this work. Traci sobbed as waves of grief passed over her. All I could do was sit by her side and murmur, "I'm so sorry," over and over.

Eventually, Traci looked up. "They told me it was going to be OK," she said. "They said they saw a heartbeat, and that usually means it's going to be OK. We have been trying for a year to get pregnant."

I eased into a quiet conversation about how we can't ever know for sure what happened, but slower-than-usual cardiac activity had been noted on the report. Based on the sizing of the pregnancy, it's likely that her baby died soon after that first ultrasound. I talked about how common miscarriage is, especially early on.

After reassuring Traci that the miscarriage was not her fault, I checked in, asking if she needed time or wanted to make a phone call. We could schedule an appointment the next day when she could think more clearly and bring a support person, I added. She decided to continue the conversation, so we reviewed her options. After making sure I had done all of the appropriate counseling and lab work, I sent her home with a big hug and information for a grief support group. Then I joined my next patient for a healthy, happy 36-week prenatal visit.

"As midwives, we hold space for moments of both transcendence and despair."

I couldn't get Traci out of my mind, though. Over the next few weeks, as I saw her for follow up and talked with her on the phone, I mulled over how I had handled sharing the news, and I tried to formulate magic words that would have somehow eased her grief. But her response wasn't about me or my ability to "perform" a particular kind of compassion. It was about a deeply desired pregnancy. With this realization, I was able to offer myself some compassion, too. I had done everything I had needed to do as her midwife.

A few weeks after her loss, Traci called: "Lena, I've been thinking. Would your clinic be interested in hosting a fundraiser to make stuffed animals available as a small token for patients who experience an early loss?" I could hardly believe she was already thinking about how to support future families through this grief.

It's exactly this kind of strength and resilience that fuels my passion for midwifery. Traci may or may not come back to me for future pregnancy care, but I'll be here either way.

By Lena Wood, CNM
wood.lena@gmail.com
Lena is a new midwife practicing in Portland, Oregon. Her new blog is www.fullspectrummidwife.com.
Clinical Practice in the Journal of Midwifery & Women’s Health

Our readers frequently tell us that for those providing women’s health care, clinical practice content in the Journal of Midwifery & Women’s Health (JMWH) is of utmost importance. The July/August issue of JMWH features multiple articles that address clinical application of knowledge in a variety of settings. This issue includes a collection of 3 continuing education (CE) articles that discuss the pharmacologic role and impact of oxytocin in labor induction, labor augmentation, and breastfeeding. With the widespread use of oxytocin during labor and birth, understanding this medication and its effects is imperative. This CE collection is worth 6 contact hours (0.6 continuing education units [CEUs], inclusive of 6 pharmacology contact hours and 0.6 pharmacology CEUs). The test for this CE collection can be accessed and submitted for credit online at www.jmwhce.com. By paying online, readers can receive their CE certificate immediately. The July/August issue of JMWH also includes the article, “Consensus Bundle on Severe Hypertension During Pregnancy and the Postpartum Period,” which is being co-published in Obstetrics & Gynecology, Anesthesia & Analgesia, and the Journal of Obstetric, Gynecologic, & Neonatal Nursing. This article details how to implement a bundle of evidence-based, practical actions to prevent severe maternal morbidity from hypertension. An ACNM clinical bulletin on endometrial biopsy, also found in this issue, describes current evidence about the indications and contraindications for biopsy, as well as how to perform the procedure and evaluate the results. Other clinical topics addressed in this issue include reducing the cesarean birth rate in first-time mothers, integrating a midwife-led oral health intervention into group prenatal care, optimal pessary care, and women’s out-of-body experiences during childbirth. Midwives working in clinical settings play a crucial part in advancing the midwifery model of care as they bring evidence-based practice to their clients. We strive to make every issue of JMWH one that will help clinicians inform their practice to improve the health of the women and families they serve.

Coming in our Sept./Oct. Issue

The September/October issue of JMWH will include updates from the 2017 ACNM Annual Meeting in Chicago, including biographies of the newly inducted ACNM Fellows, research abstracts presented at the meeting, and a biography of this year’s Hattie Hemschemeyer Awardee, Frances T. Thacher, CNM, MS, FACNM.

By Brittany Swett
Managing Editor, JMWH
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ACNM Issues New Position Statements

Climate change’s impact on maternal and fetal health is the subject of one timely, new statement.

