

Quickening[®]

OFFICIAL NEWSLETTER OF THE AMERICAN COLLEGE OF NURSE-MIDWIVES

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THE MISTAKE 3 OUT OF 4 MEMBERS MAKE, PG.11

IMPROVING MATERNAL CARE

Bundles that Make a Difference

How to Tackle Disparities

The Way Forward, Globally

ULTRASOUND CERTIFICATION:

Your Questions answered

GET MORE FROM YOUR SOCIAL MEDIA

62ND ANNUAL MEETING

CHICAGO

HERE WE COME!

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Dear Friends,

My service as your new CEO began Monday, October 17, and what a warm welcome—and what a whirlwind! I’ve completed my first ACNM Board of Directors meeting, and as the New Year begins, we are well into our journey with major activities and initiatives for membership and the profession.

ACNM recently surveyed members for their views on member benefits and services. More than 1,700 of you responded. You said the greatest challenges to midwifery are arranging clinical sites for students, finding work-life balance, managing a busy clinical practice, overcoming barriers to midwifery at the local and national levels, and building public knowledge about midwives. In response, at the direction of the ACNM Board, we are:

- Making available to members extensive new resources about preceptorship and clinical education through the November-December 2016 issue of our *Journal of Midwifery & Women’s Health*;
- Seeking ways for midwives to learn more from people shaping the market for midwifery services—health plans, hospital systems, and government agencies;
- Sharpening our advocacy voice at the national and state levels with new resources at the ACNM national office to help state affiliates succeed; and,
- Increasing our use of social media to bring midwives and midwifery front and center before the public and key policymakers.

The survey (and my weekly calls to midwives) also explored member engagement. One midwife, Alexis, said she is a member for the *Journal* and would like to see more tangible benefits for the dues she pays. Another, Christa, let me know she did not see many benefits to ACNM membership. Their words rang in my ears when survey respondents offered an astounding 811 distinct responses to a question asking what benefits they’d like ACNM to offer.

This tells me midwives and midwifery students very much want their national professional association to be strong and demonstrate excellent value. In response, and again at the Board’s direction, we are:

- Installing a new Association Management System (AMS) intended to improve the convenience and reliability of every interaction between a member and ACNM;
- Unveiling later this spring ACNM Connect, a new, mobile-enabled online network for ACNM members to ask questions and share their expertise with one another on any issue. ACNM Connect will also improve the regular work of our association’s divisions, sections, and committees by providing a convenient infrastructure for developing, saving, and forwarding the work and wisdom of our volunteers from 1 year to the next; and,
- Making available and convenient for members the basic information they want from ACNM and state affiliates, such as schedules for meetings and guidance for getting involved.

Because midwives want ACNM to support the profession and build its bright future with excellent value for members, ACNM must be run in a way that is sustainable. A current financial update is provided on page 10 of this issue. For me, ensuring ACNM’s sustainability, growth, and excellent value for membership during a time of dramatic health care industry and policy change are Job #1.

Fortunately, it’s not all up to me. It’s up to us. So I’m asking your help with 3 things, please:

1. *Will you continue to be an ACNM member and keep renewing on time?* Continued membership keeps our voice strong in Washington and state capitals where your clients and colleagues need you. If you are nearing retirement, consider the newly available ACNM Life Membership program that offers discounted prepayment of ACNM dues for life. See page 12 for details.
2. *Will you consider your engagement with ACNM at the affiliate or national level?* What need there is for midwives who will be mentors and preceptors, who will know their legislators, who will develop and revise practice standards, and who will give generously to their A.C.N.M. Foundation and the Midwives-PAC. ACNM will support you, and with the work of the Board’s Volunteer Structure Realignment Task Force, strive to make engagement easier and smoother.
3. *Will you hold us accountable?* If we don’t know there’s an issue, we won’t know to address it. We’re listening.

Thank you for the privilege of serving you.

Warmly,
Frank J. Purcell
ACNM CEO

“Midwives want ACNM to build the profession’s bright future with excellent value for members.”



The Value of Collaboration

With 2017 upon us, I have been thinking about how to channel my energy and enthusiasm for ACNM and the midwifery profession into what lies ahead in this new year. Although last year was a challenging one for ACNM organizationally, overall we made ample strides. We benefited from positive media coverage that enhanced the public's perception and understanding of midwives and our profession. We made important gains legislatively and in the policy arena, and we are now seeing momentum organizationally as we gain more solid financial footing. This year, we'll encounter transitions in the health care and policy arenas that we must and will tackle head on.

Life Lessons

When I was working on my dissertation way back when, I learned 2 key life lessons: First, nothing is simple (this became part of my dissertation title); second, a crisis is never all bad—it brings opportunity. These 2 important beliefs have guided me during my first 6 months of presidential duties. As I came across various hurdles, I tried to see how they could generate new opportunities. While these opportunities came with complexities, I looked for new ways to think about what is “value-added” and the risks versus the benefits of possible changes. For me, the important questions were and continue to be 1) Does an opportunity move us in the right direction? and 2) Is it important to the mission we have before us as ACNM? Again and again, as I've worked through these questions, I have grown in my deep appreciation of the value of collaboration.

Collaboration is something we often talk about at ACNM. When I became president, I indicated that increased collaboration would be a key focus. I continue to believe strongly that we need to further expand our collaborative efforts across organizations and within our 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.

Continuing a Positive Trend

We have seen positive outcomes in these areas that started well before my term. They include the Interprofessional Education Initiative, launched under the leadership of past ACNM President Melissa Avery, CNM, PhD, FACNM and John Jennings, MD, designed to expand the number of maternity care providers through increased shared training and education opportunities. (The Macy Foundation recently funded this initiative. It is also supported by ACOG's recently released document, "Collaboration in Practice; Implementing Team-based Care," which ACNM representatives Mary Ann Faucher, CNM, PhD, FACNM and Cathy Collins-Fulea, CNM, MSN, FACNM participated in developing.)

The release of the Model Practice Template for Hydrotherapy in Labor and Birth, jointly developed with National Association of Certified Professional Midwives, American Association of Birth Centers, and Midwives Alliance of North America, is the result of another fruitful collaboration. ACNM members have also engaged in collaborative quality improvement activities aimed at reducing maternity morbidity and mortality at the local, state, and national levels both through the Alliance for Innovative on Maternity Health (AIM) project and the Healthy Birth Initiative, Reducing Primary Cesarean Project.

Fostering Clear Communication

Interestingly, collaboration does not require agreement in all areas, but respect for and familiarity with one another's ideologies, values, and practice is extremely important. It fosters clear, honest, and sometimes difficult communication and enables parties to agree to disagree if necessary. ACNM and ACOG, for instance, differ in our statements about homebirth, but have found many areas of agreement. Our Joint Statement of Practice Relationship includes reference to this approach.

While I have described what may seem like an idealized view of collaboration, it is essential that we reach out to new potential partners and maintain relationships with former allies to map out new ways to accomplish our goals. In 2017, I believe collaborating in new and different ways will be key to our efforts in moving midwifery forward and providing the full scope of midwifery care services that the women and families we serve truly deserve.

By Lisa Kane Low CNM, PhD, FACNM, FAAN
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Working together with old and new allies will move midwifery forward in 2017.

December 2016 Board of Directors Meeting

Establishing a committee focused on state legislative efforts was just 1 highlight of the 3-day meeting.

The December meeting of the Board of Directors reminded me of a busy clinic day when there are lots of my favorite people to see, great things to discuss, we are booked back-to-back, and somehow, the time flies. Our meeting lineup included approving multiple new documents; chief among them was an important update of ACNM's guidance for midwives educated abroad on the process of becoming licensed and certified in the United States, which came from the Division of Education. The Board also affirmed several compelling position statements offered by the Division of Standards and Practice: "Provision of Health Care for Women in the Criminal Justice System," and "Shared Decision Making" are new; "Planned Home Birth" and "Nitrous Oxide for Labor and Birth Analgesia" are timely revisions.

With so much action happening on the state legislative front, the Board also moved to establish a State Government Affairs Committee. The new state committee will recruit people with expertise in state issues and connect them to members in states engaged in legislative work. Its members will mentor midwives on the ground in that work. This change will support the role of the Advocacy Department in the national office and extend its effectiveness.

"Do you know how to be involved in Board meetings as a member?"

Volunteer leadership continues to seek creative fundraising strategies and is soliciting guidance on effective tactics, including crowdsourcing on social media. The Alternative Fundraising Task Force will be developing a policy related to innovative fundraising strategies, to be discussed at the March 2017 Board meeting. To formalize the process through which annual meeting speakers communicate suggestions and to enhance our ability to make recommendations related to future meetings, all speakers will receive an evaluation form after the 2017 Chicago meeting. Responses will be reviewed at the September Board meeting.

Did you know ACNM members can access the Consent Agenda of each Board meeting? This document details quarterly reports and

updates from all of the volunteer leadership, including each Board member, as well as all of the divisions and committees. You can find it at www.midwife.org/Board-Meetings prior to each meeting. The Consent Agenda also details the College's political sign-on activity from the quarter. Additionally, each task force within the college submits a report on its work over the prior 3 months. Their range demonstrates the breadth of work underway in the college:

- Advanced Practice Midwifery
- Gender Equity
- Interprofessional Education
- Reducing Primary Cesarean Project
- Quality, Safety, and Sleep in Midwifery
- Ultrasound Education
- Volunteer Structure Realignment

The work of the Interprofessional Education Task Force, for example, funded by a grant from the Macy Foundation, is a 3-year joint collaboration with ACOG to integrate midwifery and ob-gyn curricula at 4 sites. This project, led by ACNM Past President Melissa Avery, CNM, PhD, FACNM and John Jennings, MD of ACOG begins February 2017. Check out the quarterly reports from the other task forces for updates to their amazing work!

Do you know how to be involved in Board meetings as a member? Each Board meeting provides a significant amount of time for any ACNM member to call in or attend in person. To see the content that will be discussed then, review the Consent Agenda and Open Session agenda, also available to members online prior to the meeting. You can join in for any or all of the topics that interest you and engage with your midwifery leadership. So check out the Board's work, and join us in March!

By Stephanie Tillman, CNM, MSN
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ACNM's Board of Directors pauses during the 2016 Annual Meeting & Exhibition in Albuquerque.

BOARD OF DIRECTORS MEETINGS

March 3rd-5th, 2017
Silver Spring, MD

May 21st-25th, 2017
Chicago, IL

www.midwife.org/board-meetings

Region I Update

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

Meeting the Challenge of Inclusion

Midwifery school taught me how to recognize the boundary of my circle of safety. Today I reinforce this understanding with my students: how to identify a boundary in one's scope of knowledge and move safely forward, trying not to compromise a patient's confidence or one's own professional relationships.

One of our greatest challenges and an essential element of clinical practice is knowing what we don't know. Yet in 2017, most midwives are Caucasian and live within a reality that reinforces that the white experience is "normal," rendering many of us largely blind to what we don't know.

For example, most white Americans take for granted a sense of security and freedom from suspicion. Would you be surprised to be pulled over by a police officer for no reason or followed by store security while shopping? Do you question everyday cultural assumptions, such as the hue of Nude panty hose?

Midwives of color comprise about 6% of ACNM members, while people of color make up 40% of the US population, according to 2015 Census data. To remedy this inequity, ACNM prioritizes addressing disparity and inclusion in its 2015–2020 Strategic Plan.

Meeting the challenge of inclusion requires white midwives to "imagine the unknown" and tap into the empathy that we as a profession are so practiced in offering. Are you aware that in ACNM's 2015 report, "Shifting the Frame: A Report on Diversity and Inclusion in the American College of Nurse-Midwives," midwives of color were significantly more likely to report a feeling of "not belonging" to the organization? To ground yourself, make sure to read that report, a stunning document that speaks to the heart of the need for inclusion.

The November/December edition of the *Journal of Midwifery & Women's Health* offers another powerful look at inclusion, diversity, and health equity. The issue includes a Racial Equity Toolkit and articles on racial discrimination and adverse birth outcomes, and on infusing diversity and equity into teaching. Don't miss it.

Each of us as individuals can be part of the solution. It is OK to go out of your way to be welcoming and helpful so every midwife can succeed in practice and within ACNM. Be generous and patient with yourself and others. Most importantly, get excited about welcoming wholeheartedly the richness, beauty, and strength of diversity and inclusion.

By Kathryn Kravetz Carr, CNM, MSN
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Region II Update

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

Getting to Work on What Matters

As I write this, I am looking out my dining room window at the leaves swirling earthward. Thanksgiving is just past and the winter holidays approach—this is the season of gratitude and giving. I am grateful for my family and friends, and for the extraordinary privilege of serving women, babies, and families every day of my life. However, by the time this edition of *Quickening* is published, the holidays will be over and a new administration will have come to Washington.

