

Quickening®

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REDUCING PRIMARY CESAREANS:

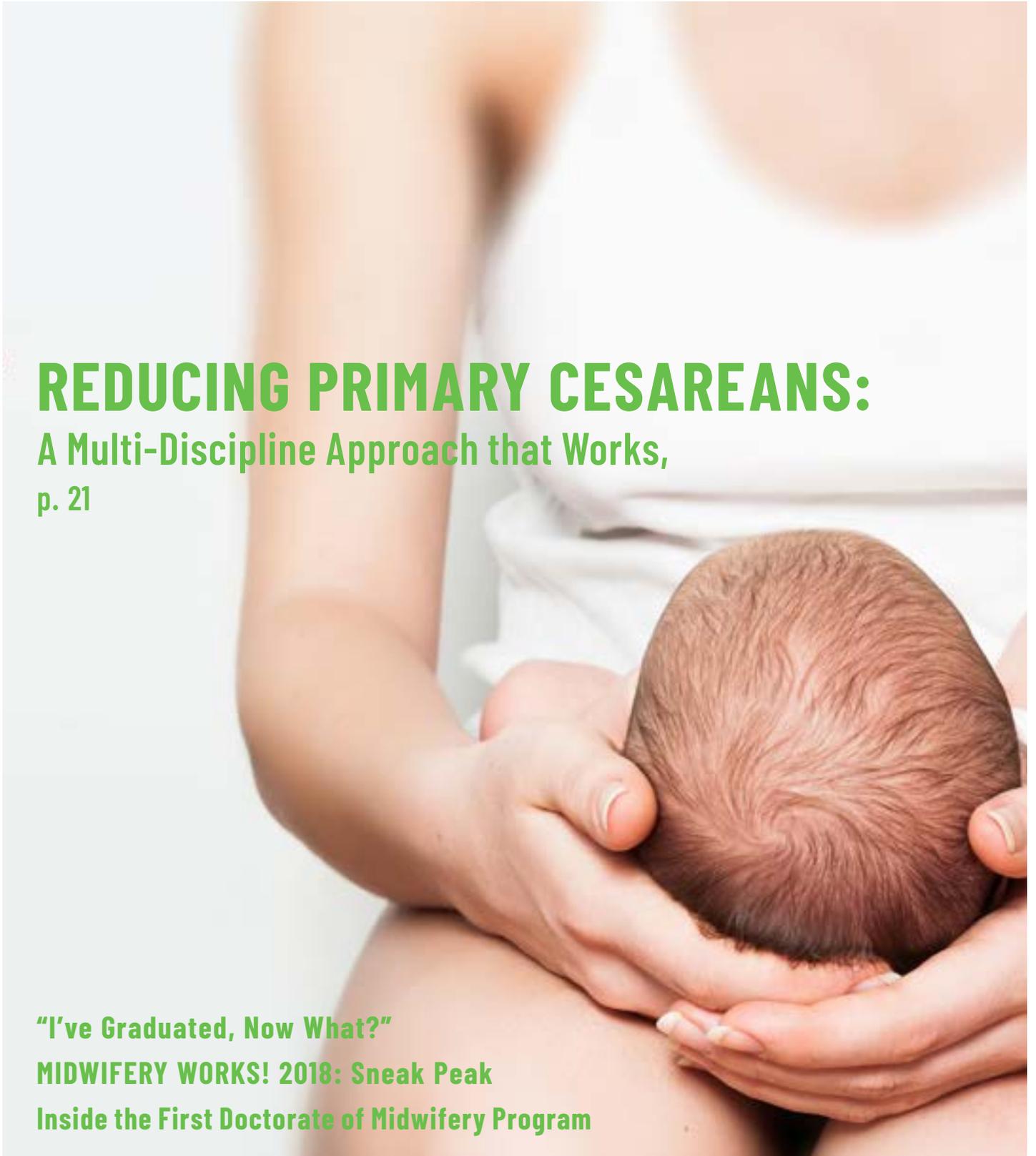
A Multi-Discipline Approach that Works,

p. 21

"I've Graduated, Now What?"

MIDWIFERY WORKS! 2018: Sneak Peak

Inside the First Doctorate of Midwifery Program



American College of Nurse-Midwives Thanks Our Valued Industry Partners

GOLD



SILVER



BRONZE



CONTENTS



ACNM NEWS

- 4 **Message from the Interim CEO**
- 5 **President's Pen**
- 6 **Leadership in Action**
- 7 **ACNM Election Results**
- 8 **Regional and Student Updates**
- 13 **Ex Officio Report: ACNM Releases a Position Statement on Racism and Racial Bias**
- 14 **Financial Report**
- 14 ***Journal of Midwifery & Women's Health* Update**



ADVOCACY

- 15 **Affiliate Spotlight: Hawaii: A Fresh Push to Expand Licensing of Midwives**



MIDWIFERY MEETINGS

- 16 **Midwifery Works 2018: Inspire, Build and Grow!**
- 18 **Savannah's Southern Hospitality Delights Members**



CLINICAL FOCUS & MIDWIFERY PRACTICE & EDUCATION

- 20 **Students and New Midwives: I've Graduated. Now What?**
- 21 **ACNM Forum: The Value of Teaching Professionalism**
- 22 **Education: The New Doctorate of Midwifery Degree**
- 24 **Preceptor's Pointers: When is a Midwife Ready to be a Preceptor?**
- 24 **Clinical Update**
- 25 **Midwifery Practice: ACNM's Reducing Primary Cesareans Project**
- 28 **Global Health: Striving for Respectful Maternity Care**
- 31 **Global Health: Do International Teams Share Knowledge Respectfully?**

FROM MY PERSPECTIVE

- 32 **Calling Each Other In**



PARTNERS & PEOPLE

- 33 **Bulletin Board: ACME Receives Maximum for Continued US Department of Education Recognition**
- 34 **The A.C.N.M. Foundation, Inc. Update**
- 36 **Keeping in Touch**
- 37 **AMCB Certification Awardees**

\$1.27 a day

Dear Fellow Midwives,

During the past few months, I've been pondering why ACNM membership needs to be a core priority for all CMs and CNMs. In an era in which we are inundated with good causes and creative outreach on social media, there are many forces pulling us (and our money!) in different directions. My premise is that our commitment to ACNM should be different from our commitment to charities, good causes, or other membership organizations. **Why? Because NO other organization does what we do.** ACNM has the single-minded focus of advocating for the professional role of CMs and CNMs within the complexities of the US health care system. There is no alternative organization with this mandate.



"All of you reading Quickening are potential Influencers—please be articulate about the value of membership."

National membership is currently \$365 for active members, with states dues of approximately \$100 more. What does this \$1.27 a day get you?

- Contributions to national and state conversations about health care inequities and preventing maternal morbidity and mortality.
- Support for a vibrant volunteer structure, which produces position statements and standard-setting guidelines.
- Advocacy in Congress and at the state level on the value of midwifery and full practice authority.
- Relationships with other professional organizations such as ACOG, AWHONN, and the Society for Maternal-Fetal Medicine.
- Representation of professional midwives and midwifery practice within multiple organizations.
- Consultation and support on a myriad of issues related to practice, diversity of the workforce, student preparation, and compensation.
- Access to online communities of midwives through ACNM Connect.
- Organization of our Annual Meeting and Midwifery Works!, where we gather to learn from each other and support one another.
- Engagement with global health work through preparation of our members and projects on which we are consultants.

Recently I gave a short talk and discussed the role of each of our members as "Influencers." Influencers are individuals who use their following of people and their information to pull others towards a belief or a cause. All of you reading *Quickening* are potential Influencers—please be articulate about the value of membership.

Midwifery is moving into the national discussion in ways it never has been before. Help to strengthen us by your continued commitment to ACNM and your outreach to non-members. Only you can help us strengthen our professional association.

It has been my honor to serve as Interim CEO for the past nine months. I come away more passionate than ever about our profession and our future. Thank you for your support!

Sincerely,

Kate McHugh, CNM, MSN, FACNM
Interim CEO
kmchugh@acnm.org

The Future Remains Bright for Midwifery and ACNM

Stepping out of my role as your President, I am thrilled to see Susan Stone stepping into the role of ACNM President. She brings the breadth and depth of experience to move ACNM from its more inward focus these past few years to a re-emphasis on external partnerships, further building our alliances and leadership role in women's health, health care, and midwifery. It has been a privilege to work in partnership with her this last year. It is with mixed emotion that I review the key priorities I have promoted during my presidency.

Financial stability: This was the critical goal before me as I began my term, and taking those initial steps was difficult. We reduced services, changed personnel, and said "no" often. Despite early wins, we also faced challenges, and I leave my role still facing a budget shortfall. Advisors had indicated it would take us five years to put ACNM in a positive position, but I believed it could be done sooner. Among the factors that hampered us were, for a variety of reasons, a decline in membership numbers and complexities with the transition to our new AMS system. We continue to look carefully at all of the options and opportunities for ACNM to provide and promote our value and overcome our shortfall. Fortunately, our projections for 2018 are positive; maintaining membership is key to this process.

Diversity and Inclusion: I pledged to continue the challenging conversations the Diversity and Inclusion Task Force initiated to move ACNM forward to creating an inclusive organization across membership, policies, practices, and our Annual Meeting. We have an Anti-racism and Bias Task Force focused on our meeting to support implementation of policies to address experiences of racism or bias at our events. With our board composition sorely limited in diversity, I appointed Pat Loftman from the Midwives of Color Committee to serve as an ad hoc member until the Board Composition Task Force could review representation of our board and make recommendations for change. The board also approved an anti-racism statement released at the Annual Meeting, and we institutionalized a Diversity and Inclusion Committee in our new volunteer structure. This said, I am continuing to learn, and we all need to continue learning. To support ongoing skill-building to continue equity and inclusion work, the board has committed to a training process for itself and the leadership of ACNM, with the goal of extending this training throughout our organization.

Collaboration: I wanted to continue to expand our collaborations across organizations and within the midwifery community to increase access to midwifery care; support legislation in favor of full practice authority; and expand our sphere of leadership to make a difference in women's health, maternity care, and the practice of midwifery globally and locally. In this area, we enjoyed positive momentum and accomplishments. In March, the board approved the new joint ACOG-ACNM statement and, in April, ACOG approved the statement (bit.ly/jointstatement18). We moved through this process with a focus on our individual and shared mission of providing health care services of high quality and in a manner that centers on those we care for. This joint statement will serve ACNM and its members well as we move forward in our advocacy efforts to expand access to the full range of midwifery care. In addition, we also committed to writing shared statements on workforce shortages and health equity. Our collaborative relationship as documented in the joint statement does not immunize either of us from critique in our conduct and messaging. Collegiality requires honesty, accountability, and the ability to call each other out and in when necessary. In the case of ACOG's release of an abhorrent image used in a presentation and social media about maternal mortality prevention, I did not do enough on behalf of our members who were deeply hurt. I directed ACNM's concerns, the need for internal review to ACOG leadership. We had several difficult conversations. My error was this was not transparent to our membership, for which I apologize.

Vaginal birth after cesarean (VBAC): My ability to create momentum in this area was limited, despite my deepfelt commitment to expanding VBAC access. Despite strong advocacy work during my tenure, the issue remains critical and I remain committed to ongoing advocacy to make change.

When I was inducted as President, the song running through my mind initially was Grateful Dead's "Touch of Grey" with the line "I will survive." I turned, instead, to the title of "The Future's So Bright, I Gotta Wear Shades." I continue to believe we have a promising future as ACNM. I remain passionate and committed to working within ACNM and with the next generation of leaders to ensure bright horizons for many generations to come.



By Lisa Kane Low,
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President's Pen columns from newly inducted ACNM President **Susan Stone, CNM, DNSc, FACNM, FAAN** will begin with the Summer 2018 edition of *Quickening*.

A Packed Agenda at the March 2018 Board Meeting

Addressing issues as varied as rebranding our engagement campaign and supporting first-assist skills are two of the many issues the board addressed this spring.

Heading full force into 2018, the ACNM Board of Directors packed its March meeting full of agenda items and updates from volunteer leadership and the national office staff. Even as board secretary, I have a tough time keeping up with the breadth of the work our organization has under way. Thankfully, we have our quarterly public reports; the Consent Agenda keeps our entire organization updated on work happening in the divisions, committees, and caucuses, and the Open Agenda tracks the activities of the board. Both are posted on the Board of Directors page on midwife.org.

Providing Guidelines for Engaging Online

The Division of Education is seeking to inform midwives active on social media of best practices, guidelines, and cautions related to posting content online. Midwives engage a broad constituency online, including clients, practice partners, fellow midwives across the globe, physician colleagues, and members of political movements and organizations. Our members look to ACNM for advice on ways to do so ethically and professionally. Midwives also seek support from ACNM regarding how best to guide clients seeking to engage with their providers online. The board asked the Division of Education to engage stakeholders in this discussion and report back at our May 2018 meeting.

Rebranding Our Moment of Truth

In 2013 and 2016, ACNM reviewed membership views of our public awareness campaign, Our Moment of Truth (OMOT). Survey responses indicated that members wanted ACNM to do more to increase public awareness of and education about midwifery, but said they had a low familiarity with OMOT. The Membership and Marketing Committee has now submitted an agenda item to re-consider the OMOT brand and its online presence, and it is evaluating ways to revitalize the related content, including rebranding.

Supporting First-Assist Skills

Many ACNM members seek to expand their scope of practice through first assisting in cesarean births. The outline of how members can add

any additional skill to their practice, beyond basic scope, is located online at bit.ly/2rkQ7AF. Acknowledging the popularity of this specific advanced skill and its importance for membership, ACNM will be working toward implementing an education program to support members in gaining these skills.