I am pleased to bring to your attention several new position statements and recently revised ACNM documents. The new position statements—concise documents that articulate a position that ACNM has taken on an issue and the evidence supporting that position—include:

• **Climate Change and Maternal, Fetal, and Infant Health.** Solid evidence exists that climate change is occurring as a result of human activity. This statement affirms that climate change is causing a global public health crisis that uniquely affects pregnant women, fetuses, and newborns and disproportionately affects minority and other underserved communities. The statement also affirms that midwives can and should take a number of steps to make a difference, including educating themselves, reducing their carbon footprint, and involving themselves in developing national and state climate action plans. http://bit.ly/2tNC2vv

• **Screening and Brief Intervention to Prevent Alcohol-Exposed Pregnancy.** Alcohol consumption during pregnancy can be harmful to the developing fetus. ACNM joins other organizations in advocating that maternity care providers inform women and families of this risk and screen for alcohol use. Women who are at risk for alcohol-exposed pregnancy should be provided brief interventions and appropriate referrals as needed. The primary goal of the intervention, the statement affirms, is “to help the woman make informed decisions about alcohol use by increasing her awareness of the risk and options for reducing or eliminating the risk.” http://bit.ly/2wTRCYD

**Updated Documents**

• **Female Genital Mutilation/Cutting** (formerly “Female Circumcision”) Updates to this position statement include name changes that more accurately reflect current terminology.

• **Degree Requirements for Midwifery Faculty;**

• **Midwifery Education and the Doctor of Nursing Practice;**

• **Immunization during Pregnancy and the Postpartum Period** formerly “Immunization in Pregnancy and Postpartum.”


By Ruth Zielinski, CNM, PhD, FACNM
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Build Your Affiliate Engagement with Remote Meetings

Hosting remote meetings is a convenient and flexible way to connect more effectively with members.

ACNM members are looking for more ways to engage with their state affiliates. This conclusion came through loud and clear in the 2016 ACNM Membership Survey. In fact, although 84% of members agree their affiliates keep them informed, 50% reported little-to-no engagement. Members also said inconvenient meeting locations are the number 1 reason they are not engaged.

A major way to address this concern is to host remote or mixed remote/in-person meetings. These options offer opportunities for members to get involved on the affiliate level whether they are 3 blocks or 3 hours away. Remote meetings save members money and time, and the importance of this cannot be understated; in the membership survey, midwives named maintaining a work-life balance as their top overall challenge. Remote meetings also provide a level of flexibility and convenience impossible with strictly face-to-face meetings. For example, the technology can enable a working group to meet more frequently. All of these benefits provide increased value.

Many Good Options

Numerous platforms provide remote meeting support. The ones most utilized by ACNM affiliate leaders are Google Hangouts, Go To Meeting, Skype, and Zoom (see sidebar). Each has its own pros and cons. Importantly, ACNM provides affiliate access and support for Go To Meeting. (To find out more, contact ACNM’s IT director, Fausto Miranda, at fmiranda@acnm.org)

Whatever meeting tool you choose, practice using the platform to increase your comfort level with it. Even once you’re familiar with it, set aside plenty of time in advance of a meeting to open the tool and set it up. Make sure you’re logged in at least 5 minutes before the meeting starts. Minimize technical issues by making sure that computer is charged and that the sound and the camera are working.

Following Best Practices

To host successful remote meeting or mixed meetings, you’ll also want to follow these best practices. Before the meeting, make sure the meeting purpose, objectives, and materials are clear and have been circulated. This will help remote members follow along and prepare themselves so they can be engaged. Assign someone as a moderator. This is extremely helpful. He or she can be placed in charge of meeting logistics and management including muting and un-muting attendees, calling on those with questions, checking from time to time whether quiet remote attendees want to make comments. Finally, begin the session with housekeeping tips including reminding members to mute themselves when not talking (this minimizes feedback noise) and allow plenty of time between turns to ensure that they are not talking over one another. Encourage participants to listen actively and commit their full attention to the meeting content. Make real-time updates, for instance on a Google doc, and, finally, as soon as the meeting concludes, send a meeting summary.

As we shared in our workshop for affiliate leaders at the 62nd Annual Meeting & Exhibition, the tools are here to keep us better connected. Remote meeting are one way; we’ll share others in upcoming issues.