Living in or near the nation's capital gives DC-area midwives front-row seats to governmental changes, so we may talk about politics more than people in the rest of the country. This year the transition of power has been more present in our conversations than ever before. We have some folks who figure politics will be business as usual, others who think we'll have a huge and welcome change, and still others who agree about the magnitude of the change, but view it with trepidation.

From a women's health perspective, I find it hard to predict what will happen. Certainly some of the protections our current laws provide for women's health choices will be under threat, based on the stated goals of the incoming administration. I believe the coverage of maternity care and contraception services that are cornerstones of the Affordable Care Act can no longer be taken for granted. This includes some of the smaller benefits such as the guarantee of a free breast pump. In addition, some of the bills currently in play that could affect our practice as midwives will require close monitoring.

Meanwhile, as the political landscape continues to shift, now is not a time for believing all the "news" we read on social media. Nor is it the time for complaining on Facebook, wringing our hands, or rolling our eyes skyward. Now is a time for vigilance and diligence, for searching within to identify what is important to us, looking at reliable sources for the best information, and putting our time and energy into working toward preserving or achieving the goals we value, whether by writing letters to legislators, organizing community actions, or simply getting more involved in our ACNM affiliates. Region II is a high-functioning region with affiliates working hard for our profession in every state. Each of them (and affiliates elsewhere) could use more of the valuable talent and help of our members to carry out our agreed-upon objectives. My new year's resolution: I am going to roll up my sleeves and get to work for the things that matter to me, to my family, to my profession, and to my country. What about you?

By Mairi Been Rothman, CNM, MSN
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Region III Update

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

Milestones to Celebrate

We have many things to be excited about in Region III (and nationally). On December 13, the US Department of Veterans Affairs published a very important announcement of a final rule recognizing CNMs, NPs, and CNSs to their full practice authority in Veterans Health Administration facilities. First, for each of the states that have Veterans Health Administration facilities, this is an important milestone for health care for women veterans; it will give CNMs the opportunity to serve our women veterans more readily. Second, this news highlights that there are hundreds of CNMs in our region who are veterans of the US Armed Forces, and we honor them. Third, achieving full practice authority nationally in the VA system can serve as an example for other large health care systems as well across the entire nation.

Now that I have served as your representative on the Board for a little more than 6 months, I have witnessed and been deeply impressed how tirelessly the ACNM national office staff, the Board, and our volunteers work to support members and affiliates. For those busy practitioners who do not have time to volunteer, one of the best ways to support ACNM is to help recruit members to our organization. If you know of someone who was a member, but is no longer, or who never joined, please encourage them to join—membership is the lifeblood of our organization! And, please vote for president-elect and vice president, as well as nominating committee members in ACNM's elections.

As your representative, I serve as the Board liaison to a task force charged to develop policies and procedures to address discrimination at the annual meeting or any ACNM-sponsored event. This work is an action in response to a motion at the last annual meeting and is aligned with the ACNM core commitments to diversity and inclusion. **Georgia** is one of the affiliates that has a Diversity and Inclusion Committee, which recently gathered a panel of CNMs and CPMs practicing homebirth in urban and rural settings in Georgia to speak to the affiliate. If other states have affiliate-level diversity and inclusion committees, please let me know so we can share our work with each other across the region.

Plans for the 2017 Annual Meeting in Chicago, May 21–25, are well underway, and the meeting in 1 of our nation's great cities promises to be fun, educational, and inspiring. The annual meeting for 2018 will take place May 20–24 in our own region, in Savannah, Georgia, so planning is beginning now. While the planning committee in the Georgia affiliate mobilizes, we hope every single one of you in Region III will attend!

By Jenny Foster, CNM, MPH, PhD, FACNM
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Region IV Update

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

Affiliates on the Move

Once again this has been a busy quarter, and I want to acknowledge Region IV's affiliate leadership and members. It was great to attend and read about Region IV affiliate meetings this past autumn and to see the preparations for upcoming affiliate retreats and "forwards."

Michigan held their meeting at Zingerman's Roadhouse and hosted a great CEU speaker. **Illinois** had their 44th Annual Lillian Runnerstrom Fall Dinner at Pompei on Taylor. (Ahhh, I lived just down the street from this great neighborhood institution when I went to University of Illinois to become a CNM). Members welcomed their new students, shared fun activities with colleagues, and had presentations. As part of the agenda, they also awarded and recognized the following individuals and practices: Karie Stewart, SNM received the Schweitzer Fellowship for research on Centering Pregnancy; Dr. Liz Gabzdyl, CNM, DNP received the Excellence in Teaching Award from ACNM student body; Dr. Carrie Klima, CNM, DNP received the Jonas Salk Nurse of Year from the March of Dimes; Lee Eichorn, CNM was appointed CNM representative for Illinois Society of Advanced Practice Nurses; Swedish Covenant CNM Practice received the ACNM "Triple Aim" Award for 2015; and Illinois Masonic Midwifery Practice celebrated 42 years of practice. Illinois is also very busy planning for the 62nd ACNM Annual Meeting and Exhibition May 21–25, 2017 in Chicago.

Indiana had an election in January. Their next affiliate meeting will happen at the lunch break of the ACOG meeting at the Ritz Charles in Carmel. **Arkansas** deserves congratulations for their recent rejuvenation of their affiliate with their election. Cheers to Rebecca (Becky) Fay, CNM, DNP, WHNT-BC as president, Abigail Skinner, CNM as vice president, and Brennan Taylor, CNM as secretary. Arkansas also held their affiliate meeting on December 3 with Dr. Ginger Breedlove, CNM, PhD, FACNM as their speaker!

Ohio will be hosting their 2017 All-Ohio Midwifery Forward on February 3–5, 2017, and they welcome CNMs/CMs to join in their education-and fun-packed weekend. This year, they will even be going to the House of Blues. "Great job" to the planning committee, which includes Sue Hudson, CNM; Sam Buckholtz, SNM; Amy Rogers, SNM; Jessica Costa, CNM, MSN; Pamela Hetrick, CNM, MSN; Rachel Kay, CNM, MPH, MSN; Katy Maistros, CNM; and Emily Sadri, CNM, WHNP. Ohio members are also happy that their representatives recently passed legislation expanding authority of advanced practice registered nurses, a bill sponsored by Representative Dorothy Pelanda (R). It still needs to be signed by Ohio Governor John Kasich. **Missouri** and **Kentucky** enjoyed fall retreats.

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Region V Update

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

A Difficult Process in Kansas

This year, elections have changed the legislative outlook in many state Houses and Senates. Already state affiliates have had to find new legislators to introduce and sponsor their legislation. In Region V, we have a number of states working on legislation this year.

Iowa is one of the states where CPMs are currently illegal. This year a group of midwives is working on a bill for CPM licensure. The environment for passing this bill is favorable if it is US MERA compliant.

Last year, **Kansas** passed legislation to remove the requirement for a collaborative agreement for CNMs whose scope of practice is “normal birth” by creating a separate license under the Board of Healing Arts. This means that all CNMs will have an ARNP license and to pursue full scope practice will still need a collaborative agreement, with the option of pursuing a second license to practice independently for a limited scope of practice surrounding normal birth.

These changes have been very difficult. There are more lawyers on the advisory council than providers, and none of the physician providers has ever worked with midwives. The proposed regulations are a cook book of conditions that risk a patient out of this license for normal birth. There is concern these lists will be extrapolated to CNMs practicing under their ARNP license. The Board of Healing Arts recently decided TOLAC/VBAC is not within the definition of normal uncomplicated pregnancy and delivery, and that the new license will be identified as a CNM-I license. Both decisions were vigorously opposed by the CNMs and a maternal fetal medicine physician.

The **Nebraska** affiliate is pursuing a bill to remove the collaborative agreement requirement. Unfortunately, their lead sponsor for the legislation lost re-election, but the affiliate has draft language and members are working on strategy. There is great excitement in **South Dakota** where the affiliate is working on removing the requirement for collaborative agreements, and CNMs are part of an APRN Consensus Coalition. The National Council of State Boards of Nursing (NCSBN) has provided some funding for education around this legislation.

Wisconsin has been working within an APRN coalition to remove the requirement for collaborative agreements and clean up their prescriptive authority. Recently, there has been some encouraging movement to include the CNM scope of practice from previous legislation and a requirement for certification in the draft language. The NCSBN has also provided some funding for marketing and education.

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Region VI Update

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

Ain't No Grass Growing Under Our Feet

New officers were elected for the northern portion of the **Arizona** affiliate: president, Janice Bovee, CNM; vice president, Donna Barisich, CNM; secretary, Emily Tarazi, CNM; and treasurer, Ramona Joseph, CNM. Belinda Hodder, CNM and Diane Ortega, CNM are the proud owners of the recently opened Willow Midwife Center in Mesa, which offers maternity, labor and birth, and wellness care.

The **Colorado** affiliate, led by Elisa Patterson, CNM, hosted a successful 13th Annual Nurse Midwifery Symposium with more than 80 people in attendance. The affiliate also partnered with ACOG and AWHONN to host the 3rd Annual Harvey Cohen Maternal Mortality Review Symposium with more than 250 people attending. The Denver Center for Birth & Wellness opened with Diana Buckwalter, CNM and Julie Law, CNM providing care.

Montana affiliate members Wendy Flansburg, CNM and Brenda Degrazio, CNM have opened a new practice in Missoula, Providence Missoula Midwives Clinic, attending births at St. Patrick's Hospital. In Billings, Tiffany Stensvad, CNM joined Laura Waylander-Hornung, CNM, Chantelle Blackwell, CNM, and Marianna Holland, CNM in a new practice, Midwifery and Women's Center at St. Vincent Healthcare.

The **New Mexico** affiliate, led by Alexandra Schott, CNM, is monitoring possible legislation that may impact members to ensure specific inclusion of CNMs in the Comprehensive Addiction and Recovery Act for reimbursement for midwifery care. Seventy preceptors at UNM's Clinical Partners Recognition and Celebration event heard from Brittany Simplicio, CNM about the importance of preceptors in her clinical education.

The **Utah** affiliate, with the help of Melissa House Cardeña, SNM, successfully began to use technology to support member attendance to meetings from a distance. At the October meeting, members learned about perinatal mood, anxiety, and psychotic disorders from the founder of the interdisciplinary Utah Mental Health Collaborative. Debra Penney, CNM and Celeste Thomas, CNM were lucky prize winners for attending.

Mandi Lew, CNM, **Wyoming** affiliate member, is pleased to announce the opening of Health Dimensions Clinic, with Starla Lee, CNM also providing care. Another Wyoming member, Kathy Watkins Brecheen, CNM, spent part of November and December with Midwives for Haiti providing care to Haitian women.

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Region VII Update

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

Legislation and Midwifery Stars

I want to thank all of you who wrote letters to your US Senators supporting the Improving Access to Maternity Care Act of 2015. After passing in the House of Representatives, this was the next step, and you responded! This bill has received broad support from the health care world, including from our colleagues in the American Association of Colleges of Nursing (AACN). As the ACNM board representative to the APRN Task Force of this organization, I am impressed with their level of commitment to this issue.

I would like to call out Molly Hernandez from the **Washington** affiliate. Molly, a student nurse midwife at Philadelphia University, brought together midwives and midwifery students to raise their collective political voice in a meeting with Washington Senators Patty Murray and Maria Cantwell. Congratulations to Molly for showing exemplary leadership!

The annual **California** affiliate meeting on October 1 in San Francisco drew many members. We had an excellent update on AB1306, the legislation removing physician supervision of nurse-midwives. Unfortunately, this bill did not pass, but the California affiliate is making plans for a comeback. We were particularly pleased to have former ACNM Director of Government Affairs Cara Kinzelman join us and help us plan next steps. California leadership is shoring up support from the ACOG and will be meeting with key persons in Sacramento in December. Kudos to the resilient California affiliate!

A key goal of ACNM is promoting a diverse and inclusive midwifery workforce. Such easy words to say! To make it happen takes effort and organization. Congratulations to the **Oregon** affiliate for having an organized approach to achieving this goal. We look forward to your example and ideas.

Now is the time, over the next few months prior to the 2017 Annual Meeting & Exhibition in Chicago, May 21–25 to consider recognizing those midwives who have given exemplary clinical services. The Clinical Stars Award is a non-monetary ACNM award given in honor of ACNM midwives in clinical practice for 25 or more years. Nominations are made by affiliates. New Clinical Stars are generally honored at affiliate meetings and again at the annual meeting during the regional affiliate meeting. I look forward to announcing the Region VII winners! Information on the Clinical Stars award can be found under Awards on the ACNM website.

Thank you for the privilege of being your regional representative.