Core Competencies and Transgender Care

Midwifery Core Competencies are currently under routine revision, and the committee completing this work will submit full recommendations to the board. The Gender Equity Task Force (GETF) and the Core Competencies Committee requested clarification from the board on whether the existing Core Competencies encompasses care of transgender individuals, including hormone affirmation therapy, as both groups are working on resources for the College around this care. The board affirmed that care of transgender individuals and hormone affirmation therapy falls within basic scope of midwifery care. GETF will be working with the Advancement of Midwifery Education Committee to develop a plan for disseminating content to educational programs related to this care. (Read about the Gender Equity Task Force and review the existing Core Competencies at bit.ly/acnmCC)

ACNM will be working toward implementing an education program to support members in gaining first-assist skills.

Did you know you can participate in the ACNM Board of Directors meetings? There are several ways to do this: 1) Submit an agenda item by the deadline, usually a month prior to the meeting; 2) Call in or attend in person during the open session (You can preview the agenda, which is posted on the board's ACNM webpage a few weeks prior to the meeting.); and 3) Read the minutes from the meeting, which are posted on the board's ACNM web page about a month after the meeting. Stay up-to-date and involved between meetings by reaching out to board members and letting us know your thoughts and experiences as a member. Additionally, the national office will be identifying a plan to advertise Open Session access and proposing the best platform for functionality. A small group of board members will draft definitions of engagement in these Open Sessions.

By Stephanie Tillman, CNM, MSN
Immediate Past ACNM Secretary
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Leadership in Action columns from newly inducted ACNM Secretary **Bridget Howard, CNM, MSN** will begin with the Summer 2018 edition of *Quickening*.



ACNM Election Results

This spring, ACNM members voted for a several new leadership positions. Thank you to all who participated in our election to help ensure a bright future for ACNM.

New ACNM Officers



SECRETARY:

Bridget Howard, CNM, MSN
Erial, New Jersey

Bridget is an Adjunct Faculty member at the Midwifery Institute at Jefferson University in Philadelphia. Additionally, she is a certified nurse-midwife at the Perinatal Evaluation Center at the Hospital of the University of Pennsylvania. She has been a member and Chair of the ACNM Midwives of Color Committee and is currently Chair of the Friends of Midwives of Color Committee. She has also served as Secretary of The A.C.N.M. Foundation, Inc. She succeeds Stephanie Tillman, CNM.



REGION II REPRESENTATIVE:

Jeanne Murphy, PhD, CNM, FACNM
Rockville, Maryland

Jeanne is an Assistant Professor at George Washington University School of Nursing as well as a certified nurse-midwife at the University of Maryland, St. Joseph Medical Center. Jeanne is Secretary of the Maryland Affiliate, Co-chair of the ACNM's Public Health Caucus, and a member of the Division of Standards & Practice, Clinical Practice and Documents Section; Research Committee of the Division of Global Health; and the Program Committee, as well as Peer Reviewer for the *Journal of Midwifery & Women's Health*. She succeeds Mairi Rothman, CNM, MSN, FACNM.



REGION III REPRESENTATIVE:

Elois Edge, CNM, CLC, MSN
Albany, Georgia

Elois is a preceptor at Frontier Nursing University, a certified nurse-midwife at the Albany Area Primary Health Care in Albany, GA and she is actively engaged in teaching and precepting family medicine residents and midwifery students. She has been a member of the ACNM for 20 years. Elois succeeds Jennifer Foster, PhD, CNM, MPH, who is leaving the position a year early. Using the process outlined in the ACNM bylaws, Elois was appointed to complete the remainder of term, which will be one year.



REGION V REPRESENTATIVE:

Ann Forster Page, DNP, CNM, ARRN, FACNM
Golden Valley, Minnesota

Ann is the Nurse-Midwife Director at the University of Minnesota Medical Center. She is also an Adjunct Clinical Assistant Professor at

the University of Minnesota School of Nursing, in the Nurse-Midwifery DNP Program. She was the Co-chair of the Minnesota Affiliate. Ann also serves as Chair and Co-Chair for the Optimal Outcomes in Women's Health Conference. She succeeds Lynne Himmelreich, ARNP, CNM, MPH, FACNM.



STUDENT REPRESENTATIVE:

Kira Schultz
Marquette University

Kira Schultz of Marquette University has been appointed to the ACNM Board for a one-year term, succeeding Lillian Medhus of Georgetown.

The position of student representative rotates through all the ACME-accredited programs alphabetically.

New Nominating Committee Members

ACNM members have also elected two new members to serve three-year terms on the ACNM Nominating Committee.



Terri Patrice Clark, CNM, PhD, MSN, MA, FACNM is an Associate Professor at Seattle University College of Medicine; a Peer Reviewer for the *Journal of Midwifery & Women's Health* and a member of the ACNM Ultrasound Task Force.



Celina del Carmen Cunanan, CNM, MSN is an Assistant Clinical Professor, Department of Reproductive Biology at the School of Medicine, Case Western Reserve University. She is the UH System Chief for Nurse-Midwifery, University Hospitals Group, University Hospitals Cleveland

Medical Center. Additionally, Celina is a member of the Midwives of Color Committee.

They succeed **Tonya Nicholson, CNM, DNP, WHNP-BC, FACNM**, Chair, and **Mary Barger, CNM, PhD, MPH, FACNM**.

Questions or comments about ACNM elections? E-mail us at leadership@acnm.org.

Region I Update

CT, MA, ME, NH, NY, RI, VT, Non-US Locations

Honoring the Mothers of Modern Gynecology

The statue of J. Marion Sims, MD has finally been removed from its prestigious Central Park location in Manhattan, New York. Between 1845 and 1849, Dr. Sims performed torturous, unscrupulous surgeries in Montgomery, Alabama, on 12 enslaved women with fistulas. Yet, he became known as the father of modern gynecology. Three slaves, in particular, whom Dr. Sims identified as Anarcha, Lucy, and Betsey are, by contrast, the true mothers of modern gynecology. “[The removal of the statue] is one small step in healing the horrors of the past, for people to finally acknowledge that we should not honor this doctor who conducted unethical experiments on enslaved black women without anesthesia or informed consent,” said Sascha James-Conterelli, DNP, CNM, LM, president of the New York State Association of Licensed Midwives, who attended the removal.

As a descendant of enslaved people on Virginia plantations and Jews who escaped the Nazi regime, I recognize that it is by sheer luck that my ancestors escaped death and that I was born at all. The transatlantic slave trade forced 10 million to 12 million Africans to the Americas between 1525 and 1807. In 1808, the act prohibiting the importation of

slaves took effect, creating a valuable niche for midwives, since slavery could continue only through offspring. On average, a slave mother gave birth to approximately 10 children, and the total slave population in the South grew eventually to 4 million individuals before liberation.

As I write this, I am looking forward to delving into the rich history and present-day vibrancy of Savannah at our Annual Meeting and to having many important conversations. I keep in mind, and hope others will as well, that slavery still exists today. Around the world, an estimated 40 million people live in conditions of modern slavery, forced into involuntary labor, coerced marriages, and sexual exploitation. Additionally, I believe the legacy of slavery continues in our often unjust criminal justice system, which disproportionately incarcerates black and brown people into what I feel is legalized involuntary servitude.

Fifty years since the assassination of Dr. Martin Luther King, Jr, his words from *Letter from Birmingham Jail* continue to guide us: “Injustice anywhere is a threat to justice everywhere.” May our meetings and continued conversations enable us to honor our history and each other so we may harness more strength for the work that lies ahead.

By Kathryn Kravetz Carr, CNM, MSN, FACNM
Region I Representative
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This 1982 painting, *Medical Giants of Alabama*, depicts several physicians, including Marion Sims scrutinizing an enslaved woman, Anarcha Wescott, on whom Sims performed an estimated 30 surgeries. The painting was removed from the University of Alabama Center for Advanced Medical Studies in 2005.

Region II Update

DC, DE, MD, NJ, PA, VA, WV, International Addresses

Reflecting on Six Years as Regional Representative

As I step down from the board after two terms, I would like to welcome my successor, Jeanne Murphy, CNM, PhD, FACNM. I am very comfortable leaving Region II in her capable hands, and I strongly urge all Region II members to be in touch with her and help her to represent you at the board level, where much visioning and policymaking takes place. During the past six years, I have been proud to be a part of many important pieces of board work:

- At the National Level:
 - » Ongoing efforts toward greater diversity and inclusion in the College and in the midwifery profession;
 - » Establishment of the Gender Equity Task Force;
 - » Ongoing success of the PAC to support federal legislative efforts;
 - » Renewed strategic planning and reorganized volunteer structure;
 - » Documentation of our governance processes leading to greater institutional memory for future boards;
 - » Important steps toward unification of midwifery through USMERA;
 - » Positive developments in our relationship with ACOG and inter-professional education and communication;
 - » Re-energized efforts to bring the CM credential into appropriate alignment with CNM state credentials;
 - » *New Home Birth Handbook* and the Home Birth Clinical Bulletin;
 - » Transition from chapters to affiliates; and
 - » The beginning of the unity tent concept, which continued in Savannah this year as “Come Sit Awhile.”
- In Region II:
 - » Unfolding efforts to license CMs in Washinton, DC, and Maryland;
 - » Licensure for CPMs in Maryland and CMs and CPMs in Delaware;
 - » Autonomous practice with no collaborative agreement in Maryland;
 - » Two regionwide mid-winter retreats; and
 - » Regional reorganization.

My heartfelt thanks to the many midwifery leaders who work tirelessly to make all these things happen, including my fellow board members. I am grateful to have had this opportunity to serve, and after I finish my Doctor of Midwifery (only 18 more months!) I will be eager to find new ways to support this changing, growing, dynamic association. In the meantime, I will continue leading the Heart of Midwifery session at the Annual Meeting. I hope you will all come share stories, sing songs, and bless the hands of our students in years to come.

By Mairi Rothman, CNM, MSN
 Immediate Past Region II Representative
mairicnm@gmail.com

Updates from newly inducted Region II Representative **Jeanne Murphy, CNM, MSN, FACNM** will begin with the Summer 2018 edition of *Quickening*.



Region III Update

AL, FL, GA, LA, MS, NC, SC, TN

Welcome to Our New Representative and Thank You!

It has been my great honor to represent Region III. As all the midwives in my region know, I am retiring at the end of May and moving to Hawaii. I am sad to leave great colleagues and students, but also excited about the next adventure.

I am thrilled that Elois Edge, CNM, DNP from Albany, Georgia, will be the next representative of Region III on the Board of Directors. Elois has many years of experience as a clinical midwife, currently practicing at Albany Area Primary Health Care. Additionally, she is a certified lactation counselor and a neonatal resuscitation program provider. Elois is a clinical preceptor for both midwives and family-medicine residents, and she has won awards for her precepting and her community service. Welcome, Elois! The board is so pleased you will be our Region III Representative.

I could not leave this position without expressing my admiration for the tremendous work ACNM does and the huge volunteer effort that members provide to make the organization what it is. As a board member, one gets a broader view of what is happening across the country, and I have been deeply impressed by the dedication and motivation of the midwives in the Southeast affiliates. This is especially true given our politically turbulent times and the context of persistent, egregious racial disparities that affect maternal and newborn health. This is a burning issue everywhere in the nation, but it is especially so in our region. Midwives are making a difference, and we need more of us!

Thank you all who, in addition to your work as midwives, take time to volunteer for ACNM, to be active politically on behalf of advancing midwifery and women's health, and to connect with and assist other midwives in states outside your own with the issues that confront them. I know I will continue to volunteer on behalf of ACNM from Hawaii, but to those of you in the Southeast, keep up your tremendous effort and thank you once again for allowing me to serve you on the board.

By Jenny Foster, CNM, MPH, PhD, FACNM
 Immediate Past Region III Representative
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Updates from newly inducted Region III Representative **Elois Edge, CNM, DNP** will begin with the Summer 2018 edition of *Quickening*.



Region IV Update

AR, IL, IN, KY, MI, MO, OH

Strength in Numbers and Ways to Volunteer

I was happy to see Region IV come out strong for the 63rd ACNM Annual Meeting in Savannah, Georgia, during May 20-24, 2018. It was a great time to meet new friends and catch up with old colleagues and classmates while we learned, shared, and grew together. There is something special about Savannah. I have been there many times with my family, and I have very pleasant memories of this Southern city. I was so looking forward to going back, and the city did not disappoint.

Region IV: We have many things to celebrate as well as challenges to work on as a group. It was fabulous to see so many at the Regional Meeting and to celebrate awards and varied accomplishments. I would like to encourage people to continue to submit nominations and applications for Clinical Stars awards, "Midwifing Midwives for a Lifetime" commendations, and "With Women for a Lifetime" commendations. The Clinical Stars awards are given in honor of midwives in clinical practice for 25 or more years who are members of ACNM, and who have demonstrated excellence in clinical practice and positive mentoring of other CNM/CMs; "Midwifing Midwives for a Lifetime" commendations recognize midwifery education programs that have educated midwifery students, increased access to midwifery education through innovation and service, and put the heart of midwifery into their educational program. "With Women for a Lifetime" commendations recognize midwifery services that have provided innovative and compassionate midwifery care to families, expanded access to women's health care as provided by certified nurse-midwives or certified midwives, and put the heart of midwifery into practice. Every midwifery practice is eligible to apply for one silver (at least 10 years of service), one golden (at least 20 years of service), and one platinum (at least 40 years of service) commendation. It would be fabulous to see individuals, educational programs, and clinical practices receive these honors.