By Carrie Neerland, CNM, MS, APRN, President of the Minnesota affiliate; Chair, ACNM Membership and Marketing Committee
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FEATURES OF 4 REMOTE MEETING PLATFORMS

SKYPE: Many people already have Skype installed. To connect via Skype, simply get or use your Skype ID and call someone using their Skype ID. Note that setting up a group call can be tricky because it means gathering everyone’s information and then adding them into the call individually.

GO TO MEETING: To use this tool, a host sends out invites, and attendees call in at the specified time, using the provided number and pin. Go To Meeting offers a number of features such as having attendees automatically muted when they join, and the ability to control who can see what. It can be expensive but ACNM offers this feature to affiliates and committees.

ZOOM: Easy to host by setting up a “room” and sending out a link to participants. Offers screen sharing—and shows the active speaker—a mobile app, and the ability to record calls. The free option limits calls to 40 minutes. www.Zoom.us

GOOGLE HANGOUTS: The moderator will need a Google email account. Offers group chats for up to 10 people for free and up to 100 for the paid service. The moderator’s email contacts are their Google hangout contacts. Offers screen sharing that focuses on the person talking and provides an option to view materials on Google Drive.
The A.C.N.M. Foundation hosted a once-in-a-lifetime event in Chicago at the 2017 Annual Meeting & Exhibition, the Foundation Founders Hall of Fame, to honor our founders and celebrate the global impact of a half century of work to advance the Foundation’s mission. Fifty years ago, 5 visionaries incorporated the A.C.N.M. Foundation. They were Eunice “Kitty” Ernst, CNM, MPH, FACNM; Ruth Watson Lubic, CNM, EdD, FACNM; Ruth’s attorney husband, William ‘Bill’ Lubic; and ACNM past-presidents, the late Vera Keane, CNM, MA, FACNM (1919-2005), and the late Sr. Mary Stella Simpson, CNM, BSN, FACNM (1910-2004). Joining this list was the late Martin ‘Marty’ Ginsburg (1932-2010), Bill Lubic’s law partner and husband of Supreme Court Justice Ruth Bader Ginsburg, whose pro bono tax law work allowed our Foundation to be born.

Chief Moderator ‘Chic’ Dambach, MBA; Mistress of Ceremonies Dr. Jo-Anna Rorie; and Foundation President Elaine Moore presented special Foundation Founders Awards. ACNM’s current president, Lisa Kane Low, CNM, PhD, FACNM, accepted the Founders Award on behalf of Vera Keane and Sr. Mary Stella Simpson. The award plaque will be displayed prominently at the ACNM national office. Kitty Ernst and Ruth and Bill Lubic were next to receive their awards, followed by James Ginsburg, president of Cedille Records of Chicago, who accepted on behalf of his late father James also brought wishes from his mother, whose Supreme Court schedule prevented her attendance. After the awards presentation, this year’s Therese Dondero Speaker, Dr. Timothy R.B. Johnson, Foundation trustee, facilitated a discussion among the founders of the “early days” of ACNM and their thoughts about the future of midwifery and midwifery philanthropy.

The Foundation also presented Hall of Fame Awards to 16 individuals and groups that have established or advanced our many scholarships and awards, as well as our growing endowment. Photos and narratives about these special supporters will appear in an upcoming issue of Quickening.

Nobel Peace Prize Nominee Urges Global Impact

During his stirring plenary session, Charles ‘Chic’ Dambach, 2017 Nobel Peace Prize nominee, encouraged ACNM and Foundation supporters to become more engaged and to stay optimistic, especially while fulfilling essential roles that lead to improvements in maternal and child health worldwide. Dambach’s message, “exhaust the limits,” is also the title of his 2010 memoir. Signed copies to benefit of the Foundation’s Bonnie Pedersen International Midwife Award sold out in no time. For more information about Charles Dambach, his memoir, and his remarkable career, visit: www.exhaustthelimits.org
Thanks to our Chicago Annual Meeting Sponsors!
- The John & Frank Sparacio Foundation for their generous support of the Dorothea M. Lang Pioneer Awards, the Dorothea M. Lang 30-plus Esteemed Midwife Reception, and two “Lang” Award ceremony tables.
- The AABC Foundation, a 501(c)(3) organization that advances the AABC birth center model as the standard to improve maternity and women’s health care, for their generous support of our special 50th Anniversary Hall of Fame event and our 50th Birthday Bash Fundraiser.