By Barbara Anderson, CNM, DrPH, FACNM, FAAN
Region VII Representative
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Student Update

Take Time to Focus on Self-Care

As we begin the new year, I am reminded of how many things are changing, especially for students. With luck, we are progressing in our programs of study and beginning to transition into our role as midwives. I would like to take this time to thank the faculty, preceptors, and mentors who are helping students with their transition into practice. I would also like to thank Kathryn Osborne, CNM, PhD, Shannon Keller, CNM, and the other members of the Student and New Midwives Section who have worked to develop the New Midwife Webinar and help with this transition to practice.

Other big changes all Americans are experiencing come from the political transition of the recent election. I was happy to witness the passion and activism of so many students advocating for causes on both sides of the political aisle. Regardless of our personal views on the outcome of this election, we, as an organization and as individuals, have the opportunity and privilege to continue to advocate for midwifery and women's health issues on a national and state level. Students can become involved with ACNM's efforts by volunteering with the Midwife-PAC and by helping with affiliate legislative efforts.

I like to recognize students who are working to help ACNM. Zoe Gutterman of Shenandoah University in Virginia and Kristen Larios of Georgetown University worked to help coordinate student involvement in the PAC-A-Thon. Stephanie Estes, also a student at Shenandoah, has helped to create a Public Health Caucus (read more on page 13). Many students are engaged at the affiliate and national level, and while I cannot mention everyone by name, I do want to convey my deep thanks for every student's contribution to this organization. I sincerely hope that every SNM will carry this spirit of involvement into his or her membership after graduation.

Equally important as we begin a new term is taking time to focus on self-care. In discussions on this topic, I frequently hear the phrase, "it is difficult to pour from an empty cup." Commit this year to devoting some time to nurturing yourself. Ask, "What can I do to improve my mental, emotional, and physical well-being?" Try to refocus on what drew you to the path of becoming a midwife and use those touchstone feelings to reinvigorate yourself. Let's move through 2017 with a renewed passion for midwifery and serving women.

It is my continued pleasure to serve the students of this organization. Please feel free to contact me with concerns, comments, or questions.

By Andrew Youmans, SNM, RN, ACNM
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Careful Management Scores Progress

In 2014 and 2015, ACNM carried budget deficits of nearly \$1M. Last year, in its December 2015 meeting, the Board of Directors approved a 2016 budget that pledged to cut deficit spending in half. Tate & Tryon, our consulting firm, indicated that through careful management and tough decision-making, ACNM could achieve this goal. As you'll see, we did it!

At that meeting, the Board also committed to working toward a balanced budget for 2017. Recently, at its December 2016 meeting, the Board considered and approved a balanced budget for 2017.

As anticipated, our year-end 2016 projections show an excess of expenses over revenue of just under \$500,000. (Figure 1)

Throughout 2016, ACNM has endeavored to find ways to reduce spending. Between December 31, 2015 and December 31, 2016, we have eliminated approximately \$800,000 in expenses. (Figure 2)

In addition to cutting expenses significantly, our annual meeting netted a small surplus and our Department of Global Outreach met its budgeted revenues for the year. The deficit we will realize at the end of 2016—despite these gains and our dedicated efforts to decrease spending—is partially due to decreases in revenue from membership dues, which are less than budgeted. In 2017, membership recruitment and retention will be a primary area of focus for ACNM.

Budget Takeaways

We have taken the necessary steps to decrease spending and begin to implement strategies that will increase revenue in the future. Our improvements have materialized in the following ways:

1. The 500K budget deficit for 2016 is as expected and budgeted, and it represents a 50% decrease in deficit spending from the past 2 years.
2. We did not draw on reserves in August 2016 as originally predicted, but instead took a small (\$100K) draw in early December.
3. The 2017 ACNM budget is a balanced budget.
4. We will continue to examine and implement strategies that will strengthen our financial position while meeting the needs of our members.

By Alison Brooks, ACNM Director of Finance, and Joan Slager, CNM, DNP, CPC, FACNM, ACNM Treasurer



FIGURE 1

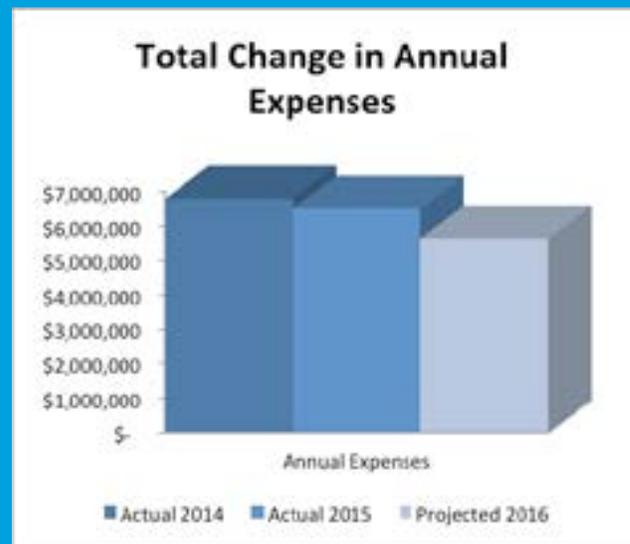


FIGURE 2

Get out the vote!

Casting ballots should be the most hands-on midwifery work you engage in this year.

One of my favorite "midwife" methodologies to teach midwifery and medical students is a modified version of hands-off: Touch only the fetal head to maintain flexion if you visualize signs of possible tearing, take hands off to allow complete external restitution and internal shoulder rotation, and barring any signs of fetal distress, have the laborer take a breath and push the shoulders out themselves, placing hands-on again only to maintain the arms/hands against the body and bring baby to the skin.

We often forget the passenger and powers of "birth" existed long before our beliefs of interventive "delivering" hands. I fondly remember Holly Powell Kennedy, CNM, PhD, FACNM, FAAN teaching in my midwifery program at Yale, "Don't just do something, stand there!"

Scarcely 1 in 4 ACNM midwives chooses who leads them. Let's change this!

As much as I advocate for hands-off births, I advocate the absolute opposite when it comes to voting! Casting ballots and electing candidates should be the most hands-on midwifery work you engage in this year. Did you know that, annually, scarcely 1 in 4 of the ACNM membership votes in electing incoming Board members? That means a minority of us chooses who leads us. Let's change this!

Ask yourself, can you engage in envisioning what's next in midwifery by demonstrating your own hands-on voting practices? Consider

continued on pg.12

Meet the Nominating Committee Candidates!



Judith A. Lazarus
CNM, DNP, MSN



Niessa C. Meier
CNM, MSN, DNP



Charlotte E. Morris
CNM, DNP



Venay Uecke
CNM

Meet the candidates!

Learn more at www.midwife.org/ACNM-Elections.



Lisa Hanson
PhD, CNM, FACNM



Susan E. Stone
CNM, FACNM, FAAN

CANDIDATES FOR PRESIDENT



Carol Howe
CNM, DNSc, FACNM, DPNAP



Michael McCann
CNM, MS, FACNM

CANDIDATES FOR VICE PRESIDENT



Kathleen Moriarty
CNM, PhD, RN, CAFCI, FACNM



Barbara Wunningham
DNP, CNM, WHNP-BC, FACNM

CANDIDATES FOR REGION IV REP.



Jessica Anderson
MSN, CNM, WHNP-BC



Kim J. Cox
CNM, PhD, FACNM

CANDIDATES FOR REGION VI REP.



Barbara Anderson
CNM, DrPH, FACNM, FAAN



Ruth T. Mielke
CNM, PhD, FACNM

CANDIDATES FOR REGION VII REP.



**YOUR VOTE
IS YOUR
VOICE**

AMERICAN COLLEGE of NURSE-MIDWIVES
With women, for a Lifetime®

the candidates' personal statements, their affiliations, and what work and beliefs they would speak to through their Board participation. Talk with the other midwives in your practice and in your affiliate about the needs of midwifery in the next years. Gather around a computer and vote as a community. Let the Board know that the majority of the College has chosen to be actively engaged. Use your hands-on skills in ACNM where they matter most: VOTE!

By Stephanie Tillman, CNM, MSN
ACNM Secretary
sttillman@gmail.com



HOW TO VOTE!

Voting is open now through February 20. Check your email for your official ballot and online Voting instructions from Survey & Balloting Systems, or return your paper ballot postmarked by February 20. If your ballot is missing, contact the ACNM national office at leadership@acnm.org; or 240.485.1811.

Membership

Breaking Ground with Two New Initiatives

We're launching a life membership category just for seniors and a new mentorship program.

Many senior members of ACNM have expressed interest in maintaining their membership as they approach or enjoy retirement because they want to stay involved in the future of midwifery and contribute to the profession as long as they can. If you are a senior midwife, we want you to know that we've heard you. As one of our top new initiatives, ACNM has created a new membership category for senior midwives, Active Life (65+). This category is priced at 50% of the Active-Life rate and is specifically designed for midwives who are 65 or older. For \$2625 (plus affiliate dues), senior midwives can be set for life as member of ACNM, retaining all of their benefits, including their designation as a voting member.

Lock In Lower Rates

Life member rates are going up in March 2017, this means Active Life (65+) rates will also increase, so now is the time to lock in the lower rate. You can even opt to pay it off in 4 quarterly installments. If you have any questions, please contact the Membership Department at 240.485.1813 or membership@acnm.org.

If you've had a career as a midwife, you possess invaluable expertise and a wealth of knowledge that younger midwives would love to learn from. As you enter retirement, you will be combining these valuable resources with another prized commodity, time. Of course, you can fill up that time with countless activities. Why not share your midwifery insights and understanding as a mentor?

As our other new initiative, ACNM is developing a mentorship program that will match members who want to mentor with younger mentees. As every midwife can attest, being a student or novice practitioner can be extremely difficult. Having a supportive ear, someone knowledgeable to encourage you over time can make all the difference. Students and young midwives have shared their thoughts about this subject. I've also heard from many members who'd like to offer their lessons learned and nurture the next generation. If this is of interest to you—either as a mentor or mentee—stay tuned for more information about this program in your weekly enews and via social media.

Make a Long-term Commitment

Senior midwives who aren't interested in mentoring can find countless other state and national volunteer and leadership opportunities within ACNM. For instance, you can lend your expertise to several open national positions listed on our "Volunteer Opportunities" page by going to www.midwife.org/Volunteer-Opportunities. However you choose to get involved, as a life member of ACNM, you're demonstrating you're committed for the long haul. Not only will you be an invaluable resource to your fellow midwives, you'll be making a difference for many years to come.



By Salvador Chairez, CAE
Interim Director of Membership and Publications
schairez@acnm.org

Introducing the New Public Health Caucus

Members are raising a new voice to promote domestic public health issues within ACNM.

A new Public Health Caucus has debuted at ACNM. Two members, Jeanne Murphy, CNM, PhD and Stephanie Estes, SNM, RN, BSN (now chairperson and assistant chairperson, respectively) hosted a meeting at last year's annual meeting in Albuquerque to gauge member interest in a stronger domestic public health voice within ACNM. The meeting drew 14 women from diverse backgrounds eager to discuss the overlap between midwifery and public health. Since then, through word-of-mouth recruiting, the caucus has grown to more than 30 members.

The Board formally approved the Public Health Caucus during its December 2016 meeting. The caucus's goal is to promote public health issues among ACNM membership and generate support of public health policy and practice. (The caucus will focus on domestic issues to avoid overlapping with the existing Global Health Caucus.)

Among its first steps, the caucus is developing a listserv as a venue for discussion about intersecting issues of midwifery and public health, avenues for action, and networking. Looking forward, as the caucus expands, its members hope to partner with midwives in the American Public Health Association (APHA) and other national organizations

to strengthen the midwifery voice within those professional groups and create meaningful crosscutting partnerships. "I'd love to see the caucus become a space where clinicians who are working on existing projects can reach out for support, or where interested students can connect with experienced researchers," Stephanie Estes, SNM, RN, BSN, assistant chair, added.

The caucus members bring a wide range of experience to the table—from international public health-midwifery practice to community development, research, and policy, according to a member survey. Nearly one-third of respondents have dual degrees in midwifery and public health (and hold dual APHA memberships), and 20% comprises student midwives.

If you're interested in being part of this caucus, please contact Stephanie Estes, at sestes15@su.edu or 443.251.8191, and please join us at the caucus meeting in Chicago in May!

By Winona Poulton, SNM
wpoulton@upenn.edu



Journal of Midwifery & Women's Health

JMWH Offers Education Supplement on Precepting Skills

The value of preceptors and clinical educators in midwifery education cannot be underestimated. These midwives teach the clinical and interpersonal skills the next generation of midwives will need to provide high-quality health care to women and families. The November/December 2016 issue of the *Journal of Midwifery & Women's Health* includes a supplement on clinical education that focuses on some of the resources and methods that clinical educators can use to guide them as they consider becoming preceptors, or to strengthen their existing precepting skills. The clinical education supplement offers 1.0 continuing education units (CEUs, 10 contact hours) on topics related to precepting and clinical education, including:

- creating an effective learning environment;
- understanding precepting basics that establish a solid foundation for the student-preceptor relationship;
- optimizing student-preceptor communication through bidirectional feedback;
- ensuring students reach appropriate skill levels in the cognitive, affective, and psychomotor learning domains; and
- helping students whose performance falls behind expectations.