I again wanted to congratulate the following preceptors from our region who received awards: Kelly Ellis, CNM: UIC; Leslie Stroud, CNM: CWRU; Jacqueline Cleland, CNM: OSU; Alison Forbes, CNM: Cincinnati; Christina Majsazk, CNM: Michigan. **Excellence in Teaching Awards:** Judy Schlaeger, CNM, PhD, LAc: UIC; and Elizabeth, Niederegger, CNM: Cincinnati. **Clinical Star Award:** Joani Slager, CNM, MSN, CPC, FACNM. **Region IV Award:** CONGRATULATIONS Michigan! There is strength and power within ACNM engaged members. If you are thinking what can I do? With the new volunteer structure, there are fabulous opportunities with choices that can be tailored to your time, and unique qualities.

By Katie Moriarty, CNM, PhD, RN, CAFCI, FACNM
Region IV Representative
moriartykam@hotmail.com



Region V Update

IA, KS, MN, ND, NE, OK, SD, WI

Committing to Change for the Long Haul

As I write this, the new calves are in my neighbor's pastures, bringing a smile with their antics. In **Wisconsin**, the affiliate, which has been working on a full practice authority bill for more than six years, in a coalition with other advanced practice groups, faced disappointment once again, when the bill did not move forward. The affiliate is looking at its options for next year. In early May, **Iowa's** governor signed a bill banning abortion after the time a heartbeat is detectable, and the CPM licensure bill did not make it out of committee. The CPM/traditional midwife community in Iowa so far has been unable to come to consensus on some US MERA legislation, although they are aware there is momentum to support such legislation in the health care community. **Nebraska** was unable to move their full practice authority CNM-only bill out of committee. The nurse practitioners in Nebraska already have full practice authority.

In **Kansas**, two-year-old legislation requiring a second license for limited independent practice for maternity care and family planning only, under the Board of Healing Arts, sent its proposed regulations to the Board of Nursing for approval. The affiliate opposed the regulations and worked with the Kansas Board of Nursing to reject them and were successful. The Board of Nursing sent them back based on four major concerns:

- Not following "acceptable, well-researched, evidence-based standards";
- Dual scope of practice, "who is your master?";
- Use of a credential (CNM-I) that is not recognized; and
- Legalities of regulating a nonstandard role (that of a CNM with a split scope of practice) and concern about how this raises the Kansas Board of Nursing liability in regulating a midwife with a scope of practice that is unfamiliar and not standard.

The Kansas Affiliate is also involved in an advanced practice coalition to move forward with full practice authority for all the advanced practice groups.

This is my last region representative column for *Quickening* after six years on the board. It is, of course, a bittersweet time, but I plan to continue my advocacy work within the volunteer structure. Ann Forster Page, DNP, CNM, APRN, FACNM who has served as Minnesota Affiliate Co-chair, brings leadership experience and an understanding of the importance of strong affiliates, able to engage their membership to her new role. We welcome her!

By Lynne Himmelreich, CNM, MPH, FACNM
Immediate Past Region V Representative
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Updates from newly inducted Region V Representative Ann Forster Page, DNP, CNM, APRN, FACNM will begin with the Summer 2018 edition of *Quickening*.



Region VI Update

AZ, CO, MT, NM, UT, TX, WY, IHS/Tribal

New Beginnings and a "Find Your Place" Challenge

Each year, spring provides an opportunity to be reinvigorated professionally and personally. I have taken this opportunity to reflect on my time as an ACNM Board member. I have had the opportunity to connect with amazing midwives across the United States and engage in exciting conversations about our profession and women's health care. My experience at the national level has deepened my appreciation for the work we all do and strengthened my belief that we all have a place in ACNM. We have accomplished many achievements as an organization, but still have many goals to tackle. Our organization thrives because of our members and their dedication to our organization through volunteering. It truly takes a village, and I would like to challenge our members to "find your place" in ACNM. *What is your passion? What inspires you? What provides meaning in your professional life?* I challenge you to identify the answers and build on them through volunteering at the affiliate or national level!

Now is an exciting time for our affiliates as new officers are starting their tenure in leadership positions. I wanted to take a moment to say thank you to all the affiliate officers in Region VI. Your dedication, passion, expertise, and work is appreciated and noticed. Thank you for taking the extra time to give to our organization and profession!

Arizona hosted a Spinning Babies Workshop on April 28th. They are also had a jewelry and T-shirt sale to raise money for affiliate activities. The leadership is planning a road trip to rural parts of the state. **Colorado** recently held elections and welcomed several new board members including Aubrey Tompkins, CNM and Mallory Otto. Jessica Anderson was recently identified as a Colorado Nightingale Luminary finalist. **New Mexico** had a great turnout for their Annual Advocacy Day at the Santa Fe Round House. The New Mexico Maternal Mortality Review Committee had their first meeting in May with great representation from midwifery. **Texas** recently held elections for new affiliate officers and recently hired a lobbyist to support the affiliate. There are many new birth centers and hospital practices opening in the northern Texas area, Houston area, and Hill Country, as well as the Panhandle. **Utah** recently held elections. Current leadership includes: Mary Kay Reynolds, CNM (Treasurer), Julie King, CNM, MSN (VP), Erin Cole, CNM, DNP, CNE, FACNM (Secretary) and Christina Elmore, CNM, MSN (Pres).

By Jessica Anderson, CNM, DNP, WHNP, FACNM
Region VI Representative
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Region VII Update

AK, CA, HI, ID, OR, WA, Uniformd Services, Samoa, Guam

Midwives Joining Force and a Moving Memorial

Midwifery is coming out of the closet! Internationally, nationally, and in Region VII, midwives are recognizing the need to be united. Certified midwives, certified nurse-midwives, certified professional midwives, and licensed midwives are, en masse, the solution to less-than-optimal obstetric/newborn outcomes in our resource-laden, first-world nation. In **Hawaii**, members of the Midwives Alliance of Hawaii and the ACNM state affiliate are joining forces to support legislation that will regulate the practice of certified midwives and certified professional midwives and, in so doing, will increase access to midwifery care. This bill draft is a good template for other states that are pursuing legislation in a single bill for certified midwife/certified professional midwife licensure. For more in-depth information on the background and process of creating and legislating this bill see our Affiliate Spotlight article on page 15 of this issue of *Quickening*; you'll also find information on ways to help those affected by volcanic activity on Hawaii's Big Island.

Midwives must continually renew their involvement in advocacy, but they should also pursue elected positions. In **Washington** State, Cheri Van Hoover, CNM, recently ran for state health commissioner and lost by a narrow margin. As a nurse-midwife and a health policy instructor, she heard from voters that her qualifications and background in health services were her most important selling points as a candidate. Cheri, who talked at this year's Annual Meeting about her experience as a political candidate, urges other midwives to throw their hats in the ring.

In memoriam: Deborah Davis Frank, CNM, unexpectedly passed away on December 26, 2017. A graduate of the Yale nurse-midwifery program, Debbie shared in the experience of birthing of babies for more than 30 years. She worked quietly, yet tirelessly for midwifery and for the cause of ensuring that women have kind, compassionate care before, during, and after childbirth. She attended births at home as well as navigated the bureaucracy involved in obtaining privileges in several Los Angeles-area hospitals. I recently attended a Los Angeles gathering for Debbie, and what struck me was her influence reached well beyond the nurse-midwifery community. Her work was inclusive of all those active in the birth community. Licensed midwives, CNMs, educators, doulas, OB-GYNs, student midwives, and mothers whom she had mothered all gave testimony to her investment in their lives. She was a beloved friend, colleague, sister, wife, mother, and grandmother.

By Ruth Mielke, CNM, PhD, FACNM, WHNP-BC
Region VII Representative
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Jessica Grant (left) of Stony Brook University and Nancy Reinhart of Frontier University deliver the 2018 Student Address.

Student Update

Thank You for a Wonderful Year!

Midwife students, it has been an honor and pleasure to work as your student representative for the past year. I have had many amazing experiences and, I hope, have spoken to the interests of midwife students whenever I had the opportunity. One of my favorite memories is the excellent Student Report presentation at the Annual Meeting, where students highlighted the need for diversity throughout every area of our education. They also discussed creative solutions to increase the number of preceptors, to continue to improve the visibility of midwives, and to support new graduates. (I hope you will read my article, "I've Graduated, Now What?" on page 20 to help you prepare for life after graduation!)

I loved being able to meet many of you at the Political Action Committee/Student Midwives Happy Hour in Savannah! We were able to network and talk about issues important to students. Some of my other favorite memories are going to ACNM Board Meetings to speak for student issues, helping to plan the Annual Meeting with students in mind, and leading webinars with the Students and New Midwives Section to help you get involved in ACNM. I hope that you will continue to get involved with our professional organization; working towards equitable, compassionate, quality care for all people that need a midwife! Thank you for a wonderful year as your student representative.

By Lillian Medhus, SNM
Immediate Past ACNM Student Representative
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Updates from newly inducted Student Representative, **Kira Schultz** of Marquette University, will begin with the Summer 2018 issue of *Quickenning*.



Excerpt from the 2018 ACNM Student Report

Students and new midwives comprise 31% of the membership of the College. Our hope is that new students will continue to join at increasing rates, and that existing student members transition into new midwife members after graduation. We, as student liaisons, see ourselves as critical to making that change happen.

We recognize that ACNM is ardently working on issues that relate to themes identified through the student survey and want to acknowledge the following efforts already underway:

- Weaving anti-racism and diversity and inclusion into all levels of ACNM and midwifery work, including organizational representation, preceptor recruitment, and workforce development;
- Expanding technological interface and social media adaptability of all ACNM materials, trainings and information, and updating the ACNM website, specifically the student and new midwife pages;
- Training on the topic of preceptorship, offering exemplars for practice, and working to expand preceptor access across the country;
- Marketing the profession of nurse midwifery and educating consumers and related professionals about our scope of practice
- Enhancing the transparency of ACNM governance and student involvement in leadership, and releasing educational program data.

We believe your work on all of these endeavors aligns with student priorities as expressed interests; and we are asking for a little bit more.

Students from more than half of the existing midwifery programs responded to the ACNM annual survey of student priorities. The following themes emerged from these responses: addressing racism, issues of diversity and inclusion throughout the organization and the midwifery profession, narrowing the student knowledge deficit about ACNM, providing clinical support to current students, and offering professional support to new graduates. We respectfully submit the following suggestions. We are lifting up our voices and we ask that you hear us. [Read the full report at bit.ly/StudentReport18.]

ACNM Releases a Position Statement on Racism and Racial Bias

As a foundational step on its journey to achieve diversity and inclusion consistent with its mission, vision, and core values, the college has now approved a guiding document.

Racism would not exist in an ideal world. Instead, equity would govern institutions, systems, and policies that affect all aspects of life and guarantee that all individuals have equal access to necessary resources. With equity, everyone would have unimpeded access to effective political representation, quality education, health care, employment opportunity, merit-based compensation, and decent housing. To achieve the urgently important goal of health equity, specifically, “requires valuing all individuals and populations equally, recognizing and rectifying historical injustices, and providing resources according to need. Health disparities in racial and ethnic communities would be eliminated if health equity were achieved.” (Jones, 2014). Although medical advances and the emergence of evidence-based health practices have improved the quality of medical care rendered to everyone, including women, the racial gap in maternal and infant outcomes remains unacceptably high for women of color.

A Need for Foundational Context

ACNM has embarked on a journey to achieve diversity and inclusion consistent with its mission, vision, and core value of embracing diverse identities and excellence in midwifery. The ACNM Board of Directors is reviewing and implementing best strategies toward this goal, beginning with the appointment of a midwife of color to the ACNM Board of

Directors. The primary midwifery textbook, *Varney’s Midwifery*, will include contributions by midwives of color. Also, ACNM contributed to the Bundle on Health Disparities produced by the Alliance for Innovation in Health Care. Until now, however, what was still missing was an ACNM document that provides the foundational context for understanding the intersection of racism, midwifery practice, and care.

ACNM’s Position Statement on Racism and Racial Bias has now been developed and approved by the board. The statement reaffirms ACNM’s commitment to eliminating racism and racial bias in the midwifery profession and race-based disparities in reproductive health care. It reviews the history and current manifestations of racism and white supremacy in medicine, midwifery, and reproductive health care. The statement further addresses the structural forces that perpetuate racism and race-based disparities in health care. ACNM leadership hopes this position statement will facilitate midwives’ understanding of the ways racism and racial bias affects our members, those we care for, and society at large.

By Patricia O. Loftman, CNM, LM, MS, FACNM
Board of Directors, Midwife of Color, Ex Officio
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An Excerpt from the ACNM Position Statement on Racial Bias and Racism

Read the statement in full in the ACNM library at bit.ly/ACNMRacialBiasStatement.

The American College of Nurse-Midwives (ACNM) is committed to eliminating racism and racial bias in the midwifery profession and race-based disparities in reproductive health care.

ACNM’s position is that midwives must:

- Understand the history and current manifestations of racism and white supremacy in medicine, midwifery, and reproductive health care.
- Recognize and address the structural forces that perpetuate racism and race-based disparities in health care.
- Engage in lifelong introspection and self-development to identify and address their own implicit bias, internalized racism, and potential to perpetuate racism.
- Provide nonjudgmental, culturally sensitive care to all people and work simultaneously to identify and implement ways to reduce the effect of racism on the health outcomes for their patients of color.

ACNM is committed to:

- Increasing the racial and ethnic diversity within the profession with the aim that ACNM members will reflect the racial diversity of the populations they serve.
- Identifying and supporting midwives of color to develop and achieve leadership positions at all levels throughout ACNM.
- Including strategies to address racism and race-based disparities in subsequent revisions of the Core Competencies for Basic Midwifery Practice.
- Including robust content on racism and race-based disparities at all events and in documents and communications.
- Working with the Accreditation Commission for Midwifery Education to incorporate and regularly update content on racism and race-based disparities into midwifery education programs.
- Working with the American Midwifery Certification Board to develop continuing competency assessment modules to ensure that midwives do not reinforce negative biases and racial stereotypes that harm patients.
- Providing continuing education on racism, its relationship to health disparities, and strategies for midwives and midwifery services to address racism in themselves and in their communities.
- Evaluating the challenges and successes related to these commitments and reporting on these biannually at the ACNM Annual Meeting.