More than $65,000 in Scholarships and Awards!
The 62nd ACNM Annual Meeting & Exhibition was the occasion for the presentation of over $65,000 in A.C.N.M. Foundation scholarships and awards, half of which were made to basic midwifery students who are student members of ACNM. Below are a few highlights of these awards and scholarships.

The Dorothea M. Lang Pioneer Award is the most distinguished honor bestowed by the A.C.N.M. Foundation. Now in its 16th year, the Lang Award has honored 33 exceptional “unsung heroes” who have demonstrated pioneering vision and innovative leadership in midwifery. Dorothea M. Lang, CNM, MPH, FACNM, the beloved past-president of both ACNM and the A.C.N.M. Foundation, passed away on May 16, 2017 at the age of 84. She will be forever remembered through this award for which she served as chief architect and major benefactor. A special tribute was made to her at the Dorothea M. Lang Esteemed Midwife Reception, sponsored by the Sparacio Foundation. This year 2 California pioneers were honored with the 2017 Lang award during the reception: Rosemary J. Mann, CNM, MSN, JD, PhD and Susan J. Leibel, MSN, MPH.

Basic Midwifery Scholarships of $3000, designed to increase the number, quality, and diversity of midwives, are awarded to students who demonstrate academic excellence, financial need and leadership potential. This year the Foundation awarded 9 basic scholarships, 5 of which were funded from endowments. They are as follows:

- Three student midwives of color received basic scholarships through the Midwives of Color-Watson Scholarship fund: Jeanine Valrie-Logan, SNM, Frontier Nursing University; Karen Ojeda, SNM, Frontier Nursing University; Tenzing Sherpa, SNM, Case Western Reserve University. The Foundation’s largest endowed fund, the Midwives of Color-Watson Scholarship fund has enjoyed sustained growth made possible through the longstanding fundraising efforts of the ACNM Midwives of Color Committee (MOCC). The committee added $3000 to the fund recently via their annual live and silent auction.

- Heidi Carter, SNM of Frontier Nursing University received a basic scholarship through the GlaxoSmithKline Consumer Health Care Scholarship fund, the Foundation’s second-largest endowed fund, given annually for more than a decade.

- The Edith B. Wonnell CNM Scholarship: Made possible through an endowed fund to honor long-time birth center advocate, Edith B. “Edie” Wonnell, CNM, this scholarship is given to a student who intends to practice in an out-of-hospital birth setting. Mari Upshaw, SNM of University of New Mexico received this year’s scholarship.
The A.C.N.M. Foundation Memorial Scholarships are given to basic midwifery students through memorial gifts made in the previous year. This year Chloe Campbell, SM of SUNY Downstate-Direct Entry; Kathryn Dirks, SNM, and Christine Higgins, CNM, both of Emory University, received the scholarships.

The Christine Nuger CNM Memorial Scholarship was made possible for a second year from memorial gifts made in honor of Christine N. “Chris” Nuger, CNM, MSN, FACNM, who passed away in December, 2015. Rebecca Palmer, SNM, of Vanderbilt University is the 2017 recipient of this scholarship.

20th Century Midwife Student Interview Awards are given to ACNM student members who submit the most outstanding interview and reflection as part of the Foundation’s 20th Century Midwives Interview Project. This year’s winners are:

- **First place:** Rebecca Palmer, SNM from Vanderbilt University ($1000);
- **Second place:** Phoebe Lithgow, SNM from University of Pennsylvania ($500); and
- **Third:** Chelsea Biegler, SNM from Vanderbilt University ($250). Rebecca Randall, SNM, from Texas Tech University; Rebecca Smiddy, SNM, Georgetown University; Katherine Tan, SNM, and Alexandra Speros, SNM, both of Vanderbilt University all received Honorable Mention certificates.

The Graduate Education Fellowship is a $5,000 award made to a midwife enrolled in doctoral studies. This year’s fellowship, funded by the Catherine A. Carr Scholarship Fund, was awarded to Karen Trister Grace, PhD(c), MSN, CNM to support her doctoral work, “Exploring Correlates of Reproductive Coercion in Low-Income Latina Women,” at the Johns Hopkins University School of Nursing.