Midwifery education programs across the country (see right) sponsored the supplement, and the faculty and preceptors of these programs will receive complimentary CEUs for the activities it contains. For all other ACNM members, the supplement CEUs are \$75. The *Journal* would like

to extend its gratitude to the midwifery programs we've noted for their support of this supplement. Please visit www.jmwhce.org to take the test, pay for the activity, and get a certificate of completion.

Brittany Swett
JMWH Managing Editor
bswett@acnm.org



Midwifery Education Program Sponsors for JMWH's Clinical Education Supplement

Baylor University, Baystate Medical Center, East Carolina University, Emory University, Frontier Nursing University, Midwifery Institute at Philadelphia University, New York University Rory Meyers College of Nursing, Ohio State University, Shenandoah University, SUNY Downstate Medical Center, Texas Tech University Health Sciences Center, University of Cincinnati School of Nurse-Midwifery, University of Illinois at Chicago, University of Kansas School of Nursing, University of Michigan, University of Minnesota, University of Utah College of Nursing, University of Washington, Vanderbilt University, Wayne State University.

Please visit www.jmwhce.org to enhance your knowledge and gain 10 contact hours.

Find Your Volunteer Niche

ACME

The Accreditation Commission for Midwifery Education (ACME) has volunteer opportunities available for midwives and non-midwives, please spread the word. ACME has open positions on the Board of Review, Advisory Committee, and Site Visitor Panel. For a full description including qualifications and application process please visit our website www.midwife.org/ACME-Volunteer-Opportunities. If you have any questions, please contact, Heather L. Maurer, ACME executive director at hmaurer@acnm.org.

State Legislative Support Committee

Openings are available for a committee chair and members for the new State Legislative Support Committee. Experience in the policy/legislative process and with issues such as full practice authority, CM licensure, reimbursement, and CPM licensure is preferred. Duties will include monthly phone calls, collaboration with the ACNM Advocacy and Government Affairs Department on state issues, and mentorship of an affiliate in the policy/legislative process in an area of expertise. Members with diversity in geographic representation, employment or experience, and length of membership in ACNM are preferred. Email a letter of interest and your CV to Lynne Himmelreich at lynne-himmelreich@uiowa.edu.

Networking Section, Global Health

An opening is available for the chair of Networking Section in the Division of Global Health. This is a 3-year commitment starting May 2017. Responsibilities include, in conjunction with national staff, participating in ACNM Annual Meeting Program Committee meetings and functions, coordinating global health speakers, developing a globally focused agenda for the meeting, and coordinating networking activities for members. The chair works with ACNM staff and Board of Directors to coordinate activities at the International Confederation of Midwives Conference and supports activities of the Foundation related to the Bonnie Pedersen and Jeannie Raisler awards at the annual meetings. If interested or want more specifics, please contact Amy Nacht at amy.nacht@ucdenver.edu.

Bylaws Committee

An opening for the chair of the Bylaws Committee is available. The Bylaws Committee will include members with diversity in geographic representation, employment/experience in midwifery, and in length of membership within ACNM. Interested members should send an email letter of interest and CV to Lynne Himmelreich at lynne-himmelreich@uiowa.edu.

Call for Comments on ACME Accredited Programs

The Accreditation Commission for Midwifery Education (ACME) is seeking written third-party comments on the qualifications for accreditation of midwifery programs at Fairfield University and the University of Kansas (see below). These programs will be reviewed for renewal of accreditation and pre-accreditation at the **July 2017 ACME Board of Review (BOR)** meeting. Upon request, comments will be considered confidential. Comments will be included with the program’s materials undergoing review.

Comment Guidelines

Comments must directly relate to the accreditation of a program and the ACME Criteria for Programmatic Pre/Accreditation, (December 2009, Revised June 2013), which can be found at www.midwife.org/Accreditation under ACME Documents. Please cite the particular criterion of concern in your comments.

All written comments should be addressed to the Board of Review and emailed or mailed to the attention of **Heather L. Maurer, ACME executive director**, hmaurer@acnm.org, Accreditation Commission for Midwifery Education, 8403 Colesville Rd., Suite 1550, Silver Spring, MD 20910. Include your name, contact information, the program you are addressing and cite the particular criterion of concern in your comments.

Updated Information for Midwives Educated Abroad

The Education Policy section of the Division of Education, chaired by Megan Arbour, CNM, MS, PhD, FACNM, has revised and simplified the document for midwives educated outside of the US. The updated document, now entitled “Information for Midwives Educated Abroad (MEAs),” is intended to ease the transition for midwives educated outside the US to the CNM or CM role. Check out the new document here: <http://bit.ly/2jzsZwc>.

The Bulletin Board is a space for every member of ACNM to connect, and share ACNM-related requests and announcements.

To add an announcement to the Spring 2017 edition of *Quickening*, please send it to us by March 15, 2017 at Quick@ACNM.org.

Questions? Email Maura Christopher at mchristopher@ACNM.org.

Thank you!

MIDWIFERY PROGRAM	DEGREE TYPE	TYPE OF ACCREDITATION	DEADLINE FOR COMMENTS TO BE RECEIVED
Fairfield University	DNP	Pre-accreditation	March 1, 2017
University of Kansas	DNP, Post Graduate Certificate	Renewal of Accreditation	March 1, 2017

The California Effort to Obtain Full Practice Authority

How politics created a Catch-22 for the Golden State's CNM bill.

California is 1 of only 6 states with a requirement for physician supervision of CNM practice. Despite having the largest number of nurse-midwives in the country, growing workforce needs, and promoting midwifery as a best practice, physician supervision requirements have stunted the expansion of midwifery in the state. Costs and misperceptions of increased liability associated with physician supervision create significant barriers to practice.

The California Nurse-Midwives Association determined in 2014 that the time was ripe for a full practice bill. Licensed midwives (LMs) had gained autonomous practice the previous year without significant opposition, due to the support of the ACOG. The narratives LMs had told about the difficulties associated with identifying a physician willing to work with a home birth practice paralleled the difficulties state CNMs encountered. The California Nurse-Midwives Association believed the LMs' success should create momentum for a CNM effort. After all, legislators were already familiar with the problems associated with the supervision of midwifery practice.

A Unique Journey

Assembly Member Autumn Burke introduced the CNM full practice bill, AB.1306, in late February 2015. It removed the requirement for physician supervision; eliminated the requirement for standardized procedures for furnishing/prescribing, laceration repair, and episiotomy; and required the establishment of a Nurse-Midwifery Advisory Council to the Board of Registered Nursing, among other elements.

AB.1306's journey through the legislature is unique compared with the fate of similar bills from other states. Shaped by changing stakeholder

positions and policy conversations with tangential implications for the practice of midwifery, AB.1306 offers an ideal case study of the ways in which politics, rather than policy, can affect a bill's trajectory.

Almost immediately, advanced practice registered nurse groups, AARP, the American Association of Birth Centers, and numerous other organizations registered in support of the bill. ACOG took a neutral position, while the California Medical Association (CMA) opposed the bill. CMA based its opposition on the belief that the removal of supervision would mean that CNMs were practicing medicine, and, CMA argued, all medical providers should be held to the same standards and expectations. To this end, CMA requested numerous bill amendments, one of which was a bar on the corporate practice of medicine.

An Outdated Practice

The bar addresses an outdated practice from the early 1900s that forbids corporations, with exceptions for hospitals and universities, from directly employing physicians and other medical professionals. (Providers paid by corporations face a conflict of interest when treating its employees, whose injuries or illnesses could impact the bottom line.) A majority of other states have repealed the bar.

To gain CMA neutrality, in early spring 2015, the California Nurse-Midwives Association agreed to several amendments including a prohibition of self-referrals, anti-kickback language, and, importantly, a bar on the corporate practice of medicine. (A California Nurse-Midwives Association survey found the amendment would affect fewer than 20 of its 570 members.) The bill passed the Assembly Business and Professions Committee with a 14-0 vote in April 2015 and the assembly with a vote of 78-1-1 in June.



Getting ready for a legislative push (from left): Peter Kellison, lobbyist; Kim Dau, CNM, MS; BJ Snell CNM, PhD, WHNP, FACNM; Assembly Member Autumn Burke; Kavita Noble, CNM; and Linda Walsh, CNM.

**Assembly Bill
1306 shows
how politics,
rather than
policy can
affect a bill's
trajectory.**

A Painful Compromise

Although the “bar” amendment was necessary to advance the bill in the assembly, now it created a political liability in the senate, flipping the APRNs to an “oppose” position and switching the California Hospital Association from “neutral” to “oppose.” Conversations surrounding the bill began to center on these various groups’ positions. By July 2015, advocates knew the bill would not pass out of the Senate Business and Professions Committee, if the bar remained. As a compromise to accommodate all parties, the bill was not brought to a vote, but was carried over to the following year.

Almost 12 months later, back in committee in June 2016, the sponsor opted to remove the bar. The upshot: CHA supported the bill, CMA and ACOG changed from “neutral” to “oppose,” and the APRN groups reverted to a “support” position. AB.1306 passed the committee with a 7-0-2 vote. This left the California Nurse-Midwives Association with a window of less than 2 months to galvanize enough support to move the bill off the Senate floor before the end of the session in late August.

Strategists relentlessly weighed numerous game plans during those weeks: Was it possible to move the California Medical Association back to a neutral position? Should the California Nurse-Midwives Association substitute the bill with a different version that took an incremental approach to autonomous practice, such as removing supervision for home birth and birth center CNMs only? Greatly complicating the efforts to secure a path forward was the fact that, in many ways, the

debate about the bill was no longer about whether required physician supervision was necessary for safe CNM practice (most agreed it was not), but whether barring the corporate practice of medicine was sound policy. The shift of the conversation away from good policy to that of pure politics was an incredibly frustrating experience. State and even national media outlets such as Kaiser Health News and The Huffington Post sounded out on the dispute.

The Final Hurdle

With the clock running, members of the California Nurse-Midwives Association lobbied tirelessly for the bill. As a result of their effort AB.1306 passed the Senate floor on August 30, 2016 with a vote of 22-9-8. The final hurdle—having the Assembly concur on the bill—came down essentially to the last hour of the last day of regular session. With a majority vote (41) needed, the final vote was a crushing 31-28-28. Midwives across the state and in Sacramento had devoted countless hours to promoting this bill. The issue remains a high priority in California, however, and now they are regrouping. California Nurse-Midwives Association members stand committed to obtaining full practice authority and are currently considering their options for the next session.



By Kim Q. Dau, CNMA, Health Policy Chair, and
Cara Kinzelman, Ph.D.
kim.dau@gmail.com

Midwives-PAC

4 Ways to Make the 2017 Midwives-PAC Rally a Grand Slam

To maximize our influence in a national political landscape full of uncertainty, members of the Midwives-Political Action Committee (PAC), the Government Affairs Committee (GAC), and the Advocacy & Government Affairs Department are busy preparing our federal legislative and policy priorities and strategies. To be effective, we need to continue to grow the power of our voices in Washington.

With this in mind, the Midwives-PAC is working hard to make 2017 our best year yet. Our biggest party and fundraising event of the year, the PAC Rally, will take place at the 2017 Annual Meeting on Wednesday, May 24 from 4:30–6:30 PM. It is a highlight of the annual meeting, an event where midwives can let loose and feel good about spending a little dough. Here are 4 ways you can help in advance to make the PAC Rally a success:

1. Donate items to the PAC Rally auction: Do you, or someone you know, own a vacation home, make jewelry, or have a special piece of artwork? Do you have gifts tucked in a closet that need a new home? Can you donate a memorable bottle of wine? Please email pac@acnm.org with your items and ideas. All contributions to the auction, as well as your rally ticket and winnings, will count toward the Midwives-PAC donor club recognition program.

- 2. Buy your PAC Rally ticket when you register for the annual meeting:** Tickets are \$50 for members and \$20 for students. If you won't be able to attend, consider buying tickets as a gift for your colleagues and friends.
- 3. Encourage your state affiliate to make a donation to underwrite the costs of the rally:** Each year, generous donations from state affiliates underwrite the PAC Rally, making it a “zero overhead” event. Please encourage your states to continue this important tradition! Watch for an email from us or email pac@acnm.org if you'd like your affiliate to make a donation.
- 4. Buy tickets for the students in your life:** Are you an educator or preceptor? Consider buying PAC Rally tickets for your students. They are only \$20! This is a great opportunity to expose the next generation to the work of the Midwives-PAC.



Our team is ready to fight on behalf of our profession. Please help us via the PAC Rally or make a donation to the [Midwives-PAC](#) online today!