Moving Forward in Aligning Expenses and Resources



The ACNM Board of Directors and national office staff worked throughout 2017 to address our strategic priorities while aligning our financial resources with expenses. A clean audit of the 2016 financial reports revealed that ACNM closed the year with \$115,000 in deficit spending and investment income of \$82,000, resulting in a \$33,000 decrease in net assets. This was significantly less than projected for the year and a dramatic improvement from the previous two years.

The board approved a balanced budget for 2017. ACNM ended 2017 with an operating budget deficit of approximately \$233,000. Our investment portfolio realized total gains in interest and income of about \$206,000 with combined long- and short-term reserves equaling \$2,021,583. Thus, in 2017, ACNM's change in net assets was a decrease of \$27,000.

In 2018, our budget goals include completing the integration of the new AMS into all finance functions, examining our banking relationships for potential cost savings, and continuing to diversify our fund development efforts while carefully monitoring expenses. Audited financial statements are available to members at www.midwife.org/fac.

By Brent Parker
ACNM Financial Director
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Journal of Midwifery & Women's Health

Patient-Centered Language in the *JMWH*

Midwives promote and practice patient-centered care, and authors and editors should do the same with patient-centered language usage. The power and impact of language is frequently on the minds of the *Journal of Midwifery & Women's Health (JMWH)* editors as we evaluate and edit manuscripts submitted to *JMWH*. We recognize that the language used in the articles we publish expresses more than just scientific meaning; it can also convey implicit biases, values, or beliefs. We have spent a lot of time reflecting on ways to ensure language in *JMWH* is accurate, consistent, inclusive, and patient-centered.

We continue to be dedicated to people-first language: word choices and sentence structures that emphasize the humanity of a person as their central characteristic, not their health status or condition. This is reflected in the *JMWH Manuscript Preparation and Style Guide*, which specifies our preference for avoiding dehumanizing words and phrases. This is achieved by referring to the person first and their condition second (eg, woman with hypertension instead of hypertensive woman); avoiding the use of dehumanizing terms such as cases, controls, or subjects to refer to study participants; and ensuring patients themselves, instead of their body parts or physiologic processes, remain the subjects of sentences.

Accuracy and consistency of language are also important. At *JMWH*, the editors strive for both and acknowledge that success is not always straightforward. An important example is the Journal's dedication to the accurate use of the terms obstetrics and midwifery care, as eloquently described by *JMWH* Editor-in-Chief Frances E. Likis in her editorial (bit.ly/2s0nxWm) in the September/October 2017 issue of the Journal. We

encourage *JMWH* authors and all midwives to use specific and accurate language when referring to the care provided by midwives and other health care providers to honor the distinctions and contributions of all the disciplines and providers involved in maternity care.

The *JMWH* editors recently shared their approach and stylistic preferences regarding the use of gender-neutral language in the Journal. Acknowledging that preferences, norms, and language options around gender are still rapidly evolving, we have adopted a policy of "intentional inconsistency" that gives authors the flexibility to choose the language that most accurately reflects their patients or study participants, as well as honors their own perspective on gender language. I encourage you to read the editorial (bit.ly/2IHGu10) in the March/April 2018 issue of *JMWH* for the rationale and implications of this decision for *JMWH*.

Language is a dynamic tool that is alive and ever-changing. It is reflective of the society that uses it, and in turn, meaningful use of language can shape the conversations that contribute to evolving beliefs. The editors of *JMWH* are committed to ongoing evaluation of the language used in the Journal so that words and phrases respect and honor individual patients, the midwifery profession, and all health care providers who contribute to the health of women and families.

By Brittany Swett
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Hawai'i Affiliate: A Fresh Push to Expand Licensing of Midwives

In Hawai'i, certified nurse-midwives are considered independent primary care providers for women and newborns under the age of 28 days. CNMs fall under the jurisdiction of the Board of Nursing and are licensed by the Department of Commerce and Consumer Affairs (DCCA). CNMs maintain RN and APRN licenses through the department, requiring renewal every two years. It also grants prescriptive authority, including controlled substances, to APRNs/CNMs with graduate-level education who have successfully completed advanced pharmacology and continuing education requirements.

CNMs are the only licensed midwives in the state. Currently, there is no licensing or regulation of certified professional midwives, certified midwives, or other midwives. Hawai'i's Constitution, however, does secure the rights of native healers engaged in traditional native Hawaiian healing practices, which may include midwifery.

Introducing a New Initiative

Individuals and organizations committed to the well-being of childbearing families in Hawai'i, including the state Department of Health (DOH), DCCA, the Hawai'i chapter of the American College of Obstetricians and Gynecologists (ACOG), and our Hawai'i Affiliate have made multiple attempts during the past two decades to pass bills for licensing and regulation of CPMs and other midwives. This past January marked our most recent initiative. Concerned stakeholders and midwives from the Midwives Alliance of Hawai'i (MAH) developed a bill that was introduced into the state House of Representatives (HB 2184) and the Senate (SB 2294) establishing the criteria for licensure of midwives by the Department of Commerce and Consumer Affairs, including interim rules for continuing education requirements, standards of professional conduct, prescriptive authority, and penalties for violations. The bills passed their first readings in the House and Senate. The Hawai'i House Committee of Health and Human Services then recommended that the measure be passed with amendments. The bill passed the second reading as amended and was referred to the Committee on Consumer Protection and Commerce. However, the proposed bill was then deferred in the House of Representatives.

In March 2018, the House proposed a Concurrent Resolution (HCR 143) requesting that the DCCA convene a midwifery regulatory working group to study and develop a plan for defining midwifery, establishing licensure, and creating a process for data collection and peer review for all midwives in the state. Individuals requested to serve on this midwifery regulatory working group included the director of Commerce and Consumer Affairs (or designee); the chair of the Senate Committee on Commerce, Consumer Protections, and Health (or designee); the chair of the House Committee on Health and Human Services (or designee); the chair of the Hawaii Section of ACOG (or designee); the president of MAH (or designee); a member representing uncertified midwives as designated by the board of directors of Papa Ola Lokahi (a nonprofit consortium of Native Hawaiian health organizations);



and a representative from the legislative Reference Bureau to provide legislative drafting assistance should the working group propose any legislation.

Testimony both in support of and in opposition to the proposed bills was presented in public hearings in the House and Senate in the current legislative session. Although the executive board of the HAA did not participate in writing the most recent bills (which occurred during the transition period of the newly elected executive board), it did provide written and in-person testimony in support of licensure of CPMs and CMs.

After the bills were deferred and the House proposed a House Concurrent Resolution for the formation of a midwifery working group, midwives and other individuals in the community expressed concern that the working group (HCR143) does not include a CPM or a direct-entry midwife or a member of the home-birth community. The Affiliate's Executive Board encourages its members to offer opinions and suggestions for moving forward with licensing and regulation of CPMs and CMs in Hawai'i. The HAA will continue to monitor midwifery legislative measures in Hawai'i and provide assistance and support when indicated.

By the HAA Executive Board

Colleen Bass, CNM, WHNP, *President*

Carmen Linhares, CNM, APRN, *Vice-President*

Annette Manant, CNM, APRN, *Secretary*

Celeste Chavez, CNM, *Treasurer*

HELP HAWAII':

To help those affected by the volcanic activity on the Big Island, ACNM recommends donating to reputable organizations verified by Charity Navigator. Hawaii News Now lists some of these here: bit.ly/HNNIavahelp. Also, ACNM midwife, Roxanne Estes has lost her home and birth center. See her GoFundMe page here: bit.ly/EstesRebuild

Inspire, Build, and Grow Your Practice at Midwifery Works! 2018

ACNM is gearing up now for its premier business conference, Midwifery Works! 2018, in Fort Lauderdale, October 11-14. Plan now to join us there!

Inspire, Build, Grow—this is the theme for the Midwifery Works! 2018 conference, which will be held in beautiful Ft. Lauderdale, Florida, October 11 to 14 at the popular Embassy Suites. Midwifery Works is ACNM's premier conference dedicated to the business of midwifery. The education sessions are exclusively business-related and carefully chosen each year based on past participant feedback. Our goal is to ensure that our topics are relevant now, whether you're running a solo midwife practice or are the practice director of a very large practice. Many midwives tell us that attending Midwifery Works has been transformational for them, changing how they viewed their leadership ability and ability to apply key business concepts to grow or modify their practices. There will be workshops on October 11, followed by a welcome reception. And, of course, there are CEUs attached to the conference. This year, we hope to also attract practice managers, with sessions related to finance and practice growth.

"Many midwives tell us that attending Midwifery Works has been transformational for them."

The conference takes place in a smaller, more intimate setting, and offers a unique opportunity for networking and getting to know key midwifery leaders. An ACNM Board meeting will be happening there, and the Foundation meets there, as well as the Division of Education, so it's easy to schedule a coffee, join someone at happy hour, or just start a conversation.

Ft. Lauderdale is also an ideal setting for R&R, which midwives need and love. (Consider staying a few extra days to explore the intercoastal waterways!) If you have not yet attended a Midwifery Works conference, we hope you will join us this year. If you have attended in the past, we look forward to seeing you again. Register soon to reserve your place at the table! Midwiferyworks.midwife.org

By Barbara Hughes,
CNM, MS, MBA, FACNM, NE-BC
bhughescnm@gmail.com

Christie Bryant, CNM, MS





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- Offered as a joint initiative of ACNM and Life Cycle Health & Education, LLC.
- Supported, in part, with an award from The A.C.N.M. Foundation, Inc's W. Newton Long Award

"This was one of the best continuing education courses I have done online or in person. I felt as if every moment was well spent, and I truly feel it will impact my daily practice. Superb!" –CNM, California

Regular price: \$125

ACNM Members: \$100



ACNM Secretary Joani Slager (left) and newly inducted President Susan Stone (right) with Brian Iriye, president-elect of the Society for Maternal-Fetal Medicine at the President's Reception.



Babies, bags, and smiles set the stage for a stellar five days.



The Exhibition Hall offered great opportunities to browse and learn.

Savannah's Southern Hospitality Delights ACNM Members

At the 63rd ACNM Annual Meeting & Exhibition in Savannah, Georgia, attendees packed their days with insights, excellence, connections new and old, and plenty of good times.



Friends and colleagues get in the spirit for the Midwives-PAC Rally.



A.C.N.M. Foundation President Elaine Moore (left) and Patricia Loftman (right), ACNM Board member congratulate Paulomi (Mimi) Niles, winner of the Carrington-Hsia-Nieves Doctoral Scholarship at the Awards Dinner and Celebration.



Jazz and blues vocalist Huxsie Scott opens the 2018 Annual Meeting on a high note.



Char'ly Snow (left), winner of the prestigious "Kitty" award, shares a moment with midwifery pioneer Kitty Ernst.



Thoughtful discussions and proposals ruled the day at the ACNM Business Meetings.

GIVING VOICE
TO THE SOUL OF MIDWIFERY



**American College of Nurse-Midwives
63rd Annual Meeting & Exhibition
May 20–24, 2018 | Savannah, GA**

I've Graduated. Now What?

Once you graduate from your CNM/CM program, you'll find a whole host of hurdles to overcome on your way to your first job. Here's how to clear them in style.

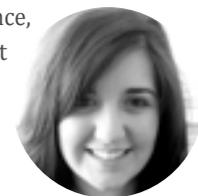
I recently graduated from Georgetown University's CNM and WHNP program, and I loved the exhilaration of those final days of school. As the excitement began to wear off, however, I realized it was time to take the post-graduation steps needed to launch my career. I was lucky to have midwife friends and mentors guiding me as I transitioned from being a student to becoming a working midwife. If you are a recent graduate, I hope you have people like this to support you, including answering your frantic 1:00 AM texts! However, in case you don't, below is an overview of steps and tips I've learned.

- **Register for the American Midwifery Certification Board (AMCB) exam (\$500).** Register for the AMCB exam at www.amcbmidwife.org/. It is much easier to prepare and stay motivated to study knowing that the exam dates are already on your calendar.
- **Pass the boards.** Passing the boards is the most critical goal to achieve after graduating. To prepare, I recommend a book endorsed by ACNM, *Midwifery & Women's Health Nurse Practitioner Review Guide* by B. Kelsey & J. Nagtalon-Ramos (bit.ly/2FKytvf). The book contains a lot of material; I found working on solely one chapter per week kept the load manageable. Remember, you've graduated, so you know how to study, and you can conquer these questions. Take a deep breath and be confident in your knowledge and preparation.
- **Obtain state licensure (Cost varies by state, typically several hundred dollars).** Every state's licensure rules are different, so check your state Board of Nursing/Health Services for details. You might be permitted to submit the application before you take the boards.
- **Apply for a National Provider Identification (NPI) number (Free).** After you are licensed, apply for an NPI at nppes.cms.hhs.gov/#/. You will need this when requesting reimbursement for services.
- **Apply for a DEA identification number (\$731).** Apply for an identification number through the US Drug Enforcement Agency at www.deadiversion.usdoj.gov/online_forms_apps.html. This number will permit you to prescribe controlled substances, if this is within your scope of practice and needed at your job.