The W. Newton Long Award, funded through an endowment honoring the long-time physician and champion of midwives, supports a range of projects that advance midwifery. Adria Goodness, MN, CNM, PMHNP-BC received a $2000 first-place award to complete her project to develop a video web-based training for screening and treatment of psychiatric conditions in women seeking midwifery care. Two second-place awards of $1000 were made to Michelle Collins, CNM, PhD, FACNM of Vanderbilt University to support her multi-center research project using a data repository to collect and evaluate maternal and neonatal outcomes for women using nitrous oxide for childbirth and Wreatha Carner, CNM, MN, DNP to continue her project to teach fetal assessment to students attending laboring women in Tanzania, which uses electronic Doppler equipment to decrease infant mortality.

The A.C.N.M. Foundation Staff Appreciation Award is given to an ACNM staff member who, through their staff activities, exemplifies the Foundation’s mission of supporting excellence in midwifery. This year’s $100 award winner is Ashley West, communications and marketing specialist. Thanks and congratulations!

Other Foundation awards highlighted in Chicago were featured in the Winter and Spring 2017 issues of Quickening.

**New Student Donor Program Rolls Out**

Two new opportunities for student donors launched at the Chicago meeting—the 1955 Club and Mary Breckinridge Club Membership for students. Both benefit the Teresa Marsico Memorial Fund and will be directed toward future ACNM projects that support strategic initiatives that impact students and new midwives.

Working with Foundation leadership, former ACNM Student Representative Andrew Youmans, spearheaded the initiatives. “If we, as students, can show our willingness to support the organization, we can inspire more support from the active membership for scholarships and programs for students,” Andrew wrote in a letter to students. “I hope in the years to come that the student-driven initiative will have proved to be a valuable resource to the future students of this organization and our mission to improve health care for women.”

- **The 1955 Club** provides students with the opportunity to become a Founding Member for a donation of $19.55 or more. The first 500 members will receive a special commemorative pin.
• **Mary Breckinridge Club Membership** is available to students who make a donation of $250 or more during a year (or $21/month). Student ‘Marys’ will receive the same recognition as non-student members who donate $1000 or more in a year, including the 50th Anniversary club pin.

• Students donors can make their donations here: [http://www.midwife.org/Charitable-Contributions](http://www.midwife.org/Charitable-Contributions).

### Upcoming Application Deadlines

**September 5, 2017**

- **Thacher-MBN Leadership Fellowship**: Supports ACNM members interested in building leadership skills in the business management and marketing of midwifery practices with a $1000 award to attend Midwifery Works 2017 in Portland, Oregon, October 26-29.

**September 30, 2017**

- **Jeanne Raisler International Award for Midwifery**: Supports ACNM members to become involved in global midwifery. The $3000 enables the awardee to gain experience in international midwifery through participation in a project designed to improve the health of women in a developing country.


**NEW**: Attention Federal and Military Employees. Federal and military employees can now support The A.C.N.M. Foundation, Inc. with their donations to the Combined Federal Campaign (CFC). Simply choose CFC charity code #11297!

**QUESTIONS ABOUT DONATIONS OR AWARDS?**

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**HOW TO MAKE A DONATION**

To make a tax-deductible donation in support of the Foundation mission, go to: [http://www.midwife.org/Charitable-Contributions](http://www.midwife.org/Charitable-Contributions)

*ACNM Past President Eunice (Kitty) Ernst at the Foundation’s Founders’ Hall of Fame.*

*Former ACNM Student Representative Andrew Youmans wearing his 50th Anniversary “Mary” Donor pin.*

*Foundation Founders’ Hall of Fall discussion, from left: Ruth Lubic, Bill Lubic, James Ginsburg, Kitty Ernst, Tim Johnson.*
BULLETIN BOARD

Call for Third Party Comment -ACME Accredited Programs

In accordance with the ACME Policies and Procedures, ACME is seeking written third-party comment concerning the qualifications for accreditation of the following midwifery programs: Stony Brook University, Baystate Medical Center, and Texas Tech University Health Sciences Center. These programs will be reviewed for renewal of accreditation at the February 2018 ACME Board of Review (BOR) meeting. Upon request, comments will be considered confidential. Your comments will be included with the program's materials undergoing review. In all instances, your comments must directly relate to the accreditation of a program and the ACME Criteria for Programmatic Accreditation, (December 2009, Revised June 2013). These criteria documents may be found at http://www.midwife.org/Accreditation under ACME Documents. Please cite the particular criterion of concern in your comments. All written comments should be addressed to the Board of Review and emailed or mailed to the attention of Heather L. Maurer, ACME executive director, hmaurer@acnm.org. Accreditation Commission for Midwifery Education, 8403 Colesville Rd., Suite 1550, Silver Spring, MD 20910. Include your name, contact information, and the program you are addressing and cite the particular criterion of concern in your comments. http://www.midwife.org/Announcements.