By Jennifer Jagger MSN, CNM, WHNP
Chair, ACNM Midwives-PAC
jagger.midwives@gmail.com

Midwifery Advocacy Yields Successes

Getting Senate passage is next goal to passing the Maternity Care Shortage Act.

This past November's election results showed a sharply divided electorate. Midwives, however, remained united in our care of and advocacy for women, their health throughout the lifespan, and their babies and families. The Government Affairs Committee (GAC) is proud to stress how effectively and energetically ACNM's amazing affiliate leaderships nationwide and fabulous and dedicated midwives on the ground worked this past fall on legislative issues vital to midwives and the populations we serve.

A Terrific Effort

First, throughout the end of summer and early fall, midwives across the country visited, called, and wrote their federal representatives to advocate for the Maternity Care Shortage Act (HR 1209, now renamed HR 315), and succeeded in encouraging our representatives to move the bill out of committee. Additional advocacy on the part of midwives encouraged the House of Representatives to pass the bill with bipartisan support, first in September and again in January. This was a terrific effort by midwives and their contacts throughout the country, and the many affiliates who had individual members or teams visit representatives' offices to get this bill passed deserve special kudos! Working midwives and ACNM leadership proved again we can be powerful advocates for maternity care.

The bill has now moved to the Senate for consideration. ACNM midwives and their friends should be prepared to receive Action Alerts or contacts from GAC members urging them to continue to support the bill through the Senate Committee on Health, Education, Labor, and Pensions to a Senate vote. Midwives are again making a remarkable effort to call and write their senators, and we have hopes that this act will be passed early in this congressional session. For more information, go to www.midwife.org/Improving-Access-to-Maternity-Care-Act-of-2014.

A Victory with the VA

December brought another victory for advanced practice nurses. The US Department of Veterans' Affairs (VA) announced that it was extending full practice authority to certified nurse-midwives, nurse practitioners, and clinical nurse specialists within the scope of their VA employment, without clinical supervision by physicians. Although certified registered nurse anesthetists and certified midwives were excluded from the rule, this move by the VA marks a major step forward for the care of eligible women, and sets a possible precedent for further independent practice.

Learning to Advocate

In other advocacy news, the Georgetown University midwifery students have been learning to advocate on Capitol Hill, and have successfully visited congressional offices with the guidance of the remarkable Georgetown midwifery faculty. We hope this advocacy program will



Photo by David Davies

expand to other midwifery schools, and a team of wonderful GAC members with the help of ACNM's PAC members have produced a video clip for distribution to help midwifery students learn how to advocate. We also hope to expand the distribution to make the video primer available to help busy working midwives in their advocacy efforts.

There are many more issues coming up at the state and federal level this spring. GAC will continue to work for and with our members to educate legislators and advocate for common-sense solutions for women's health issues and improved access to safe, effective reproductive and maternity care. We always need every midwife to advocate, no matter how busy, and are trying to make advocacy as quick and easy as possible.

The quickest thing you can do right now? Go to the www.midwife.org/Advocacy page, and click on the red "Take Action" button. It will help you send an email to your congressional representatives on the current ACNM issues. If you have suggestions on what would make contacting legislators easier for you, or are interested in being more involved with advocacy work and would like to learn more, please email Kate Green, the GAC chair, at kate.green11@aol.com, or your friendly neighborhood GAC member, whom you can contact at www.midwife.org/GAC-Members. Your ideas are always welcome!

By Katharine (Kate) Green, CNM, PhD(c),
Chair, Government Affairs Committee
kate.green11@aol.com





Sneak Preview of ACNM’s 2017 Annual Meeting & Exhibition

Get ready for 5 action-packed, fun-filled days, May 21–25, in Chicago.

The moment we debuted ACNM’s new annual meeting website on January 9, interest among midwives spiked, and it hasn’t stopped. Already registrations for ACNM’s 62nd Annual Meeting & Exhibition have surpassed last year’s January totals, and we’ve got several months to go. Before you know it, May will be here!

*“Quality education sessions—
I learned so much.”*

ACNM’s program committee has been focused for months on delivering a stellar line-up of workshops, education session, and other events. We are also committed to addressing professional “hot topics” and critical issues. For example, during the past few years, more sessions have focused on health inequities and issues of privilege and inclusion. We are not shying away from such front burner issues. The bottom line? As we put the final touches on the 2017’s content, we’re convinced what we have in store in Chicago will excite and delight every midwife and women’s health professional.

Hotel and Travel Discounts

We’re also focused on enhancing “user experience.” We have worked continually with volunteers, staff, and our meeting consultants to eliminate or minimize whatever triggered concerns at last year’s meeting and to offer more of what elicited accolades. And we’re keeping meeting expenses affordable. Our housing partner has negotiated a block of rooms, available at a substantial discount at the Hilton Chicago, a wonderful, historic hotel and meeting venue that offers every convenience. They have also arranged price breaks at 2 other nearby hotels. To obtain any of these discounts, members must book through our housing vendor, Orchid Event Solutions, via our site. Additionally, they’ve arranged flight discounts with Southwestern and United. See our meeting site, <http://annualmeeting.midwife.org> for details.

The Sessions You Requested

We have a wide variety of education sessions and workshops committed to, and in development, that address constant issues for women across the life span, and their newborn. What they have in common is that they’re research-based, and backed up by current evidence-based practices.

Mindfulness Matters

Look for workshops and sessions on subjects such as mindfulness that will address practices that assist in keeping the “heart” in midwifery care. We also haven’t forgotten sessions to help you nurture and care for yourself and prevent burnout as a midwife.

The Importance of Quality Care

Quality care is under the microscope for all APRNs. Our sessions will explore the importance of quality care—national quality measures and women’s perceptions of the meaning of “quality care”—in new ways. Having a clear grasp of the criteria being used for evaluation of providers, as well as the care provided, is imperative, especially as our health care landscape is gearing up for a new focus on quality measurement.

mHealth and More

Health professionals have opportunities to produce and share accurate content via social media to reach younger, ethnically diverse populations. Midwives are positioned to provide this content and can use social media to communicate with clients and promote midwifery services. Wireless medical technology to educate consumers about preventive health care services, or mHealth, is also being developed in an app, and we have a focus on mHealth information related to the practice of improving women’s health.

Place-of-Birth Insights

Midwife-led care has been associated with decreased use of obstetric interventions, cost-effectiveness, and optimal outcomes across all settings. The US Birth Place Mapping Study examines the effects of place of birth on maternal/newborn outcomes and how integration of midwives into health care systems affects access to physiologic birth. A multidisciplinary task force populated a 50-state database with published regulatory data that tracks conditions for practice and availability of licensed midwives across birth settings in the US. Be sure to attend this session and see how your home state is faring.

Interprofessional Team Education

Modern academic centers must meet the demand of providing engaging education to multiple learners of differing levels in the setting of a busy

clinical schedule. Many midwives are involved in educating not only other midwives, but also medical residents and nurses. Interactive teaching can address learners' needs and facilitate teamwork, while fitting into fluid clinical schedules. Through workshops and education sessions, attendees can learn from midwife leaders who foster interprofessional team education.

Water Birth Outcomes

New insights and information will be shared regarding water birth, and based on an integrative review of all available water birth literature, using neonatal outcome data. The focus will be on neonatal outcomes vs maternal comfort, and decreasing interventions. Members will also be privy to a water birth toolkit that can be utilized to educate and promote the use of shared decision making in pregnancy and childbirth.

Global Health

Not surprisingly, 2017 has a Global Health track that includes multiple workshops, education sessions, and demonstrations of the use of technology in low-resource countries. Among them is "The Global Health Service Partnership Update 2017: Asking Different Questions to Improve the Health of Every Women, Every Child." This session brings an opportunity for conversation with ACNM's own past president, Holly Powell Kennedy, CNM, PhD, FACNM, FAAN. Interested in global health work? Watch for 2 workshops on this subject.

Reaching New Heights—Together

Other critical topics we'll be featuring include physiologic birth, the impact of health care inequalities, legal issues, gender issues, and the issues of social justice. Check our website often to find out the latest news on sessions and workshops. Most importantly, we invite everyone to join us in Chicago! On behalf of our entire Annual Meeting prep team, we will be waiting for you to join us in "reaching new heights" in midwifery!

By Letitia Sullivan, CNM, FACNM
Annual Meeting Program Chair
liscnm@gmail.com



Register at annualmeeting.midwife.org

"Thanks for making me proud of what I do!"



This year's meeting is tailored to what members say they want most.



Look for exciting premier speakers and events.



Chicago presents an amazing opportunity to build new friendships and professional connections and deepen established bonds.

ACNM's 62nd Annual Meeting & Exhibition will be set amid the many attractions of downtown Chicago.



Chicago, a famously fun city, especially in the spring, is a destination that has something for everyone.

Comments from 2016 ACNM Annual Meeting & Exhibition Attendees

"As a student, I felt very welcomed in the ACNM community. I was excited to be a part of something so huge."

"I loved the award dinner and celebration! I haven't laughed like that for years."

"Great job! It was amazing for me to see the recognition of what other midwives are doing around the country. I was very inspired to go make big changes in my community."

"I am so very impressed at seeing so much diversity in the meeting (presenters and attendees).... It absolutely delights me."

"I'm an exhibitor, and I was truly inspired by this special group of people—very intelligent, dedicated, and just wonderful to be with. Thank you for this great experience. I look forward to next year."

Celebrate A.C.N.M. Foundation's 50th Birthday at the 2017 Annual Meeting & Exhibition!

The A.C.N.M. Foundation, Inc. will celebrate its 50th anniversary this year at the annual meeting. In 1967, 5 visionary founders, including Kitty Ernst, CNM, MPH, FACNM and Ruth Lubic, CNM, EdD, FACNM, and her husband, William 'Bill' Lubic, incorporated the Foundation in New York. Assisting them was Bill's law partner, the late husband of Justice Ruth Bader Ginsburg, Martin "Marty" Ginsburg.

On Tuesday, May 23, the Foundation will honor its founders and celebrate the global impact of a half-century of philanthropic efforts. Countless midwives, many of whom have benefited from or supported the Foundation's efforts will be joining in the festivities. All are invited and encouraged to attend this once-in-a-lifetime experience!

Tuesday, May 23, is the Foundation's Birthday Celebration Day. It will include:

- **Plenary Session, "The Foundation: 50 Years of Influence and Impact,"** featuring Timothy Johnson, Jr, MD, FACOG, trustee, and 2011 Hellman Awardee and Lisa Paine, CNM, DrPH, FACNM, CEO, the A.C.N.M. Foundation, Inc.
- **Special Session, Foundation Founders' Hall of Fame,** a 2-hour event to honor our founders and significant contributors to the Foundation's history, with guest speaker and moderator Charles "Chic" Dambach, MBA, nationally recognized leader in nonprofit governance, 2017 Nobel Peace Prize nominee, and author of the 2010 memoir, *Exhaust the Limits: Life and Times of a Global Peacemaker*. Special Guests will also include founders Ruth and Bill Lubic and Kitty Ernst, CNM, MPH, FACNM as well as Marty Ginsburg's son James Ginsburg.
- **Presidents' Reception** to recognize Foundation's founders, high-end donors, and corporate sponsors (invitation only).
- **50th Birthday Bash,** a fundraiser for meeting attendees of all ages, complete with birthday cake, cash bar, and live music guaranteed to make everyone dance!

Join us on this amazing day to launch the Foundation's next half century and to recognize its limitless potential as a charitable nonprofit with dual purposes as a public charity and as a supporting organization to ACNM!

Successful Midwifery Works! 2016

Midwives practicing in all settings found content and topics for them.



Well-received presentations kept every midwife engaged and informed.

The beautiful oceanfront Embassy Suites Hilton Waterfront Resort in Myrtle Beach, South Carolina was the venue this past fall for the annual Midwifery Works! 2016, a conference for business education and networking. Midwifery Works! is a collaboration between the Midwifery Business Network Caucus and ACNM to provide a forum for those interested in the business of midwifery to come together to collaborate, network, learn, and promote best practices for midwifery leaders. Midwives joined us from practices small and large, and from every settings to find content and topics applicable to them. In addition to Midwifery Works! sessions and activities, the A.C.N.M. Foundation and the Directors of Midwifery Education (DOME) were also meeting, which enriched the networking and sharing.

The event started with pre-conference workshops: one with Connie Dewees, CNM, DrPH, MN, FACNM about planning a new midwifery practice, another with Barb Hughes, CNM, MS, MBA, FACNM on how to shift “thought energy” to be more effective, and Joani Slager’s, CNM, DNP, CPC, FACNM always well-received presentation of her beginner and advanced Billing and Coding workshops. On Thursday evening, the Welcome Reception brought everyone together to relax, mingle, and visit the exhibitors who graciously supported the conference.

Most of the weekend focused on various education sessions, with presentations for midwifery leaders by midwifery leaders and ACNM staff, including new ACNM CEO, Frank Purcell. Topics included Quality Improvement, Benchmarking, Compliance, Collaborative Practice, Contracts, Promoting Practice Teams, Starting a Birth Center, ACNM’s Legislative efforts, and Advocacy and Self Care.