- **Find your job.** Networking is a big help here. Great places to network include your local ACNM Affiliate meetings, sites where you precepted as a student, and the annual ACNM meeting. Check the ACNM jobs website often for new job postings in your area: www.midwife.org/MidwifeJobs.com Start.
- **Nail the interview!** Come prepared to the interview with copies of your resume, business cards, and questions that show you understand the mission and vision of the organization. Be confident and personable. Remember to ask about the orientation process for the job.
- **Sign the contract, but first understand what it means.** Questions to consider when you look at your contract include the following: Does your contract include information about what kind of malpractice insurance is provided and who will pay for the tail (the insurance that covers you when you leave that practice)? Do your benefits include paying for your continuing education and ACNM membership? Will you be reimbursed for the cost of your license and certification? Consider consulting with a midwife or even a lawyer if you see terminology you don't understand. Know that it is OK to negotiate your salary and benefits.
- **Get credentialed.** Once you are credentialed, your employer can bill insurance on your behalf. Once you fill out the (many, many!) pages in the form, your employer will handle the rest. This process takes three to six months.

Enjoy the excitement of graduation, but remember there is still a lot to do before starting work as midwife. With confidence, organization, and patience, you'll land that first job. Good luck!

By Lillian Medhus, CNM, WHNP-BC
lillianmedhus@gmail.com



The Value of Teaching Professionalism

It is time for midwifery educators to affirmatively teach our students the skills that invoke interprofessional respect.

I am a midwife, and my life has been spent with women: listening to them, rejoicing with them in the birth of their babies, and holding them when I had to deliver bad news. Those relationships and shared experiences are central to my identity as a midwife. But midwives are also professionals who negotiate contracts, build and maintain interdisciplinary relationships, and manage client expectations. More than 30 years of active practice, management, and clinical teaching have led me to believe that we should be intentionally teaching our students professional behaviors.

When we as midwives teach and precept students, we socialize them into midwifery and work to convey the qualities of listening, of respect for individual autonomy and choice, and of what it means to be “with woman.” We also need to consider the degree to which we are modeling professional behaviors and autonomy so that, as midwives, we can sustain ourselves in a complex health-care environment.

Avoiding the Midwifery “Two-Step”

Some of us suffer from a condition I have described as learned dependence. We find ourselves in settings where we need a cooperative physician and facility to practice, and we have to compromise our training and understanding of birth to survive in practice. Others feel that we must take an oppositional approach to maintain clinical integrity or purity. Thus, we see the “midwifery two-step,” described by Kennedy and colleagues (bit.ly/21VdTe7), danced again and again as midwives work to maintain their midwifery heart, while struggling to change the systems they operate within. A part of moving away from this pattern is to present ourselves as worthy of all respect and trust. The following examples may help us think about ways we can authentically convey ourselves as professionals individually and as part of a strong, autonomous profession collectively:

- Rather than model the behavior of other professions, model the ones that distinguish midwifery, and reflect those in your professional life as well. For example, negotiate for visits that offer women time to talk as well as assigning staff to assist with routine tasks. Remember that each staff member has a role to play; respect it and them.
- Reflect professionalism for students in your interactions with physicians, administrators, and other colleagues. Listen courteously, speak clearly and without evasion, and know what you are talking about. Rather than phrasing a request for a consultation as a cry for help, pose it as a discussion between colleagues with different areas of expertise. Do not permit social interactions with nursing or medical colleagues to take precedence over providing care, even in appearance.
- Speak and write professionally. Avoid daunting medical terminology and casual abbreviations or catch phrases. Make sure the people



you are speaking to actually understand what you mean and are not merely agreeing because they are supposed to. Choose an email address for professional use that reflects who you are, but will be recognizable to those who are not friends. Do not post on social media that which, if seen publicly, would diminish your standing as a midwife or tarnish the profession.

- Maintain professional competence and networks. Use the ACNM Affiliates and Connect online to share experiences and successes and support one another.

I love midwifery. We cannot exist without a healthy community around us, and this includes exhibiting behaviors that engender respect and build trust. Seed the community with your capable interactions, and you will reap a harvest of good will.



By Jan M. Kriebs, CNM MSN FACNM
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The New Doctorate of Midwifery Degree: A Vision Realized

The Midwifery Institute at Jefferson University rolls out an exciting new degree program.



The students in the first cohort at the Midwifery Institute at Jefferson University are carrying out original Advances in Midwifery Projects. Shown here with program director Barbara Hackley (front row, left).

Midwifery has a long history of being in the forefront of innovation in clinical practice, service delivery, and health policy. Today, leading optimal care for women, families, and communities requires midwives to cultivate forward-thinking 21st century skills in advocacy, midwifery education, administration, policy and advocacy, research, and clinical practice.

To achieve these goals, ACNM endorsed a new degree, the doctorate in midwifery (DM), which began being offered for the first time in 2017-2018 by the Midwifery Institute at Jefferson (Philadelphia University + Thomas Jefferson University) under the direction of Dana Perlman, CNM, MSN, DNP, FACNM. Jefferson's DM degree is the first discipline-specific doctoral degree in the profession of midwifery in the country. Its program will soon be followed by one from SUNY Downstate, under the leadership of Ronnie Lichtman, PhD, CNM, FACNM, chair of the university's Midwifery Education Program.

Advancing the Profession

The DM program is the culmination of years of work by midwives around the nation. Dorothea Lang, CNM, PhD, FACNM advocated tirelessly for it. Ronnie convened a visioning retreat that led educator and midwife Cindy Farley, CNM, PhD, FACNM to initiate DM discussions at Jefferson. Its DM program is designed to educate a leadership cadre of midwives who will advance the profession of midwifery through transformative action in clinical practice, policy, education, and administration for the betterment of women, infants, and communities.

National and international midwifery content experts, along with professionals in epidemiology, public health, curriculum, and leadership

contributed to the curricular development and review before the program gained final approval and accreditation. Jefferson's Perlman; Barbara Hackley, CNM, PhD; and Nancy Niemczyk, CNM, PhD, currently of University of Pittsburgh, brought the early vision of Jefferson's DM program to reality. Barbara is serving as founding program director and Dorothea Lang Term Chair in Midwifery and is overseeing our first cohort of eight students.

Mentorship and More

The central element of the Jefferson doctoral program is the Advances in Midwifery Project. With faculty mentorship over six semesters, students design an original project, implement and evaluate it, and disseminate new knowledge in the area of their choice. Project topics may encompass the following: 1) cultural change in a health care unit, educational program, or other venue; 2) best clinical practice or new service; 3) an educational product or online course; 4) a policy or advocacy agenda; or 5) another creative solution to a problem affecting women's health or the midwifery community.

Every Advances in Midwifery Project is rooted in praxis, making intentional change informed by the Hallmarks of Midwifery. Coursework provides students with the necessary skills to address a broad array of issues: design thinking, epidemiology, professional writing, health policy, data analysis and presentation, and project management.

We believe our student—and their projects—will change the face of the profession. Join us in following and supporting them and their projects as they forge new leadership pathways.

Eight Pioneers Earning Midwifery Doctorate Degrees

Here's a snapshot of the women who comprise the first cohort of DM students at the Midwifery Institute at Jefferson.



BETSY ARNOLD-LEAHY, CNM, has been a midwife for more than 30 years and currently serves in a midwife-led practice in New York City. She has been a service director and maternal-child health policy advisor. Betsy is seeking a doctorate in midwifery to address midwifery management of occiput posterior labors, which continues to confound practitioners and results in increased morbidity.



NIKKI CHRISTIAN-GENIUS, CNM, graduated from Philadelphia University in 2010 with an MS degree in midwifery. For 18 years, she has worked with women and families in Baltimore, MD. For the past eight years, she has provided care to economically disadvantaged women at three federally qualified health centers in that city. Her doctoral project will focus on piloting a program to facilitate healthy adolescent transitions in inner-city young women in Baltimore.



SUSANRACHEL CONDON, CNM, shares a private home-birth practice in New York's Hudson Valley. She served for eight years on the Board of Directors of the New York State Association of Licensed Midwives (NY ACNM Affiliate). Susan Rachel holds a BFA in Art Therapy and a MA in women's studies/history of ideas. She is an anatomy/physiology, childbirth education, and sexuality educator in multiple venues. Her DM project will focus on a pilot to enhance respectful care in large maternity practices in the United States through increased shared decision-making.



WENDY GORDON, CPM, is an associate professor and incoming Chair of the Department of Midwifery at Bastyr University. She also works as a staff midwife at Center for Birth in Seattle, serves as the President of the Association of Midwifery Educators, and is an active member of the Midwives Association of Washington State. Her DM project will evaluate a program designed to reduce implicit bias in the provision of midwifery care.



KAREN JEFFERSON, CM, is the Chair of ACNM's Committee for Advancement of Midwifery Practice and has co-owned a private, full-scope midwifery practice for 15 years. She has worked at the state and national levels to promote the

profession of midwifery and was instrumental in passing two major midwifery bills in New York while president of the New York State Association of Licensed Midwives. Her policy work focuses on accessible pathways to midwifery education. Her doctoral project will evaluate the advocacy capacity of three ACNM state affiliates.



ELLE ANNALISE SCHNETZLER, CM, is a Major in the United States Army serving in the Washington, DC, area as an active guard reserve soldier and practices as a certified midwife in New York. She is a founder of a nonprofit that provides support and education to pregnant mothers in the DC metro area and serves on the ACNM Committee for the Advancement of Midwifery Practice. Her doctoral work will focus on developing a strategic partnership between an undergraduate program in an historically black university and a midwifery university program to increase diversity in the midwifery workforce pipeline.



PAULA PELLETIER-BUTLER, CPM, has a background in nursing and massage therapy and has been working in the women's health and empowerment field since 1986. Paula is currently the owner, executive director, and part-time midwife at Flagstaff Birth and Women's Center in Flagstaff, AZ. In addition, she is on the Board of Directors for the American Association of Birth Centers and a faculty member at Bastyr University. Her DM work will focus on understanding factors that influence the scope and quality of practice in midwifery-led birth centers at three international sites.



MÁIRI BREEN ROTHMAN, CNM, MSN, who has practiced for 21 years in a wide variety of settings, is a fierce advocate for women's sovereignty. In 2007, she co-founded M.A.M.A.S., Inc., a full scope home birth practice that combines group prenatal care with home visits, and which won an ACNM National Best Practice Awards for exemplary outcomes. She also earned the 2010 ACNM Policy Award for her advocacy work. She is recently served her final year on the ACNM Board. Her doctoral work will focus on developing and pilot testing simulated home-birth clinical experiences for midwifery students.

By Barbara Hackley, CNM, PhD
Director, Doctorate of Midwifery Program,
Midwifery Institute at Jefferson
hackleyb@philau.edu



When is a Midwife Ready to be a Preceptor?

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

Q: When is a new midwife ready to be a good preceptor? How much experience should she or he have?

A: In my first job as a new graduate, I was permitted to practice on my own for six months and subsequently expected to have a midwifery student with me for most of my shifts, either for antepartum or intrapartum care. I felt prepared enough for antepartum care, but I did find intrapartum teaching to be more challenging as a new practitioner myself, especially since I trained in a direct-entry program. I was open with the students and told them, "If I can do this, so can you if you study hard!" And I think I demonstrated to them never to be ashamed or afraid to ask for help if something is presenting that you do not feel qualified to do, because patient safety is Priority Number One.

A: I believe this should be determined on a case-by-case basis. Each practice is so varied by state and throughout the country. Certain new midwives could do 20 births a year or 150 births a year, they could work with medical students and residents or not, they could see many higher risk patients or none at all. Personally, I felt ready after a year or two in practice. I did come to midwifery with previous teaching experience, so I may have felt ready sooner than other new midwives.

A: My thinking is three to five years, depending on the volume of practice experience. The didactic lessons are two dimensional, and precepting helps to bring that information into a 360-degree view. Among the programs, there seems to be some variation regarding the requirements a student must meet to graduate. Therefore, the preceptor must take the burden, the responsibility to ensure the student receives a just understanding of the CNM role, the impact of poor judgement, the clarity of hearing and meeting the needs of the woman, and the understanding that the women's needs supersede those of the CNM's agenda. Only experience can mold this. Thus, a preceptor must have the time to evolve and be comfortable in this role.

It would be ideal if precepting could be integrated throughout the didactic learning, with much watching and listening to start with and slowly adding the skills until the transformation. Much like a caterpillar to a butterfly, it takes time and patience to nurture and build a safe practitioner.

Question for Summer 2018 Quickening

How can I best model and integrate collaborative care with my obstetric-gynecologic team?

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

CLINICAL UPDATE

STUDY LINKS GREATER INTEGRATION OF MIDWIVES TO BETTER OUTCOMES

States that did more to integrate midwives into the health-care system had lower rates of intervention and better outcomes, according to a study in *PLOS ONE*. "In communities that are most at risk for adverse outcomes, increased access to midwives who can work as part of the health-care system may improve both outcomes and the mothers' experience," noted lead researcher Saraswathi Vedom. <http://bit.ly/2lfx8Cc>.

FRUCTOSE IN PREGNANCY AFFECTS CHILDHOOD ASTHMA RISK

The risk of mid-childhood asthma, at a median of age of 7.7 years, was associated with a mother's consumption of sugar-sweetened beverages and fructose during pregnancy, a study published in the *Annals of the American Thoracic Society* showed. <http://bit.ly/2KFLom8>.

USPSTF RECOMMENDS AGAINST OVARIAN CANCER SCREENING IN ASYMPTOMATIC WOMEN

The US Preventive Services Task Force released new guidelines in the *Journal of the American Medical Association* advising against screening for ovarian cancer in women with no signs or symptoms of the illness, as the harms of screening outweigh the benefits Task Force members said. However, the recommendation does not apply to women who are at high risk of ovarian cancer, including those who carry a BRCA gene mutation. <http://bit.ly/2ljtxCU>.