Midwife Sonography Examination Application Period Open Until September 12, 2017

The application period for Midwife Sonography Certificate examination is open through September 12, 2017. By earning the Midwife Sonography Certificate, midwives gain a critical edge in promoting public safety in women's point-of-care ultrasound. For more details on how to apply, schedule, and prepare, please see the resources below.

- **Apply:** Review the Midwife Sonography Certification Process, the Eligibility Requirements and then log in to MYARDMS to apply. Application period is from July 12 to September 12, 2017 and the written-examination administration period is from October 10 to November 9, 2017.
- **Schedule:** After your application is approved, you can schedule the computer-based examination. Find a convenient Pearson Vue location near you to reserve your seat once your application is approved online.
- **Prepare:** Review the Content Outline and register for a Practice Examination.

If you have any questions, please contact ARDMS Customer Care/Registrant Services department via email at other@ARDMS.org or call 1.800.541.9754 ext. 1 weekdays 9 am to 4 pm (EST).
Congratulations to the following midwives for passing the AMCB Midwifery Certification Exam, April 2017–June 2017

**Newly Certified Midwives**
Keeping In Touch

Share what’s happening in your life. To submit an announcement, please write a short description of the award, appointment, practice update, birth, or obituary and send it to quick@acnm.org.

WELCOMING

Tina Johnson, CNM and Peter Johnson, CNM proudly announce the birth of their third grandchild, Jolene Kristina Fisher, born on June 3, weighing 6 pounds, 8 ounces. Jolene is the first child of thrilled parents Joseph and Rachel Fisher. We are grateful for the loving care of the Women’s Health Associates team at University of Maryland St. Joseph in Towson. Special thanks to CNMs Pam Barone, Gigi Shive, and Eliza Gould.

CELEBRATING

Melinda Fowler, CNM, MSN, an associate professor in the University of California, San Francisco Maternal-Fetal Medicine Division and midwife in UCSF’s midwifery practice has received an “Outstanding Educator” award from the Council on Resident Education in Obstetrics and Gynecology.

Beth Ross, CNM, MScM, president of the West Virginia ACNM affiliate, has been named an “Emerging Nurse Leader” by the West Virginia Future of Nursing Coalition (FON) in its inaugural campaign. The campaign recognizes “40 nurse leaders under 40,” and through it, Beth will help advance the FON initiative.

REMEMBERING

Ann Dignan, CNM, RN, FNP, founding owner of Hill Country Midwifery Services in Blanco, Texas, passed away peacefully at her home in January. Throughout her 45-year career she specialized in well-woman, prenatal care, and home births, delivering 1,200 babies. She was widely known, appreciated, and loved for her excellent skills and ability to guide and empower women through their pregnancies and births. As a young adult, Ann traveled extensively in South America and from Turkey through Afghanistan and into India. She was also an avid farmer. As a colleague and friend noted, “She made a difference as a midwife, a nurse practitioner, an unofficial veterinarian, a gardener, a birder, and a friend.”

Maureen Ann May, CNM, PhD of Albuquerque died unexpectedly June 18 in Barcelona at age of 65. Maureen was a women’s health nurse practitioner and certified nurse-midwife (Frontier University), who advocated for the health and safety of women and their children from early in her career when she helped to organize a rape crisis center in Michigan. While she loved clinical practice, she had a burning desire to contribute to the scholarly work concerning women’s health and she earned her PhD in 2014 from the Maxwell School. This year, Maureen published Epiduralized Birth and Nurse Midwifery: Childbirth in the United States—a Medical Ethnography (amzn.to/2hRrRVe) which provides a cultural and social analysis of maternity care through the lens of nurse midwifery in one community hospital. On June 3 Maureen and her husband of 39 years, Kurt Krumperman, attended the wedding of their son, Bill and his wife Beatriz Hernandez Sanchez, in Spain. Maureen had never been happier. She is remembered for her fierce advocacy of truth and justice, her wit, her willingness to help others, and her big laugh.