Additionally, Midwifery Works! held its first “Open Space” meeting, during which attendees suggested their own hot topics for discussion, and then everyone picked their choice of the topics for a lunchtime discussion. The event led to great discussions. When midwives come together, there’s never a shortage of conversation! All weekend long, throughout the hotel complex and area restaurants, groups of midwives could be found talking, mingling, and sharing their expertise with one another.



Attendees at Midwifery Works! 2016 bring the fun outside in Myrtle Beach.

Many thanks to the entire Planning Committee and ACNM staff for their hard work to produce an excellent event! Planning is already underway for Midwifery Works! 2017. The committee has recommendations from Myrtle Beach attendees for topics for this year’s conference and will incorporate them to produce another great business meeting. Watch for the 2017 location announcement as well the workshops and education sessions available. We hope to see many more of you at this year’s conference.

By Barbara Wax, CNM, MS
Midwifery Business Network Caucus Chair
waxb@bnhc.org



The A.C.N.M. Foundation Duck Pluck fundraiser was a highlight of Midwifery Works! 2016.

The Alliance for Innovation on Maternal Health: What You Need to Know

New website, new bundles, and new user tools help midwives achieve quality improvements.

The United States is one of the few high-income countries where maternal mortality rates rose between 2000 and 2013, when there were 28 maternal deaths per 100,000 births. Evidence suggests nearly half of these deaths and related severe events could be prevented through patient, provider, and system factors.

In 2014, stark facts such as these impelled major maternal health organizations, including ACNM and the American Congress of Obstetricians and Gynecologists (ACOG), to join together under the auspices of the US Council on Patient Safety in Women's Health Care as core partners to form the Alliance for Innovation on Maternal Health (AIM). AIM works through state teams and health systems to align national, state, and hospital level quality improvement efforts to improve overall maternal health outcomes.

"Your midwifery colleagues are involved in leadership roles in state AIM projects."

Specifically, the alliance aims to reduce maternal mortality by 1,000 and severe maternal morbidity by 100,000 instances between 2014 and 2018. AIM's other goals include improving uptake and content of postpartum care and providing guidance and implementation strategies on the consistent content and delivery of well-woman care. Your midwifery colleagues are involved in leadership roles in state AIM projects, and ACNM representatives have been working collaboratively on developing data-driven and actionable bundles and associated tools and materials. AIM is working with state leaders, health departments,

perinatal quality collaboratives, and hospital associations to equip and empower every state, perinatal quality collaborative, hospital network/system, birth facility, and maternity care provider to use these materials effectively.

A New Website

To this end, the AIM team has launched a new website. All users will need to register again for free access to the AIM materials. To download bundles and tools, please create a login at <http://safehealthcareforeverywoman.org/>. The bundles and tools now available are:

- Maternal Mental Health: Depression and Anxiety
- Maternal Venous Thromboembolism
- Obstetric Hemorrhage
- Reduction of Peripartum Racial/Ethnic Disparities
- Safe Reduction of Primary Cesarean Birth
- Severe Hypertension in Pregnancy
- Severe Maternal Morbidity Review
- Support After a Severe Maternal Event

Work is underway on Postpartum Care Basics for Maternal Safety and Obstetric Management of the Opioid Dependent Woman.

eModules to Get You Started

To help orient you, your colleagues, and other users to this program, the AIM Partnership has created a series of AIM eModules, designed to be interactive and collaborative. The Introduction eModule provides background and review on national maternal mortality and morbidity and the need to provide reliable resources and tools to support hospitals across the United States with their efforts to improve outcomes of our mothers and their babies. Other AIM eModules focus on the implementation of the "4 R" domains: Readiness, Recognition, Response, and Reporting of each maternal safety bundle. These eModules help explain the purpose, development, and use of the bundles.

Midwives play a vital role in quality improvement in maternal health care. The resources developed for the AIM program and ACNM's Healthy Birth Initiative resources (such as BirthTOOLS.org) can help you change the culture of care to reduce maternal morbidity and mortality in your community.

By Tina Johnson, CNM, MS, FACNM
ACNM Interim Director, Midwifery Practice,
Education and Global Outreach
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Maternal Early Warning System

"Early detection of severe illness in pregnant women is challenging because of the relative rarity of such events, combined with the normal changes in physiology associated with pregnancy and childbirth"





AIM's eModules are designed to orient providers to using the safety bundles effectively.

For more information about the AIM Program and how you can get involved, please contact Tina Johnson, ACNM AIM Project Director, tjohnson@acnm.org.

Spotlight on AIM's Racial/Ethnic Disparities Bundle

Putting midwives on the forefront of eliminating disparities in maternal health care.

Disparities are a significant driver of maternal mortality in high-income countries. Minorities represent more than 50% of births in the US and suffer higher rates of maternal morbidity and mortality. Black women are 3 to 4 times more likely to suffer a pregnancy-related death than white women. Native American, Asian, and some Latinas are also more likely to experience pregnancy-related deaths. Disparities are real and they must be addressed.

To do this, the Alliance for Innovation on Maternal Health (AIM) became one of the first professional bodies to address disparities elimination from a patient safety perspective. Their new bundle has the potential to advance change in a highly significant way.

How This Bundle Differs

Previous bundles address specific clinical topics and recommend policies and protocol implementation. The disparities bundle tackles not only a clinical issue, but also a complex social issue that encompasses social determinants of health, behaviors, and genetics, as well as health care quality. It is the result of careful thinking in a global way about the health care system, the continuum of care, providers, and other factors. At the same time, it follows the familiar format of the 4 Rs (readiness, recognition, response and reporting).

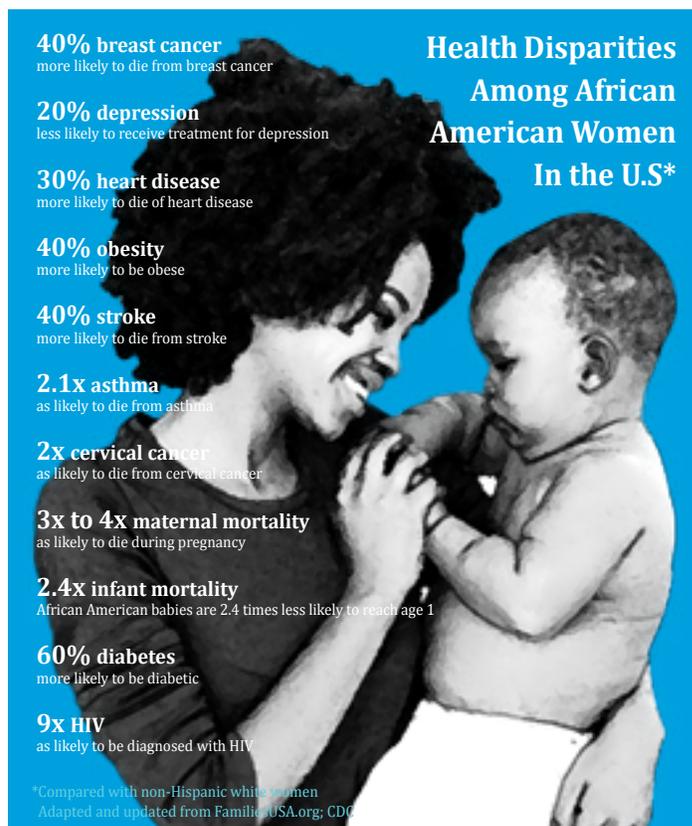
The first major milestone was a daylong meeting at ACOG of invited stakeholders, all of whom have an expertise in an area of disparities or a topic such as health literacy. Enormous thought, and conversation ensued about what to include. Collaborators looked at issues such as systemic racism, which is difficult for some people to acknowledge. Members also wanted to ensure that the bundle was actionable, versus theoretical, and would have a measurable impact.

Repeatedly contributors combed the material, considering what might be missing. For example, the team determined they would be remiss if they didn't state explicitly that users need to consider factors of racism.

A Call to Action

This bundle is a call to action for every health system to engage every patient, family member, and staff member on every clinical unit at every clinical encounter. Included are themes of shared decision-making; implicit bias; continuity of care; provider, staff, and patient education; care fragmentation; disparity dashboards; and inter-hospital differences. The bundle requires the consideration of the roles of race, ethnicity, language, poverty, literacy, as well as other social determinants of health when reviewing cases of severe maternal morbidity and or mortality. This is of course a tremendous challenge.

All midwives should read and reflect on this document. Regardless of your role in health care, it presents a starting point for the reduction of disparities. For me, the process of contributing to the bundle has been extremely rewarding. I'm excited that a multi-disciplinary national collaborative has identified racial and ethnic disparities as a national



The 4 Rs of the Disparities Bundle

READINESS

- Encompasses: every health system
- Action: establish systems to accurately record self-identified race, ethnicity, and primary language.

RECOGNITION

- Encompasses: every patient, family member, and staff member
- Action: establish discharge navigation and coordination systems to ensure that women have appropriate follow-up care and understand when it is necessary to return to the hospital or clinic.

RESPONSE

- Encompasses: every clinical encounter
- Action: encourage mechanism for reporting of care that is not equitable and patient-centered, and respond accordingly.

REPORTING

- Encompasses: every clinical unit
- Action: develop disparities dashboard that monitors the process and outcome metrics and stratifies them by race and ethnicity.

From: "Reduction of Peripartum Disparities Bundle" by Elizabeth Howell MD, MPP

priority. Now it's time to get the word out, and I hope every midwife will help us do this.

By Jessica Brumley, CNM
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Maternal Health Goals: Where Are We Headed?

The Lancet addresses 5 components of the way forward.

This past fall, the journal *The Lancet* dedicated an entire issue to reviewing progress towards better maternal health. Its series of 6 important papers outlines challenges to high-quality maternal health care in both high-resource and low-resource countries. Thus, the series has implications for maternity care both in the US and globally.

The impetus for the Maternal Health Series grew out of discourse on the impact of the United Nations Millennium Development Goal (MDG) Number 5, to improve maternal health. This goal stimulated worldwide efforts to decrease maternal mortality and morbidity from 2000 to 2015. During these years, the maternal mortality ratio dropped across the world by an incredible amount (close to 44% between 1990 and 2015).

In the countries with the highest maternal mortality, however, only 9 countries met their targets. In other nations, including the US, maternal mortality even increased slightly. Additionally, while a decrease in maternal mortality is an obvious and important marker of care improvement, there are many other challenges such as decreasing morbidity and disability and providing respectful, non-abusive care that are also critical to a woman's experience of pregnancy.

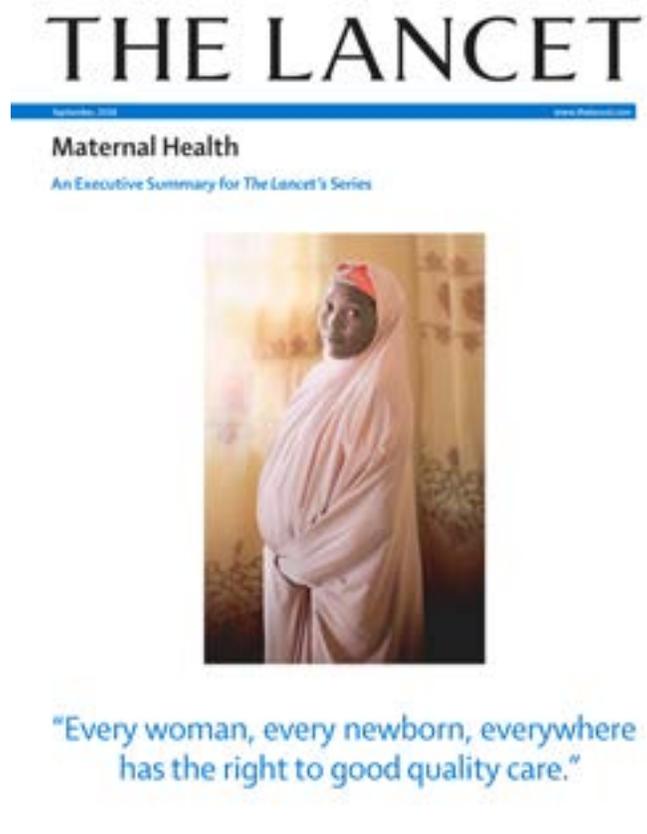
Now the MDGs have been supplanted by a new agenda that focuses on diminishing social ills through 17 Sustainable Development Goals (SDG). Maternal health policy makers share some concern that a specific focus on maternal health may be lost with the introduction of multiple other health goals in the SDGs.