WHO: PREGNANT WOMEN NEED MORE TIME TO DELIVER

The World Health Organization (WHO) called for pregnant women to be given fewer interventions and more time to deliver. The organization asserted that the traditional benchmark for cervix dilation of 1 cm per hour is unrealistic and leads to excessive cesarean sections. The WHO said a 5 cm dilation in the first 12 hours of labor for a new mother, and 10 hours in subsequent labor, is a better benchmark. <https://reut.rs/2KFmPp>.

CDC EXAMINES MATERNAL SMOKING DURING PREGNANCY

A report from the CDC's National Center for Health Statistics showed that 7.2% of pregnant women in the US smoked during pregnancy in 2016. The findings also showed that maternal smoking during pregnancy was most prevalent among those ages 20 to 24, those who completed high school, those in West Virginia, and American Indians or Alaska Natives. <https://cnn.it/2lF4RLP>.

CDC FINDS MORE BIRTH DEFECTS IN AREAS WITH ZIKA TRANSMISSION

CDC researchers found a 21% increase in Zika-linked birth defects during the second half of 2016 compared with the first half in US areas where the virus has been circulating: southern Florida, Puerto Rico, and parts of southern Texas. The findings in the agency's *Morbidity and Mortality Weekly Report* showed that three in 1,000 babies born had Zika-related birth defects, with nearly half of the cases involving microcephaly, brain abnormalities, or both. <https://reut.rs/2KCTADv>.

ACNM's Reducing Primary Cesareans Project

In conjunction with its Healthy Birth Initiative, in 2016, ACNM launched its Reducing Primary Cesareans (RPC) project. Already, RPC is having an outsized impact.



"We knew we had a problem [with our cesarean delivery rate], but, seeing the data and having the support to have difficult conversations has allowed us to change.... The Reducing Primary Cesareans project gave us specific actions that our staff could take to do something about it."

Each year, nearly one third of births in the United States are delivered by cesarean section. Between 1996 and 2009, cesarean births increased by 60%, reaching a high of 32.9% before declining slightly to 31.9% of US births in 2016. Although cesarean birth can be a lifesaving procedure in situations in which vaginal delivery is not a safe option, for most low-risk women who are giving birth for the first time, cesarean deliveries create additional risks for complications such as hemorrhage, uterine rupture, abnormal placentation, and respiratory problems for infants. Further, mothers who have had cesarean deliveries face an increased risk of encountering these issues in subsequent cesarean deliveries.

The trend toward increasing numbers of cesarean births has received worldwide attention as a maternal and child quality issue. In 2000, ACOG published a report proposing a national goal of a 15.5% cesarean rate. More recently, the federal Healthy People 2020 guidelines set a target of no more than 23.9% cesarean births for low-risk women without prior cesareans. In addition, national data show that each avoided cesarean birth saves the health-care system up to \$10,000.

Providing Tools and Resources

ACNM recognized the need for additional education and support for clinicians seeking to promote healthy births, and in 2015, developed the Healthy Birth Initiative™ (HBI). HBI provides the tools and resources to promote physiologic birth and avoid unnecessary medical interventions, including cesareans. In conjunction with the HBI, ACNM launched a pilot program in 2016, the Reducing Primary Cesareans (RPC) project, supported by a grant from Transforming Birth Fund. To date, 25 hospital teams nationally have participated in the RPC.

Participating hospitals work collaboratively with one another and a multi-disciplinary team of RPC quality improvement experts to identify areas of improvement, track process, and outcome measures.

Hospitals implement one of three change bundles designed to reduce nulliparous, term, singleton, vertex (NTSV) cesareans by promoting key principles of physiologic birth. The three bundles focus on the following: 1) promoting progress in labor; 2) promoting comfort in labor, and 3) implementing intermittent auscultation (fetal monitoring). More information about the bundles can be found at www.birthtools.org.

A National Project

RPC and has drawn participation from a wide range of geographies (see map, page 27) nationwide as well as a diverse set of hospitals that each implements at least one change bundle. The hospitals represent a national cross-section of public, community, and academic medical centers in urban and rural settings. Most participating hospitals receive more than 40% of their payments from public insurance, with at least one participating hospital receiving 95% of its payments from this source. The racial and ethnic mix of women served varies tremendously by region, with the percentages of Caucasian patients served ranging from 20% to 80%. By the end of 2017, the RPC will have supported and improved the skills needed to promote physiologic birth of more than 70 clinicians on 22 multi-disciplinary teams responsible for more than 30,000 eligible births.

Results from RPC collaborative participants have shown reductions of up to 18% in the NTSV rate, and the balancing measure of Apgar scores of less than seven at five minutes was stable. One hospital reported savings from the decrease in the NTSV cesarean rate of close to \$1 million in one year. What's more, the overall impact includes a valuable decrease in the risk of morbidity to women in their current and subsequent births.

RPC volunteer coaches, such as Holly Smith, CNM, MPH, MSN, see the impact of RPC firsthand: "We are putting front and center the idea that normalcy matters," Smith says. "Truly, there is no way to sustain cesarean reduction nationally without moving toward respecting normal processes of labor and birth. These bundles get to the heart of changing the culture of care. Secondly, this project promotes midwives as key players in this and in quality improvement as whole. Finally, as an interprofessional project, RPC highlights team effort, which is what changes the culture of care."

Why We Joined the RPC Project

Erin Baird, CNM and Katie Page, CNM, of Central Virginia Baptist Hospital, in Lynchburg, Virginia, have been participating in the RPC since 2016 and have implemented two change bundles: Promoting Comfort in Labor and Promoting Spontaneous Progress in Labor. Their hospital has approximately 2,512 deliveries a year, and an estimated 63% of patients have public insurance. Here, they share their experience with the RPC Collaborative.

“We joined the RPC Collaborative with the goals of lowering our NTSV cesarean rate and improving provider documentation and communication. Our department had already begun the process of increasing the variety of tools for labor comfort by adding more labor balls and peanut balls, exploring the use of nitrous, and encouraging use of intermittent auscultation for low-risk women. In addition, our midwifery group was encouraging and more openly educating patients and staff about the benefits of and methods to support physiologic labor. The RPC Collaborative was a natural next step for our hospital and an opportunity for our midwifery practice to lead this effort. “At the end of the first year, we achieved a 20% reduction in our NTSV cesarean rate, bringing it to 14.52%. We began offering nitrous oxide for labor comfort in September 2016 and had 4% use average by the end of the year. Our 2017 cesarean rate was 11.9%. Before 2016, no women were assessed for coping in labor; by the end of 2016, 31.2% were assessed for coping. This rate has continued to increase. The percentage rate of spontaneous labor and birth also increased after the first year, from 41.6% to 52.7%.”



Erin Baird, CNM



Katie Page, CNM



Ana Delgado, CNM, MS

Three Questions for an RPC Volunteer Coach

Ana Delgado, CNM, MS of Zuckerberg San Francisco General Hospital has served as a member of the RPC Steering Committee and as a coach. In 2018, she became a co-facilitator of the monthly coaching sessions for RPC participants. Here, she shares her experiences with the RPC.

What impact do you think RPC has had so far?

The RPC collaborative has created a space for midwifery-led quality improvement (QI) work that has made a real difference in c-section rates. I think it has enabled midwives in their institutions to learn more about how QI works in their settings and build a team that knows the importance of physiologic birth, which can apply to a whole host of efforts.

What has been a memorable moment in your work with RPC?

At the first kick-off meeting in Baltimore, Diana Jolles, CNM, PhD, FACNM and I led a discussion about common QI tools. It was great to see attendees get really excited about learning new things and to see the amount of QI expertise already in the room!

What have you gotten out of your volunteer role with RPC?

I have really enjoyed working with some of the giants of midwifery! As a coach, I have been able to hone my own quality improvement skills, thinking carefully about what motivates teams to do their best. Problem solving with them helps me apply the same learning to my work.

WHERE RPC PROJECTS ARE TAKING PLACE

"Do you know what your NTSV cesarean rate is? The national goal for 2020 is 23.9%!"



Join Us!

We are excited to recruit 12 hospitals for the RPC learning collaborative for 2019. The deadline to apply is July 31, 2018. If you are interested in having your hospital join us, instructions and an applications checklist can be found <http://birthtools.org/RPC-Learning-Collaborative>.

QUESTIONS?

Email: rpclearningcollaborative@gmail.com.

To learn more about physiologic birth, visit:
www.midwife.org/Birth-Matters.

- Women & Infants Hospital of Rhode Island
- Health Alliance Network, Inc.
- Glen Falls Hospital
- Baystate Medical Center
- Einstein Medical Center Montgomery
- University of Minnesota Medical Center
- University of Virginia Health System
- Virginia Baptist Hospital
- Winthrop University Hospital
- University of New Mexico
- Stony Brook University Hospital
- Vanderbilt University
- Einstein Medical Center
- Jacobi Medical Center OB/GYN



By: Kate Chenok, Consultant
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Striving for Respectful Maternity Care

Trying to provide care and training under almost untenable circumstances in Malawi has led to a proposal for the creation of a sustainable, midwifery-managed model ward.

A mother having an unexpected cesarean has her tubes tied without her consent. A woman walks several miles to the antenatal clinic to be sent away for being “late.” A woman is scolded when her child dies of malaria when she admits he was not sleeping under a mosquito net. A woman’s baby is delivered by the maid at the health center because the midwife has not responded to the late-night call. All of these are examples of disrespectful care that women tolerate in Malawi. They have no choice. They have few resources, poor education, and a growing fear of the experiences they might have at health facilities. Once they have been treated badly, there’s no incentive to return.

The lifetime maternal mortality risk worldwide is 1 in 3,300. In East Africa, it is as high as one in 11 women. So, understandably, childbirth is a time of high anxiety. The risk rises when women are not attended by skilled providers during labor and birth. Consequently, when women are disrespected or abused, they are less likely to utilize facilities where skilled providers practice.

Behind a Widespread Challenge

Why is maltreatment of childbearing women so widespread, especially in developing countries? It is a question I’m continually asking. Working with several different cultures, including my own, I’ve seen that maltreatment during pregnancy is not uncommon. How can midwives change this pattern? What can we do to foster a standard of respectful care?

Women’s right to respectful care is often ignored. Midwifery is a demanding profession with exhausting hours and, in some settings, midwives themselves are not treated with respect. They have tremendous responsibility and few resources. When midwives are disrespected and underpaid, their clients suffer. Many Malawian women deliver at home with unskilled attendants, where appropriate intervention is unavailable when a problem arises. Women have said they would rather “die at home” than be treated poorly in a health facility. The White Ribbon Alliance, a global network promoting safe motherhood, has campaigned to promote respectful care to childbearing women, including through campaigning for more resources for education.

Choosing the Midwifery Path

I was a Peace Corps volunteer in Malawi from 1979 until 1981, working in Under-Fives clinics as a public health nurse. (Under-Fives Clinics offer preventive, promotive, curative, referral, and educational services under one roof for children under age 5.) I lived in an isolated region where emergency services were difficult to access, and grew to admire my midwife colleagues as they delivered maternity care with incredible skill and compassion. They were the sole providers of maternity services

at the health centers. Inspired, I became a midwife. Public health in developing countries was maternal child health, and I felt midwifery was the most effective way to have an impact. I practiced in several settings around the world for 30 years and currently am working as midwifery lecturer at Kamuzu College of Nursing in Blantyre, Malawi through the Global Health Service Partnership. Returning here after almost 40 years to teach at the nursing school established in 1979, the year I arrived as a young volunteer, has been an incredible honor. But it’s been discouraging to see what has happened to the profession since then. Midwives do not practice to the full extent of their license anymore.

Our goals are clear: improve the student experience, empower midwives, promote respectful care, and improve overall maternal/infant outcomes.

There have been many changes in this small country in 38 years. The population has risen from five million to 17 million, 82% of whom are subsistence farmers. HIV affects almost 10% of the population. The country is ranked as the poorest in the world by GDP standards. A medical school, founded 26 years ago, ameliorates brain drain, but it has affected maternity care in an unforeseen way. Historically, midwives in Malawi practiced autonomously, calling for medical intervention when deemed necessary by appropriate clinical assessment. Now, midwives all too often function as labor and delivery nurses, their autonomy typically usurped by medical personnel. Student midwives are not getting the opportunities they need to use critical thinking skills or to advocate for women’s safety or rights. With the current educational program, it is virtually impossible for faculty to model these skills and many students graduate without achieving this competency. What happened to the midwifery autonomy that was such a role model for me?

Limited Time, Mentorship, and Context

The midwifery faculty is frustrated with discrepancy between the theory taught in lecture and the clinical experience. Because there are very few faculty members, there is heavy reliance on clinical staff in various health settings to mentor students. These staff members, however, are already overworked and have little time to teach. Midwifery faculty travels to clinical sites as often as possible, but the time is limited, and students are often practicing without adequate supervision. They witness unsafe practice, but they have no context or confidence to discern which care is appropriate. Furthermore, because midwifery staff are so few, unnecessary interventions are implemented. WHO estimates that between 6% and 15% of cesarean deliveries are necessary, yet the c-section rate in some of our clinical settings is as high as 39%.



Student midwives caring for a mother just after delivery, from left: Phillipina Mathias, Blessings Sichamba, and Rejoice Mawerenga.

We know we need to educate students early in their programs about the sequelae to disrespectful care of women. We need to give them a clinical experience where they see respectful care modeled as a standard. When they graduate, we need to provide the resources they need to do their jobs, including staffing enough of them, so they have reasonable time to rest and recuperate. It's also up to midwives to empower women to advocate for themselves and demand respectful care beginning with education for girls and young women. But how?