Kathleen G. Dineen, CNM, PhD, MS (Sister Mariam Jude) died peacefully on June 28, 2017 in Benedictine Care Center Innsbruck, in New Brighton, Massachusetts. Kathleen was certified as a midwife in 1955 at Ceylon Medical College in Sri Lanka, and delivered many newborns into this world. In 1976, after many years of international service and positions in higher education, she was recruited to serve as the director of the Nurse-Midwifery Education Program at the University of Minnesota School of Nursing. There, she secured national accreditation for the program, HRSA training grants, and funding for students, and guided 200 some nurses into their midwifery careers. Upon retirement in 1993, she was honored as an emeritus faculty. Her diligence, keen sense of humor, unassuming demeanor, and unflagging belief in the practice of nurse-midwifery earned her great respect in the professional community. She leaves behind a loving extended family, her devoted friend Mary Rossi, CNM, and attentive neighbors, friends, and colleagues. Colleagues who wish to honor her legacy can direct memorials to the Kathleen Dineen Scholarship Fund at the University of Minnesota School of Nursing. A celebration of her life will be held on September 9, 2017.
A Tribute to the Life and Legacy of Dorothea Lang

With an unshakeable conviction of “a midwife for every woman,” Dorothea Lang advanced the profession and elevated respect for midwives, enabling all midwives to raise their heads higher and speak their truths louder.

As the ACNM Past President Dorothea Maria Lang, CNM, MPH, FACNM passed away peacefully on May 16, at age 84. An inaugural ACNM Fellow, winner of the Hattie Hemschemeyer Award, past president of the A.C.N.M. Foundation, Inc., and benefactor of its Pioneer Award in her name, Dorothea was a colossus, a towering leader for midwifery and for women worldwide. ACNM President Lisa Kane Low, CNM, PhD, FACNM, FAAN, spoke for many when she recently wrote, “She inspired the mission sense in me of what it means to be a midwife. She has influenced my career and how I think about my work, the decisions I make, and the research that I do. I will cherish the many memories I have of her and know she touched many of us personally or through her work, vision, and leadership.”

We asked her friend and colleague, Elizabeth M. Cooper, CNM, EdD, FACM to share a few reflections about Dorothea and her life:

Dorothea was born in Japan, the second child of German missionaries. She often said, “I was delivered by a midwife, so I wanted to be one.” Growing up, she saw the same midwife deliver her 4 younger siblings. She also saw how highly respected midwives were in her community and felt called to the profession. As a new midwife in New York City where clinical positions for midwives were virtually non-existent, she determined “to convince the health department that midwives were the key to improving and personalizing maternity care.” Earning NY Midwife License #001 was a satisfying and tangible reward for opening this door.

Dorothea devoted her life to the promotion of the profession, both in the US and internationally. I first met her when she visited our midwifery class at Columbia in 1971 to recruit us to Maternal Infant Care (MIC) project, and when I went to work there, her mentorship set the direction for my entire professional life. She shared her belief that midwifery was an internationally recognized profession in its own right, not an extension of nursing. She promoted this philosophy tirelessly and was involved with the founding of Midwives Alliance of North America (MANA). Despite this, she believed ACNM should lead and become the organization for all midwives. After the college adopted the direct entry option, she and others urged the membership to change the organization’s name to be inclusive. She never gave up on her dream. She quoted her father, “If someone shuts the door in your face, then go in by the window.”

She instilled in MIC staff the importance of working for ACNM. “Do you think there were always jobs waiting for midwives to practice?” I recall her saying, and “Don’t you realize how much work the early pioneer midwives did to pave the way for you?” I was only 25, so it all seemed like ancient history. Later I realized the “early pioneers” had graduated only 10 to 15 years before me! Dorothea was famous for passing around sign-up sheets so we could sign up to participate in an ACNM committee. I picked legislation, which became the focus of my career.

Dorothea was extremely generous with not only her time, but also with her money. She made large contributions to the A.C.N.M. Foundation and ICM, as well as many secret donations. She made gifts to Downstate and Philadelphia University to help them start their new doctorate in midwifery programs. Even in the last weeks of her life, there were many special moments, including handholding, prayers, and the beautiful sound of her aide singing religious hymns (with Dorothea directing her). I cherish these and so many other wonderful memories.

By Beth Cooper, CNM, EdD, FACNM
Founder and director, University of Rochester Midwifery Practice
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“Believe in yourself,” I say,
“You must trust and let go!”
You pause.
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You find the strength
To face your doubts, your fears,
And surrender to natural powers
That forge the way to timeless birth.
On Heaven’s quest,
You pass death’s shadow to eternity’s veil,
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