"Too Little, Too Late"

The Lancet Maternal Health Series identifies a particular challenge: that of "divergence"—major inequities within and across countries that mask pockets of women with poor access to services and correspondingly poor health indicators. The series considered these inequities through 2 frameworks. The first, "too little, too late," focuses

on delayed, fragmented, and inadequate care. These challenges, researchers wrote, exist in high- and middle-income countries with racial, ethnic, and geographic disparities.

The second framework, "too much, too soon," focuses on problems triggered by overuse of unproven technologies or interventions. While understood to be an issue in higher-income countries, the authors found that with regard to specific clinical practices, such as cesarean deliveries, "too much, too soon" is a growing problem in middle- and lower-middle-income countries. Notably, even within the same country or city, both of these extremes may be present in different sub-populations.



Action Plan For Stakeholders

To tackle these and other issues, the series developed a comprehensive action plan for all stakeholders. It encompasses the following 5 key components related to the health of women, adolescents, and children:

1. Quality of Care

There has been a strong global effort, especially in high maternal mortality burdened countries, to move birth to health facilities and have trained providers attend births, ostensibly to improve the quality of care. In many countries this effort has been successful, but the care provided can still be deficient. Basic supplies and infrastructure such as clean water and electricity are not present in all facilities. In addition, due to providers whose clinical skills are deficient or to a shortage of providers to staff the facilities, outcomes may not improve.

In fact, low-risk women may not receive better care in understaffed, poorly equipped facilities than they would by concerned family members at home. Many women from rural areas are separated from their home and family at the end of pregnancy and sent to waiting homes to await labor and birth in a facility. The impact of this separation on the young woman and her supportive relationships during this time is unknown.

Attempts to increase the quality of care usually focus on the public sector. Meanwhile private clinics and private hospitals are unregulated

businesses that operate with no oversight regarding staffing numbers or staff training. Therefore, tiers of quality exist even with 1 health system.

Lack of compliance with treatment plans, and persistent cultural practices in areas, like umbilical cord care, can undermine quality of care. It can also suffer because of fragmented programming, spurred by donor money, which separates maternal care from newborn care, or creates boutique projects that are not integrated into a sustainable package of comprehensive pregnancy and postpartum care. As the series paper by Koblinsky et. al. (<http://bit.ly/2cFqx3s>) notes, converging evidence and priorities from the past 15 years now recognize the continuum of reproductive, maternal, newborn, child, and adolescent health care.

2. Equity in Access

Maternal health begins with maternal choices regarding timing of pregnancy. But there are serious global inequities in wealthy and poor countries regarding access to contraceptives and safe abortion care. This inequity leads to many unplanned pregnancies. As a motivator to governments, the authors note investment in contraception saves governments money because planned pregnancies have better outcomes with less long-term maternal or childhood morbidity than unplanned pregnancies.

Pregnant women in rural areas also face challenges accessing transport when complications ensue. Family members may lack even modest savings to purchase life-saving medications for childbirth care or to combat prenatal or postpartum infection. Disparities in access exist in some wealthy countries where entire subsets of the population lack basic health insurance or have no rights to health care because they are migrants or refugees. These “super-vulnerable” groups experience outcomes much worse than the rest of the population in that particular country.

3. Health Systems Strengthening

Robust health systems rely on orderly processes, adequate facilities, robust supply chains, and access to educated health care providers. All of these can easily be compromised. In countries experiencing political crisis, the preservice education programs for nurses and midwives may be disrupted, salaries not be paid, and the emigration of doctors and nurses may deplete the workforce. One *Lancet* author ([Freedman](#)) discusses the risk of health systems “mimicry” of what donors want rather than setting their own health systems priorities based on their specific contextual realities.

4. Challenges to Sustainable Financing

The Lancet Series authors predict a sharp drop in donor country and NGO funding for maternal health in the years to come due to competing global priorities and an expectation that countries take on their own financing. Middle income countries may lose external funding as they grow and prosper. Without a plan to generate appropriate tax revenue from their citizens, these countries may see a collapse of their health systems. Many countries lack the ability to create models and projections for this needed revenue.

5. Local Evidence

Health systems rarely prioritize evaluation and analysis, and until recently, donor money rarely came with expectations of robust evaluation. Therefore the implementation of evidence-based approaches in maternal health care has lagged, regardless of the fact that at least 78 evidence-based interventions with proven efficacy exist. Miller et. al. (<http://bit.ly/2ceWQCy>) speaks of the dangers of both extremes, citing examples of “too much, too soon,” such as overuse of electronic fetal monitoring and cesarean delivery, and “too little, too late,” such as laboring alone, and a lack of trained providers.

The Future

Increased urbanization will present new opportunities and changes for maternal health care providers. For instance, there may be fewer delays in transport and communication may be easier, but poor quality of life in urban slums may create new burdens of disease or challenge. As Lynn Freeman notes (p. 2069):

"In fact, low-risk women may not receive better care in understaffed, poorly equipped facilities than they would by concerned family members at home."

"The true engine of change in maternal health will not be the formal clinical guidelines, polished training curricula, model laws, or patient rights charters we produce. The engine will be the determination of people at the front-lines of health systems—patients, providers, and managers—to find or take the power to transform their own lived reality. Our job in global health is first to listen to them, and then to co-create the conditions at every level of the system that can make that locally driven transformation possible."

By Kate McHugh
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2016 Lancet Maternal Health Series:
Full Series: www.thelancet.com/series/maternal-health-2016

Q&A on Ultrasound Certification

Ultrasound Education Task Force answers your questions about adding sonography to your practice, the certification process, and the exam.

Practitioners commonly use ultrasound as a tool to aid clinical decision-making. Nurse-midwives can expand their scope of practice to include the use of ultrasound by following the steps of Standard VIII in the "Standards for the Practice of Midwifery" (ACNM, 2011). ACNM's most recent document on the use of ultrasound is a 2012 position statement entitled "Midwives Performance of Ultrasound in Clinical Practice."

Although ultrasound education is not a core competency for midwifery, there are many options for ultrasound education tailored to a midwife's scope of practice. Pegasus Lectures has worked collaboratively with ACNM to build online e-learning modules covering all of the core educational content needed to develop knowledge and understanding related to ultrasound, including indications, bio-effects, and interpretation. To further enhance access to ultrasound education, the ACNM Ultrasound Education Task Force (UETF) has created a webpage with links for textbooks, on-the-ground courses, and reference articles.

Midwives who elect to obtain additional education and practical experience, documented according to Standard VIII, can validate their knowledge and skills by taking the Midwife Sonography Certificate exam from the American Registry for Diagnostic Medical Sonography (ARDMS). We have heard from many midwives who are interested in the process, but have questions about it. Here are answers to the most common questions. In addition, details on eligibility, the exam process, and documentation of hands-on skills are provided on the ARDMS webpage, bit.ly/2j8DRB7.

Q: How will obtaining the Midwife Sonography Certificate benefit me?

A: The Midwifery Sonography Certificate will demonstrate the achievement of a standardized documented process in acquiring the necessary skills and competence among CNMs/CMs performing ultrasound in their practice. This process is in alignment with current national recommendations and guidelines. It is supported by both the ACNM and ARDMS. Achieving this certification will help CNMs/CMs document their qualifications to provide ultrasound, obtain reimbursement for performing ultrasound, and achieve privileges in individual practice settings as may be required by individual health care, local, or state organizations.

Q: I perform ultrasound in labor and delivery. Will it now be a requirement for me to take the ARDMS ultrasound exam?

A: According to the ACNM Standards for the Practice of Midwifery, Standard VIII, a midwife must identify a need, determine acceptance, obtain additional education, and demonstrate competency before expanding practice. That includes using an ultrasound, even to simply check for fetal presentation. Following Standard VIII to expand practice

is an expectation. Validating your knowledge and skills is presently an option. Obtaining an ARDMS certificate may assist with health care credentialing and billing now and in the future.

Q: I have been performing dating ultrasounds, and I am not sure I could locate an ovary, is that a problem?

A: Many of us focus on obtaining clinical images to aid in our decision making, however, providers using an ultrasound to image an anatomical region are expected to identify all of key elements required by national organizations such as American Institute of Ultrasound in Medicine and CPT coding standards. The Pegasus online didactic course provides the education midwives need to perform safe and knowledgeable ultrasounds, bill for their services, and pass the certification exam.

Q: What is the time commitment of becoming certified?

A: The time commitment varies depending on your knowledge and experience with ultrasound. The ARDMS education requirements for the certification exam include 12 hours of continuing education before the exam and 5 additional hours within the 2 years provided to meet the practical exam requirements, unless you are able to complete your practical exam within 6 months of taking the computer-based exam.

Q: If I attend sonography workshop at the 2017 Annual Meeting in May, would I be eligible to take the ARDMS exam?

A: Courses at annual meetings provide a review of the content covered in the certification exam along with 4 to 8 hours of continuing education. ARDMS requires 12 hours of continuing education to sit for the exam and an 5 additional hours during the practical exam period.

Q: If I purchase the online Pegasus course, am I eligible to take the ARDMS exam?

A: The Pegasus didactic and exam sim products are tools to help you increase your knowledge and understanding for all of the OB/GYN ultrasound domains. Every learner is different; it may take more or less time to master the content.

Q: How did your task force chose to work with Pegasus and provide their link on the ACNM sonography page.

A: The task force evaluated many of programs before we recommended the collaboration with Pegasus. We wanted to have at least 1 course that was accessible via the web 24/7 to complement on-the-ground courses already available.

Q: Are there ACNM-approved sites for ultrasound experience?

A: ACNM is building partnerships to develop hands-on training sites. However, the best training situation is working at your institution with

familiar ultrasound machines. We encourage members to partner with other providers who have obtained training in ultrasound. The ARDMS Midwife Sonography Certificate webpage also has check-off lists that can be used as educational tools. Practical assessments must be performed in the following areas: Biometry, 2nd-3rd Trimester, Cervix, Early First Trimester, Transvaginal First Trimester, Second/Third Trimester – BPP/AF, GYN-Ovarion Follicle Measurement, GYN-Position and Endometrial Thickness, Second/Third Trimester-Placenta Location.

Q: How do I know when I should use the exam sim?

A: The Pegasus Exam sim is a tool to use after obtaining basic knowledge of midwifery ultrasound, including bioeffects and image recognition in all of the OB/GYN sonography domains. The Exam sim provides an individualized assessment of learner comprehension, retention, and readiness for the ARDMS certification exam.

Q: Will I receive CEUs for taking the Pegasus course?

A: The Pegasus e-learning modules and exam sim can be purchased as a package or individually and award ACNM and SDMS CEUs. There are group discounts for the products as well.

By Kristen Ostrem, CNM, FNP-BC, DNP
 Ultrasound Education Task Force Chair
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Midwife Sonography Packages	Package 1: Complete OB/GYN Ultrasound for Midwives	Package 2: Comprehensive OB/GYN Ultrasound for Midwives	Package 3: Basic Review OB/GYN Ultrasound for Midwives	Package 4: Lite Review OB/GYN Ultrasound for Midwives
OB/GYN Ultrasound for Midwives eCourse	✓	✓	✓	✓
Fetal Studies eCourse	✓			
PCC OB/GYN US Physics eCourse	✓	✓	✓	✓
Midwife Sonography ExamSim Program	✓	✓	✓	
OB/GYN A Sonographer's Comprehensive Guide, 4e	✓	✓		
Retail Pricing	\$865.95	\$813.95	\$728.90	\$518.90
VIP Pricing	\$836.95	\$786.85	\$703.90	\$489.95

ICD-10-CM: The Tip of the Iceberg

Coding Corner

Last year when ICD-10-CM was officially implemented on October 1, clinicians and coders prepared earnestly for the change in the diagnosis code set. Yet similarly to what happened with Y2K, the day came and went, and no one experienced overwhelming angst. Those of us with electronic health records benefited from digitally programmed crosswalks that enabled us to select diagnosis codes without undue delays or frustration.

Now, 1 year later, many of us are beginning to notice that the increased specificity and granularity inherent in the new code set is causing problems with downgrades or denials as payers are starting to require this level of specificity to process payment. A patient recently asked me to write a letter to her insurance company to justify co-testing for the HPV virus, which I had done along with her pap. I wrote an eloquent letter to the company speaking to the standard of care for cervical screening for a woman in her 30s, citing authoritative documents, and including them as enclosures.

Soon I discovered that the payer did not deny the payment due to ignorance of appropriate screening for cervical cancer, but that the screening had been coded incorrectly. Routine cytologic screening for cervical cancer is represented by using the well-woman codes (Z01.419 or Z01.411) or encounter for routine screening for neoplasm

of the cervix (Z12.4). These screening codes, however, have an “excludes 2” rule that indicate they do not represent screening for HPV. The correct code for HPV screening is Z11.51. Thus, both Z01.419 and Z11.51 should have been used in this case.