Proposing a Model Ward

We have proposed creating a model ward within our teaching hospital for midwifery care that is midwifery managed and that abides by the standards of the International Confederation of Midwives for respectful maternity care. Students would rotate through the ward and experience true respectful midwifery care. We presented this proposal at the meeting for the Association of Malawian Midwives, where there was much discussion about the future of midwifery practice in this country. Model wards have been shown to provide superior care, but when funding has ended, the wards ceased to exist. We are proposing a practice improvement project that will be sustainable and understand that staffing will be our biggest challenge. Faculty and post-graduate midwifery students will participate in staffing rotations with mentorship training incorporated.

We will evaluate student level competences as compared with the current clinical experience and keep statistics on adverse outcomes. If shown to be sustainable and successful, this model could be duplicated by other university-based midwifery programs in the region, with potential for an international midwifery student exchange and further research.

Our goals with this pilot project are clear: improve the student experience, empower midwives to function as independent practitioners, promote respectful care of women in labor, and improve overall maternal/infant outcomes. The capital costs will be grant-funded, but we are exploring ways for the ward to be sustainable in the long term. Respect, compassion, integrity, and dignity are valuable, sustainable, and free resources that students will carry with them.

By Linda Robinson, CNM,
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linda_orsi@hotmail.com



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- *The Home Birth Practice Manual*, 3rd Ed.
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- *Midwife Birth and Skills Log*, 1st Ed.

The [Innovator Practice Bundle](#) includes all of the Starter Practice Bundle PLUS:

- *The Midwife as Surgical First Assistant*, 2nd Ed.
- *Vacuum Assisted Birth in Midwifery Practice*, 3rd Ed.

Do International Teams Truly Share Knowledge Respectfully?

Navigating difficult geographical terrain in Tanzania was part of a larger journey for one midwife.

In our educational programs, we challenge students and researchers to be global citizens, to promote equity, and respect the knowledge and expertise of international partners. But can this be achieved? I believe the answer is “yes” if we approach our work with a genuine openness to a mutual exchange of knowledge.

I wanted my work to help break down the assumption that knowledge would be delivered unilaterally.

There are many frameworks for doing international work. North American midwives who work or volunteer in the global South may engage in clinical services, health care provider education, community education, research, health system strengthening, and delivery of products and equipment. Although the North American midwife is presumed to be the expert who shares information in a one-way transfer. In fact, the visiting midwife typically gains a great deal of knowledge. For example, through observation and practice, a visiting midwife may learn new clinical and capacity-building skills. What’s more, the potential for a two-way knowledge exchange is ever-present. A second preconception assumes the visiting midwife will contribute to improving health care delivery in the visited country. In reality, this outcome may or may not occur. Rarely do we admit the potential for little-to-no gain to occur or, even, for inadvertent harm to take place, despite a visiting midwife’s best intentions.

Working Across the Spectrum

So, what are the processes that need to occur when international teams work together to make an exchange respectful and beneficial for all parties? As a certified nurse-midwife trained in the MSN midwifery program at University of Miami in 1992, I have practiced midwifery in Florida, North Carolina, Georgia, Ontario, and Northern Quebec. Practicing in these jurisdictions has given me the opportunity to work with families across the socio-economic spectrum of privilege and marginalization and with women and families of diverse ethnicities, races, and migration status.

Recently, I had the pleasure of serving as a consultant for a program aimed at increasing the midwifery workforce in rural Tanzania. Our team of Tanzanian and Canadian midwives developed a workshop and toolkit to promote Respectful Maternity Care (RMC), a program that fosters maternity care that is free from harm, ill treatment, and coercion; informed consent and the right of refusal; the right to privacy and confidentiality; the right to dignity and respect; and access to equitable care. We offered the program to six groups of midwives in the Western and Lake Zones of Tanzania, totaling more than 170 individuals.

Encouraging a Balanced Exchange

I wanted my work to help break down the assumption that knowledge would be delivered unilaterally. As we navigated unpaved roads across difficult geographic terrain and negotiated challenges such as ferries packed with livestock and commuters, we met midwives at each site who were motivated and eager to learn. In each setting, we encouraged that balanced exchange developed by demonstrating that we valued a respectful, equitable partnership. We also approached each encounter with the same cultural humility that has served me well in other settings.

Experiencing Transformative Learning

Our approach elicited innovative, creative solutions adapted to learning needs and limited resources. The finished product—the takeaways of our workshop and toolkit—was the outcome of a truly collaborative effort. In the process, my Canadian colleagues and I, as well as the Tanzanian midwives, experienced transformative learning. It was a wonderful experience.

In my travels, I learned a new proverb, which I’ll take with me to every country in future: “We are midwives. We are strong. We reach out to others, but we know when to let go. We take care of ourselves.”

By Karline Wilson-Mitchell
k.wilsonmitchell@ryerson.ca



One of the six groups of 25-35 midwife participants that were met for the Respectful Maternity Care Workshops in rural Tanzania.

Calling Each Other In

In difficult conversations around health equity and reproductive justice, creating dialogue in a safe space isn't easy, but is worth the effort.

The health care policies of our current Administration have sparked much scrutiny. Among the most frequently discussed issues are those of health equity. To tackle these topics, this year's ACNM's Annual Meeting hosted sessions that created dynamic conversations around social justice, healthy equity, and its intersectionality. Yet, fostering productive discussions, whether at an annual meeting or in the classroom or workplace, is not easy, as I am reminded by my experience.

The political turmoil America faced surrounding the last Presidential election was not limited to media outlets and Capitol Hill debates; conversations began seeping into classrooms and workplaces. In my educational institution, there were discussions of the future of health care. Some students expressed how important the issue of equitable health care is for them and what the lack thereof means in black and brown communities. In one of these discussions, as I was articulating my opinion about the deficiency of care for minorities and the government's role in providing equal care, another student expressed skepticism about my ideals, saying she did not believe such a gap in health equity existed and that, either way, the government shouldn't intervene in such matters.

A Palpable Shift

I had always believed that future nurse midwives and nurse practitioners were inherently patient-care advocates and that this commitment included supporting equality for all. Our classroom discussions led to a palpable shift in our student interactions; politics in health care had created an evident divide.

In the limited, but intense conversations that followed, I rarely left feeling that anything had been resolved or that the participants had gained a deeper understanding of opposing views. Then, I attended a book signing for the founders of The Doula Project. During our group conversation about social justice in health care and our feelings of frustration, Loretta Ross, a co-founder of the organization SisterSong and one of the book signers, spoke of building bridges and calling each other into the conversations rather than shutting one another out. Inspired, I said I wanted to host a dialogue and create a learning environment where those of differing opinions could discuss health care equity, people of color, and their political views in a safe space without the threat of hostility. Dr. Ross's response honored and humbled me; she offered to lead the talk. I felt Dr. Ross was the ideal individual to facilitate this conversation; her work at Sister Song focuses on reproductive justice and securing human rights for women of color and indigenous women. She titled her talk "White Appropriateness During the Era of Trump," a bold headline designed to draw in the curious, the offended, and a full array of other guests. In fact, faculty, students, staff, family members, and guests of many races and socioeconomic backgrounds filled the auditorium.

Seeking Not to Offend

Among her points, Dr. Ross stressed that she centered her work in the reproductive justice movement around solidarity, which is something that could be beneficial to our educational community. She also led an open discussion that triggered a wide range of emotions. Audience members revealed, for example, the feelings of guilt they had when expressing their viewpoints and how they sought to not offend the opposing view. Dr. Ross listened attentively to the stories and shared what it was like for her to speak her own truth. Most profound to me was this response to an attendee's concerns: "You're a movement when you can find that connective tissue that makes you all move in the same direction at the same time. Doesn't mean you have to start at the same place."

"Listening and respecting one another's opinions leave the doors open."

Her statement reminds me that, although my institution's community is filled with individuals who have differing views, our commitment remains the same: to provide the best care we can to our patients. It also means that we must continue to educate one another and, as Dr. Ross stated, "take each other's suffering seriously." Dr. Ross taught us that to communicate effectively, we must empathize with one another and learn to call each other in.

I felt empowered by this dialogue, and know others were as well. I was ready to have more open discussions with my peers because I knew that we all had a common purpose, and it binds us as a community. The tools Dr. Ross offered have continued to guide us in learning effective communication.

Leaving the Doors Open

Since the talk, my school of nursing has hosted several other forums that have addressed the issues of reproductive justice and human rights, and through them, I have witnessed a shift in the dynamic of the dialogue. Although we are often left without resolution, listening and respecting one another's opinions leave the doors open for all opposing views to cohesively solve issues in health care. I encourage all students, faculty, and midwifery professionals not to shy away from difficult conversations and to facilitate learning and work environments where all are free to discuss our perspectives productively. During any time of discord, let us make it our responsibility to practice cohesion.

By Aliaha Daphnis
CNM and WHNP Student at Emory University
aliaha.daphnis@emory.edu



ACME Receives Continued US Department of Education Recognition

Chair of the Board of Commissioners for the Accreditation Commission for Midwifery Education (ACME) describes the rigorous process and unanimous result.

The Accreditation Commission for Midwifery Education (ACME) is proud to announce that the US Department of Education (USED) has granted recognition to ACME as a specialized accreditor for midwifery education for the maximum five years. On May 9, 2018, Diane Auer Jones, senior advisor, Office of Postsecondary Education, informed ACME of the change in their decision from granting our agency one year of recognition with a request to come into compliance with standard 34 C.F.R. § 602.20(b) to granting the highest level of recognition, five years, without requiring further compliance actions.

As part of the review process, ACME submitted a self-evaluation report illustrating compliance with the required standards of the USED, was observed by a USED representative during a site visit (Baystate Medical Center midwifery program) and a Board of Commissioners meeting. In many ways, this process mirrors ACME's for midwifery programs seeking pre/accreditation.

Full Compliance

After further review of our petition and documents, the department concluded that ACME is in full compliance with the requirements of its regulations. This high level of achievement for an accrediting agency further exemplifies ACME's commitment to quality midwifery education through the accreditation process. It is our goal to continue to further our mission to advance excellence in midwifery education.

Informed Deliberations

On February 7, in Washington, DC, ACME representatives, Peter Johnson, CNM, PhD, FACNM, ACME Board of Commissioners (BOC) Chair; Ronald Hunt, DDS, ACME BOC, public member; Anne Cockerham, CNM, PhD, WHNP-BC, BOC, member; and Heather Maurer, MS, executive director, presented in a public forum and responded to questions in front of the National Advisory Committee on Institutional Quality and Integrity (NACIQI) Board. This meeting went extremely well. This was the final step of a long and detailed process for continued recognition. I am pleased to share that ACME accomplished its strategic goal for continued recognition by USED.

Scope of Recognition

The Accreditation Commission for Midwifery Education has been recognized by the US Department of Education (under 'Health Care') as a programmatic accrediting agency for midwifery education programs since 1982. The accreditation process is a voluntary quality assurance activity conducted by both the institution and ACME. The Department grants the following scope of recognition to ACME: "the accreditation and pre-accreditation of basic certificates, basic graduate nurse-midwifery, direct entry midwifery, and pre-certification nurse-midwifery education programs, including those programs that offer

distance education." ACME services are available to any education program that meets the eligibility requirements.

"My review leads me to conclude that ACME is in full compliance with the requirements of the Department's regulations...and I am renewing ACME's recognition without requiring further compliance actions at this time." —Diane Auer Jones

Gratitude for ACME Volunteers and Staff

A special thanks to Susan Krause, MSN, CNM, FACNM. and those at Baystate Medical Center Midwifery Education Program who graciously agreed to permit our USED representative, Stephanie McKissic, to observe the visit conducted by our site visitors. Also, gratitude to the visitors, Diane Boyer, CNM, PhD, FACNM and Susan Altman, CNM, DNP, FACNM who conducted a stellar visit with the additional pressure of being observed by the USED. I want to thank our Executive Director Heather Maurer, who drafted the submission and led the ACME BOC through this intense and extensive administrative review process. A tremendous amount of work and preparation went into every part of the review and we appreciate her leadership. Each of the ACME Board of Commissioners has been extremely supportive and involved. Our success to serve and engage in our mission is in part because of the leadership and commitment of our volunteers and ACME staff.



By Dr. Peter Johnson, PhD, CNM, FACNM
Chair, ACME Board of Commissioners
peter.johnson@jhpiego.org

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Thriving Portland, OR Midwifery Clinic. Beautiful + modern clinic; Nurse Midwife owned + operated for 24 yrs. \$600K gross & \$215K net profit. Clinic has thrived (10-15 births per month) without any advertising or even a website. Plenty of room to grow with marketing! Family-friendly community is ranked one of the safest towns in Oregon + features top-ranked schools – all just 20 minutes from the heart of downtown Portland! www.progressivepracticesales.com or call **512.523.9110** for details.

The A.C.N.M. Foundation, Inc.

2018 Hellman Award Goes to Superb Washington State OB/GYN

Sponsored jointly by The A.C.N.M. Foundation, Inc., ACNM, and the Midwifery Business Network, the Louis M Hellman, MD Midwifery Partnership Award is given annually to an obstetrician-gynecologist who has demonstrated outstanding support for midwifery through advocacy for women; leadership in collaborative practice; and excellence in clinical, educational, or research endeavors. This year the Hellman Award was presented to Judith Kimelman, MD, who has been an ACOG Fellow since 1995. She graduated from Stanford Medical School and completed her OB/GYN residency at the University of Washington (UW). She was a staff physician at Medalia's Healthcare for Women before joining the Seattle OB/GYN Group in 1998. She is currently clinical faculty at UW, recently winning a national award for organizing the annual UW Residents Legislative Day in Olympia. She served as the Washington State ACOG chair and is currently an ACOG officer of the North and Western states region. The midwives who submitted the nomination said, "Our professional relationship with Dr. Kimelman is extraordinary, and we cannot imagine practicing without her." They also articulated her exemplary dedication to women's health in ways that characterized her life and practice long before they worked with her at the Seattle OBGYN Group.



