



# **TRUTH AND RECONCILIATION RESOLUTION**

from the American  
College of Nurse-Midwives

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The American College of Nurse-Midwives (ACNM) is committed to creating a future that prioritizes diversity, equity, and inclusion and supports the continuing process to become an anti-racist organization. Speaking the truth on our history and the harm caused by it through ACNM's denial, gaslighting, censorship, and exclusion, is the first step in long overdue restorative measures for our community of Black, Indigenous, and people of color (BIPOC), allowing us to promote inclusion, belonging, and a safe space for all midwives. Therefore, ACNM is issuing the following statement that acknowledges the harms caused by its previous actions and establishes a set of resolutions in response.

## **We acknowledge that within the United States and the profession of midwifery:**

- White women, through actions associated with the concepts of white feminism and white motherhood, have actively upheld white supremacy, which is the foundation that undergirds the crisis of whiteness facing the College today.
- Prejudicial and discriminatory practices and policies remain deeply entrenched in our nation and in our profession. These structural forces perpetuate racism and race-based disparities in midwifery and contribute to inequities in reproductive health and negative health outcomes for BIPOC.
- Current midwifery education and practice in America are rooted, and largely still centered, in the forces that eliminated the workforce of Black and Indigenous midwives who had attended births in America since its inception and denied equal access to education to their daughters and granddaughters<sup>1</sup>.
- Indigenous healers, medicine people, and midwives were caring for their communities with birthing traditions rooted in their culture, religion, and healing art when the first colonizers arrived in North America. These birthing traditions faced censure and risk of erasure through the enforced policies of the colonizers and the enforcement of "Western Medicine" in the formal process of Americanization that continues to this day in the form of a mostly non-Indigenous Indian Health Service.
- Kidnapped and enslaved African women brought to North America their knowledge, traditions, and expertise rooted in the traditional medicine and healing of African people. They tended to the pregnancy and birthing needs of other enslaved women and to white women, who were also slave owners.
- In the early twentieth century, the campaign to eliminate the midwife began because the workforce of Black women was an immediate threat to the growing physician workforce of white men. The growth of hospital-based obstetrical services in growing urban cities created an environment in which physicians in training could develop expertise in a central location, eliminating apprenticeship as an entry to medicine. By necessity, if births by obstetric trainees were to increase, then births by midwives had to decrease.
- With the passage of the 19th Amendment, the Women's Joint Congress Committee was formed and was a powerful lobby with the purpose to keep women focused on women's issues rather than other national issues. Congress asked them to focus first on maternal and infant health.
- The Promotion of the Welfare and Hygiene of Maternity and Infancy Act, more commonly known as the Sheppard-Towner Act was meant to address the high rates of infant mortality in the United States by developing a federally-funded public health workforce (Bellingham & Mathis, 1994; Williams, 2014). It created a workforce of white public health nurses that became the basis of the nurse-midwifery workforce.
- No coordinated effort was made to bring the apprentice-trained Indigenous and Black midwives into this new workforce, and in many cases, they were actively excluded.
- Many of the women we look to as the founders and heroes of modern midwifery in this country have been celebrated without acknowledgment of their racist writings and beliefs, including:
  - Mary Breckinridge, the child of a large, prominent, socially elite, wealthy, Southern Segregationist family, believed the people of Appalachia were descended from Anglo Saxons and were therefore "pure" Americans and a superior breeding stock that could grow a feeder population. She began an education program in 1940 that did not admit Black nurses until after her death in 1965. Black midwives were also excluded from the midwifery organization she formed (Johnson, 2010).
  - Hattie Hemschemeyer, the first president of the American College of Nurse Midwifery, in her 1939 article, "Midwifery in the United States" in the *American Journal of Nursing*, compared "old superstitious colored women in the South" to the midwives of Bellevue hospital, white immigrants who she described as efficient well-trained European midwives, explicitly discrediting Grand Black midwives from the South.

<sup>1</sup>We recognize that not all midwives identify as women, but this intentional choice of gendered language represents the reality of the past conditions represented in this statement.

- The practice of denial or erasure extends to the practice of midwifery itself, in which traditional Black and Indigenous midwifery practices are appropriated and promoted by white midwives, to the detriment of those communities (e.g., The Gaskin maneuver, “rebozo” techniques, and babywearing workshops).
- Racism was present in the development of midwifery education in the United States, which by default would see few Black nurses, most of whom graduated from hospital programs at segregated hospitals and/or Historically Black Colleges or Universities (HBCUs), who were considered qualified to enter midwifery education (Serbin & Donnelly, 2016). Other than four short-lived programs housed at HBCUs, there has never been a midwifery education program in the United States that has been directed on a permanent basis by an Indigenous North American person or an American Descendant of Slavery (ADOS).
- The overwhelming whiteness within the midwifery educational pipeline reinforces the lack of culturally congruent care between midwives and the clients they serve. Addressing both the historical and current whiteness of midwifery in the United States requires specific and intentional work to disrupt the midwifery educational system.
- There is a current disproportionate representation of Black midwives compared to the United States population. Black Americans make up 13.4% of Americans (U.S. Census Bureau, 2019), but only 6.3% of midwives (American Midwifery Certification Board, 2019).
- Among 39 accredited midwifery education programs, there are only two Black midwifery program directors (one interim). There are no Indigenous directors and no full-time Indigenous faculty at a midwifery program, and as few as 67 Indigenous Certified Midwives/Certified Nurse-Midwives in the United States (American Midwifery Certification Board, 2019).
- The educational harm inflicted by having mostly white educators training BIPOC students results in discrimination and bias in the classroom and in the clinical setting. These issues are multiple and significant.

#### **Furthermore, we acknowledge that in ACNM,**

- Until very recently, these historical facts and legacies were actively denied.
- Denial, in the form of ‘colorblind’ policies such as the prohibition of job postings on ACNM Connect, does not recognize that the social and professional context of midwives of color differs from the white majority and deserves equitable, not equal, consideration.
- Truth-telling by BIPOC midwives has frequently been met with censorship, with Black midwives’ messages and writing censored from the Town Hall and *Quickening*, further reinforcing the status quo of white supremacy.
- Past efforts to bring the issues of racism to the attention of College leadership were met with resistance and have often been downgraded and therefore not addressed.
- ACNM has not reliably tracked the racial and ethnic make-up of the midwifery workforce, making it impossible to be held accountable to address it.
- White midwives serving communities of color have been highlighted as evidence of commitment to equality with little acknowledgement of the root causes that led to a paucity of BIPOC midwives who could be serving those communities instead.
- When explicit racism is demonstrated by the College or as part of College-sponsored platforms, the response has often been to delete the content rather than to name, apologize, and attempt to repair any damage caused.
- In the allocation of resources and funds, work defined as equity-related has been viewed as optional or discretionary and not the core work or priority of the College.
- Many white midwives who may have recognized these harms and could have used their power and privilege to correct them have stayed silent.

#### **Therefore, be it resolved that:**

- ACNM stands accountable for the harm it has caused through denial, gaslighting, censorship and exclusion due to racism in our history, our midwifery programs, and our organization.
- ACNM is committed to do the work of dismantling structural racism by recognizing and addressing historical and current racism within midwifery education, clinical practice, and institutions including ACNM.
- ACNM will engage in a continuing process of reconciliation to involve the membership in the apology and acknowledgement of harms.
- ACNM commits to create a future that includes diversity, equity, and inclusion for all midwives.

The passing of this resolution means that ACNM is committed to ensure that anti-racism is centered in all of its activities, communications and processes to ensure that as an organization, our midwives and members are at the forefront of achieving racial equity in the United States.

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