Dr. Kimelman has demonstrated strong, career-long advocacy for women and is well-known as a driving force in legislative change. She generously shares her knowledge by mentoring future health-care providers, including midwives. Dr. Kimelman's understanding of the holistic context of pregnancy and childbirth

exemplifies her understanding of the shared values of both midwifery and obstetrics. By demonstrating all these qualities and achievements, Dr. Kimelman is clearly deserving of this year's Hellman Award.

Pedersen Award Winner Joins ACNM as a Special Guest at the Annual Meeting

We welcomed Darwin Dela Cruz- Diaz, RN, RM, MAN, EdD, of the Philippines as the 2018 winner of the prestigious Bonnie Westenberg Pedersen International Midwife Award. It is given to an international midwife in recognition of his or her leadership, vision, and contributions to the profession of midwifery and international reproductive health. Dr. Diaz became a midwife in 2008 and worked at the University of Baguio, where he twice earned the Top Performing Teaching Employee award. He is active in the Integrated Midwifery Association of the Philippines and the Association of Philippine Schools of Midwifery (APSOM). APSOM's president described Dr. Diaz as a midwife who



has "proved his commitment, dedication, hard work, and leadership potential." Since 2014, Dr. Diaz has worked with Medecins Sans Frontieres in South Sudan in three midwife supervisory roles and as a midwifery trainer.

Diaz says, "Winning the Pederson award is a bonus to me. In South Sudan, where I'm currently working, pregnant mothers are dying every single day. The real motivation for me is to save mothers, from pregnancy to delivery, and for the newborn to see the light of the world." Dr. Diaz was present at several events throughout the Annual Meeting, including the Division of Global Health's Reception.

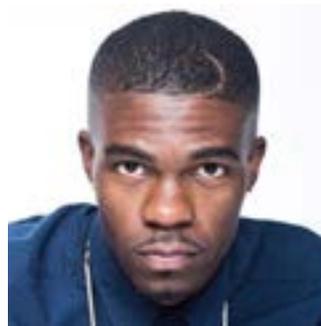
Dorothea M. Lang Esteemed Midwives Reception for 30+ Years Midwives



All midwives certified in or before 1988 joined the Foundation at the annual Dorothea M. Lang 30+ Years Esteemed Midwives Reception on Wednesday, May 23 at the Annual Meeting in Savannah. This lovely gathering of our profession's most senior midwives is one of the late Dorothea Lang's legacies as a tribute to the cadre of esteemed colleagues

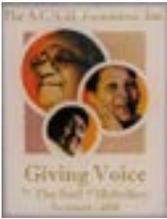
she held near and dear. The reception, funded by the Sparacio Foundation and sponsored by the Foundation, also featured the introduction of the 2018 recipients of the Dorothea M. Lang Pioneer Midwife Award.

Celebrating the Soul of Midwifery and Dance to the Music of George Lovett!



The Foundation topped off our Annual Meeting events with a dance-party fundraiser featuring the music of George Lovett and his band. A native of Baltimore, Lovett is currently a performing arts student at the Savannah College of Art and Design and an accomplished performer. He has the distinctions of having been one of

the Top 20 contestants of American Idol Season 13 and a three-time winner of Showtime at the Apollo. The Fundraiser featured light refreshments and a cash bar, as well as a live auction item or two. We thank all meeting participants for attending this exciting event celebrating the soul of midwifery in support of the Foundation!



Savannah City Pins for All Annual Meeting Donors

Wearing a Foundation City Pin was a must at the 63rd Annual Meeting! Donors of any amount received their Savannah City Pin at the Foundation's Exhibit Hall Booth, and wore their pins proudly.

2018 Awards and Scholarships Applications: Coming Soon!

Award applications can be accessed at www.midwife.org/Foundation-Scholarships-and-Awards. Applications for the following awards and scholarships will be announced soon!

- Thacher-MBN Midwifery Leadership Fellowship
- Jeanne Raisler International Award for Midwifery
- Carrington-Hsia-Nieves Doctoral Scholarship for Midwives of Color
- Thacher Community Grants

QUESTIONS ABOUT DONATIONS OR AWARDS?

Lisa L. Paine, CNM, DrPH, FACNM, CEO

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E:fdn@acnm.org

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The A.C.N.M. Foundation, Inc. is a 501(c)(3) nonprofit charitable organization.

Reminder to Federal & Military Employees - You may now support The A.C.N.M. Foundation, Inc. with donations to the 2018 Combined Federal Campaign using CFC charity code #43413!

Gifts to The A.C.N.M. Foundation, Inc. January 1, 2018 to March 31, 2018

UNRESTRICTED GIFTS-INDIVIDUALS:

Founders Pledge (\$10,000 by 2022)

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Laraine Guyette
Timothy R.B. Johnson
Cara Krulewitch
Ellen Martin
Kate McHugh
Denise McLaughlin
Elaine Moore
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Mary Breckinridge Club (\$1K/yr) \$1000-\$5000

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Judith T. Fullerton
Tanya Tanner
Maria Valentin-Welch

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Jill & Jack Whiting, *in memory of Rebecca Flather, CNM*
A. M. Wilson-Livermore

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Tanya Ignacio
Donna Locher
Ashley Lopez
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Lisa Paine, *in memory of The A.C.N.M. Foundation Treasurer, Kathleen Martin, CNM, (2003-2006)*
Laura Pohl
Renee M. Quezada, *in honor of Military-Navy Nurses Corps*
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Marsico Research Fund \$100-\$499

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Marsico Student Initiatives \$1-\$99

Ximena Rossato-Bennett
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Dorothea M. Lang Pioneer Fund \$10,000

The Sparacio Foundation, Inc.

The Sparacio Foundation, Inc. \$1-\$999

Donna L. Morris, *in memory of Dorothea Lang and Alice Forman*

Midwives of Color Scholarship Fund \$1000

Stanley I. Fisch, MOC-Watson Basic Scholarship, *in memory of Nivia Nieves Fisch*
Stanley I. Fisch, Carrington-Hsia-Nieves Doctoral Scholarship, *in memory of Nivia Nieves Fisch*
Maria Valentin-Welch

Christine N. Nuger CNM Memorial Scholarship Fund \$500-\$999

Rachel L. Messinger
Steven Nuger

Midwifery Legacies Project Fund Royda Ballard

Frances T. Thacher Midwifery Leadership Endowment \$500-\$999

Kim Q. Dau, Mentorship Award
Pablo Stern, Mentorship Award
Susan Elizabeth Stone, Mentorship Award

\$100-\$499

Nicholas Goldberg, *in memory of Toby Thacher*
Samuel Morgan, *in memory of Toby Thacher*
Cecelia Bacom, Mentorship Award
Heather Bradford, Mentorship Award
Julia C. Phillippi, Mentorship Award
Kerri D. Schuiling, Mentorship Award
Melissa Stec, Mentorship Award

CTCNM Texas Midwifery Creation Scholarship \$1,000-\$5,000

Stanley I. Fisch, *in memory of Nivia Nieves Fisch*

\$500-\$999

Patricia Olenick, *in memory of Nivia Nieves Fisch and in honor of Sr. Angela Murdaugh*

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Rebekah Randall
Nancy Jo Reedy
Jean Sala
Anna Shields
Joan Smith
Susan Stone
Wendy Wilson
Jennifer Woo

Bonnie Westenberg Pedersen International Midwife Fund \$50-\$99

Donna L. Morris, *in memory of Dorothea Lang and Alice Forman*

RESTRICTED-FOUNDATIONS AND CORPORATIONS:

Support for the 2018 Dorothea M. Lang Pioneer Award
The Sparacio Foundation, Inc. - \$10,000

Support for the Work of ACNM's Reducing Primary Cesarean Project
New Hampshire Charitable Foundation - Transforming Birth Fund - \$52,146

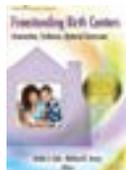
Share what's happening in your life. To submit an announcement, please write a short description of the award, appointment, practice update, birth, or obituary and send it to quick@acnm.org.

Welcoming

Healthcare Network of Southwest Florida is pleased to announce the addition of **Monica Rondriguez, CNM** to our team as we continue our transition to a full-scope midwifery practice, delivering in Naples, Florida. Monica has several years of experience and is fluent in Spanish, a real asset to the women we serve. Welcome, Monica!

Honors and Awards

Congratulations to **Dr. Judy Mercer, CNM, PhD, FACNM** for her pioneering work on delayed cord clamping at the University of Rhode Island and Women & Infants Hospital. This spring, she is moving to San Diego to pursue exciting research opportunities examining neonatal resuscitation with an intact umbilical cord. "Judith Mercer represents the best of what it means to be a midwife who is making a difference on so many fronts," noted former ACNM President Lisa Kane Low, CNM, PhD, FACNM, FAAN recently, "We are indebted to her for her contributions to maternity care and to the generosity and mentoring she has provided to so many." Wishing you the best, Judy, you will be dearly missed!



Frontier Nursing University is excited to announce that the book, *Freestanding Birth Centers: Innovation, Evidence, Optimal Outcomes*, written by several FNU faculty members and alumni, was awarded first place in the [2017 American Journal of Nursing \(AJN\) Book of the Year Awards in Maternal-Child Health](#). The Springer Publishing textbook was co-authored by Linda Cole, DNP, RN, CNM, an assistant professor, at Frontier, and Melissa Avery, PhD, RN, CNM, FACNM, FAAN. Several other Frontier faculty and alumni contributed chapters.

Remembering

Karen Baldwin, CNM, MS passed away peacefully at her home on May 1. Karen served for more than 25 years as a clinical midwife and practice director and brought thousands of healthy babies into the world. She was a longstanding supporter of ACNM and The A.C.N.M. Foundation, Inc., a peer reviewer for the *Journal of Midwifery and Women's Health*, and a former member of the ACNM Board of Directors. She also was a passionate advocate for maternal and child health and a CenteringPregnancy researcher. A Midwifery Legacies Project video of Karen is available at bit.ly/kbaldwin. Memorial donations may be made in Karen's memory to Planned Parenthood of Mid-Hudson Valley or to the American College of Nurse-Midwives Student Assistance Fund.



Turkey, Nigeria, Taiwan, and Chile, and efforts to improve maternal health and lower infant mortality in the Southeastern United States. She was also a leader in ACNM, serving on the ACNM Board, the Legislation Committee, and with the ICM Congress in Washington. In 1990, Yale School of Nursing awarded her its Distinguished Alumnae/i Award. She was also a gracious mentor to many young midwives.

Kathleen Martin, CNM, JD passed away on March 4 from pancreatic cancer. Martin worked for 40 years as an advanced practice midwife and lawyer. She was active in ACNM, including as board treasurer. She also volunteered as a midwife trainer in Liberia. She sang in choirs and played the harp. She is remembered by her friends and family for her love of adventure and culture.



Alice M. Forman, CNM, MPH, MEd, a true pioneer in nursing education and nurse midwifery, passed away on March 7, "still enthusiastically absorbing world news as well as news of family and friends." Alice's career included work in Delhi; an assistant professorship at Johns Hopkins, research into midwifery service in



The community of midwives in New Mexico deeply mourns the passing of our friend and colleague, **Donna Mosier (UCSF, '96)**. On November 26, we gathered together to celebrate her life and the many gifts she gave to women and families. We commend her joyous, vital spirit to the heavens.

Newly Certified Midwives

Congratulations to the following midwives for passing the AMCB Midwifery Certification Exam,
January 1, 2018 - March 30, 2018

Roberta Yaa Ackom CNM
Lauren Elizabeth Agyekum CNM
Lauren Marie Albu, CNM
Rebecca Archuleta CNM
Catherine Assink CNM
Tanya Denise Baca CNM
Jessica J Bentley CNM
Hannah D Berry CNM
Chanel Nicole Blanchard CNM
Elizabeth M Bonadies CNM
Amanda Inez Branch CNM
Sherene Lynnell Broome CNM
Kimberly L Bruesewitz CNM
Feeta Janjay Caphart CNM
Heidi Elizabeth Carter CNM
Chandra Case CNM
Janelle Louise Celaya CNM
Sadie Tamplin Chandler CNM
Nicole Marie Chaney CNM
Jacqueline Clubine CNM
Tanah Elisabeth Clunies-Ross CNM
Michelle Lynn Cook CNM
Shannon Copeland CNM
Amanda Copley CNM
Stephanie Curtis CNM
Catherine Dezynski CNM
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Bronwyn Dworkin CNM
Shereece A. Dyer CNM
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Aleyda Elliott CNM
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Blaine Ferrari CNM
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Elizabeth Craig Fontenot CNM
Lauren Foreman CNM
Megan Gagner CNM
Rachelle Marcella Garcia CNM
Jodi Elizabeth Gilstrap CNM
Rebecca Gloss CNM
Taylor Breann Gonzalez CNM
Victoria Gordon CNM
Nicole Lynn Gress CNM
Kathryn Suzanne Guernsey CNM
Keianna Stephanie Haley CNM
Margaret Haviland CNM
Elaura M Haynes CNM
Catherine Anne Hennessey-Carter CNM
Lily Michelle Hershberger CNM
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Brianna Elizabeth Hoffman CNM
Sydney Morgan Howk CNM
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Brooke Lee Knop CNM

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Kristen Kolnes CNM
Rebecca Langley CNM
Ericka Christine Lavin CNM
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Kristine Marie Raynard CNM
Kari Leigh Reimann CNM
Mariela Andrea Rich CNM

Julie Ann Cammon Rinehart CNM
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Tiffany Marie Rubio CNM
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Hannah Sherry CNM
Emily Floyd Simpson CNM
Leigh Anne Smith CNM
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