Unlike the “excludes 1” rule, which prohibits codes to be used together (GDM and type II diabetes for example), type 2 exclusions indicate the original code does not represent some diagnoses or services. Another common type 2 exclusion would occur when screening for sexually transmitted infections. The code Z11.3 (encounter for screening for infections with a predominately sexual mode of transmission), does not include screening for HIV or HPV. If screening for gonorrhea, chlamydia, and HIV, the midwife would use the ICD 10 codes Z11.3 and Z11.4 (encounter for screening for HIV).

The increased specificity of ICD-10 coding has led to the use of diagnosis codes with long and detailed descriptions and disallows the grouping of several similar or related conditions (such as STIs) into single codes.

By Joan Slager, CNM, DNP, CPC, FACNM,
 ACNM Treasurer
joani.cnm@gmail.com



Targeting Your Social Media Strategy

Narrowing down your goals and your audience is the key to smart professional social media use.



Social media has become such a part of our everyday interaction, both personally and professionally, that the average user now has 5 different accounts. As a busy midwife or student midwife, however, the last thing you want to do is try to keep up with too many social media platforms. So how do you know whether your time is best spent managing a Facebook page, sending out tweets, nurturing an Instagram feed, or building up your LinkedIn profile?

Whether you are new to social media or are looking to re-strategize, here's how to set a plan that's right for you. First, focus on only the platform(s) that best fits your overall goal. This may be to connect with other professionals, engage in conversation about important health initiatives, or to spread awareness of midwifery care to consumers. By aligning your social interactions with your goal, you can target your social interactions, and your audience will be more receptive to your message on the platform(s) you've selected.

Next, think about who your intended audience is and which social media platforms they prefer. Most social platforms have built-in data that can be accessed directly from your account. Review your analytics monthly or quarterly. You can also use third-party data tracking tools such as Google Analytics, SumAll, and Sprout Social. Analytics can provide detailed information on the gender, age, location, income, interests, and hobbies of your audience. This information will help you to determine how well you are reaching your intended audience. You'll also see what messages resonate with them and what times and days they're most engaged.

Finally, review this snapshot of the top social media platforms:

Facebook

Perfect for sharing personal stories, testimonials, practice information, and encouraging "hot topic" dialogues.

- Optimal posting—once a day.
- The world's most popular social media platform.
- Facebook Live allows live broadcasting and interaction with viewers from your phone.

- To increase engagement, share directly from the source or tag their page using the @ symbol (Example: @ACNM).
- A Facebook page is required for a business account and allows promotions, contests, and analytic tracking, which a Facebook profile (for personal use only) does not.
- Nonprofit organizations can request that "donate" buttons be added to their page.

Twitter

Perfect for sharing industry news, promoting health initiatives, participating in chats, and getting instant feedback from your audience.

- Optimal posting—5 times per day.
- Popular among young adults (18-29).
- Known as the birthplace for hashtags. To create one, simply place the '#' symbol in front of a topic word of choice (ex. #midwivesmakeadifference or #worldprematurityday). This will enable the term to be searchable and increase engagement.
- To host a Twitter chat, create and promote the hashtag used to denote the specific topic of conversation. Twitter will curate a list based on the tweets using the hashtag, allowing participants to become part of a chat room-style conversation.
- Use a URL shortener, such as Bitly.com, to help maintain your 140 character limit.

Instagram

Perfect for capturing and sharing moments such as events, health initiatives, staff activities, birth stories, and baby photos, and short videos.

- Most important and most-used social platform among teenagers.
- Optimal posting—once a day.
- Photos can be altered using Instagram filters. The most popular one is Clarendon, followed by Gingham, Juno, and Lark.
- A recent update extended video streams to 1 minute.
- African Americans and Hispanics make up the majority of Instagram users (47% and 38%, respectively). White, non-Hispanic users make up 21%, according to Pew Research.

LinkedIn

Perfect for building resume, recruiting talent, networking, and sharing industry insights.

- Optimal Posting—for LinkedIn bloggers, once a day.
- World's largest professional network (467 million members in over 200 countries).
- The fastest-growing demographic are students and recent graduates (40 million).
- Used by 44% of Americans with incomes of \$75,000 or more.

By Ashley West
Communications and Marketing Specialist
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Midwives: You've got a Backstop

ACNM has the answers when you have a question.

Providing assistance to our members is a priority at ACNM. That's why the ACNM website is a wealth of helpful information. Of course, some members reach out to us directly. We are always here to help.

The most common queries we get are about scope of practice, liability insurance, credentialing and privileges, and state guidance information for a particular state. Other frequently asked questions concern the care of men or a form of expanded scope of practice, such as performing circumcision, ultrasound, or colonoscopy. Many midwives contact us about obtaining hospital privileges, which continues to be a challenge. At times, members reach out about their midwifery certification, not understanding we are a membership organization, and that they need to call the American Midwifery Certification Board (AMCB). Midwives educated abroad also get in touch about practicing in the US.

With these thoughts in mind, we've put together the links to the pages we most commonly direct members to. Remember, you have to log in to the ACNM site for most of the information—a good reason to be an ACNM member!

Professional Resources

Certification:	www.amcbmidwife.org/
Collaborative practice:	bit.ly/13P6nMx
	bit.ly/1JY4uxX
Credentialing and privileges:	bit.ly/2js6O8r
Liability information	www.midwife.org/Professional
Midwives educated abroad:	bit.ly/2k4vNT1
Scope of practice:	bit.ly/WgMcDd
	bit.ly/1tx9lyD
Standards of practice:	bit.ly/1L7x9Ab
State Guidance:	bit.ly/2j8t1bZ
Ultrasound education:	bit.ly/2iMud3G
	ultrasound-education

Resources for Providers and Consumers

Discover Midwifery Care at Our Moment of Truth
www.ourmomentoftruth.com

Share with Women
www.midwife.org/Share-With-Women

By E. EHUDIN BEARD, CNM, MS, FNP, FACNM
eebeard@gmail.com



Clinical Notes

New Guidelines for Thyroid Disease Treatment During Pregnancy

New guidelines for the management of thyroid disease during pregnancy are now available. They were produced collaboratively by the American Thyroid Association, Boston University School of Medicine, and Brigham and Women's Hospital. Thyroid disease affects nearly 300,000 pregnant women in the United States each year.

Faster Test to Detect Zika

A new and improved Zika test will be available soon for use in clinical settings, researchers from the University of Texas and the New York State Department of Health say. The test, called a microsphere immunofluorescence assay (MIA), can detect Zika in a very small sample of blood in less than 4 hours. It reduces the instances of a false positive test result and can distinguish Zika from other similar viruses, such as West Nile.

New Model for Breast Cancer Risk for Hispanic Women

For the first time, a model has been developed to predict breast cancer risk in Hispanic women. Previous models have focused on non-Hispanic white, African-American, Asian, and Pacific Islander women. The model developed at Kaiser Permanente bases its prediction on risk factors such as age, race, family medical history, age at menarche, and childbearing history.

CDC says Flu Rates Still Rising

Flu rates continued to increase through January, and there's been a slight uptick in the number of deaths, says the CDC. It urges vulnerable populations, including the very young, the elderly, the chronically ill, and pregnant women, to get a flu shot, if they haven't yet. For more information about immunizations, direct your clients to [Discover Midwifery Care at Our Moment of Truth](#).

CDC Launches 2017 Tips from Former Smokers Campaign

The CDC's 2017 Tips from Former Smokers campaign offers material for health care providers to help their patients quit smoking, including a fact sheet about Tips and how **health care professionals** can support patients. The campaign also offers a handout for patients giving "Reasons to Quit Smoking," a pocket-size intervention card, and ads to strategically place around your waiting room.

A Calling Nearly Derailed

For 1 student nurse-midwife, the challenges of an online program proved almost too much.

For years until I was 10 years old, I attended prenatal visits with my mother when she sought care from a nurse-midwife while pregnant with my 4 youngest siblings. I admired the midwife's calm, therapeutic manner and listened for years as my mother sang her praises. Whereas during her previous 5 pregnancies, she was required to lie on her back strapped to a fetal monitor, this midwife encouraged her to do whatever she was comfortable doing while laboring, such as walk or even swim. The midwife's holistic manner resonated with me, and those experiences planted a seed in my heart to serve women.



Photo by Dan Fury

Eventually, as a nursing student in my maternal health clinical rotation, my heart sang while observing the women giving birth. Yet observing births in a city that is home to a hospital with the highest caesarean delivery rates among first-time moms with low-risk deliveries led to dismay. It seemed as if the providers were simply churning the women through the system. I realized I was being called upon to be a certified nurse-midwife.

Beginning Clinical Rotations

After I graduated nursing school, I chose to attend an online nurse-midwifery program because of the flexibility it offered. Initially I worked full time and went to school part time. Before I knew it, I was thrilled to begin my first 2 clinical rotations.

Unfortunately, even though I had stopped working full-time, nothing could have prepared me for the overwhelming demand of juggling 2 clinical rotations and 2 didactic classes during the same semester. My preceptor, who was not a nurse-midwife, was a wealth of knowledge in her field, but did not seem to know very much about the midwifery model of care. I was discouraged when she made comments such as, "We're always cleaning up after the midwives" and "It's a real victory that the midwife-run birth center in this area has closed down."

Further, I felt barely able to keep my head above water trying to grasp the flood of new information. Added to this was a lack of direction was about the expectations for my assignments. My life's calling seemed to be crumbling in front of me. Over time I found the help and balance I needed, and now I am more comfortably back on track.

Support and Clarity

Through this experience, I have come to believe that all SNMs in online programs can persevere with the right support in place. This begins with strong faculty support, especially critical for transitioning to that first clinical semester and for success in subsequent semesters. Still faculty may not understand the barriers online SNMs encounter. They must be much more proactive in seeking help than a student who is on campus, for example; there are no offices to drop into. It can also be difficult to explain or manage challenges in the clinical setting without the opportunity to interact in person. It may be helpful for faculty to be conscientious in asking themselves if they are providing as much clarity as possible.

Program peers may provide a measure of support during didactic online course work. However, these mechanisms are less effective for the isolated SNM in the clinical settings, since each student's experience commonly varies. Since peer support may provide an opportunity for sharing clinical insecurities, transition challenges, and managing preceptors' teaching styles, program directors could develop a support structure for online students confounded by novel clinical experiences. I've also found that ACNM affiliate meetings can assist online SNMs in connecting with other online SNMs in their area. It's also a way to build relationships with practicing midwives who may understand the local practice setting and state rules and regulations.

The Pleasure of Connecting

Retired midwives are another valuable resource. Their many years of experience, sage wisdom, and calm confidence can yield powerful storytelling that can instruct, inspire, and invigorate a struggling SNM. To have had the pleasure of connecting with a local retired midwife has been a blessing. I have also reconnected with the nurse-midwife. She continues to inspire me to this day.

As the practicalities of online nurse-midwifery programs have led to more growth in digital, remote learning, strong interpersonal networks and relationships have become especially important. Every segment of the midwifery family, spanning the young and inexperienced to the wise and well-seasoned, have an important role in sustaining and improving the role of midwifery in our rapidly changing health care delivery model.



By Rebecca Smiddy, SNM, RN
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Finding a New Passion as a Senior Midwife

The author of *Laboring: Stories of a New York City Hospital Midwife* shares her journey.

Midwives are privileged to be with women at some of the most vulnerable—and powerful—moments of their lives. Over the years when I described my day at work to my husband or sister, they would tell me, “You have to write about this.” My reply? “I will ... someday.”

Maybe you, too, have considered writing about important moments you shared with patients. For me, once I retired, writing down the indelible stories I had of working in a large, urban hospital became my way to relate my experiences to future midwives and introduce our profession to new audiences.

A Pivotal Reminder

Receiving an invitation to the 50th anniversary of my high school graduating class was the pivotal reminder I needed that I could not procrastinate forever. I had never taken a writing class in college, so I signed up for a memoir course. The stories began to pour out of me as memories flooded back. For 2 years, I was a woman possessed with writing.

In that and other classes, the teacher and fellow students shared words of praise for my work, but voiced similar praise for other students’ stories, some of which I thought were (to put it bluntly) awful. I was filled with doubt about my capabilities. A turning point came when I read 1 of my pieces at a “story slam.” There, the audience was more similar to the patients I’d cared for than my uncritical classmates or family members. The audience’s positive reaction gave me confidence that my words could reach beyond midwife-friendly circles.

I also drew motivation from seeing how books by and about midwives, as well as most media coverage of midwifery, seemed to focus on home births or rural settings. Where were the stories of midwives working in urban areas, in the hospitals where 98% of births take place? Where were the stories of the low-paid workers, immigrants, women with physical or mental disabilities, and teenagers whom we care for?

Showing the Value

In writing what eventually became *Laboring: Stories of a New York City Hospital Midwife*, I wanted to correct the misconceptions that people have about midwives. I wanted to show the tremendous value of midwifery care to a wide range of women. I also hoped that by engaging readers emotionally with patient stories, they would be more open to learning about the benefits of midwifery care.

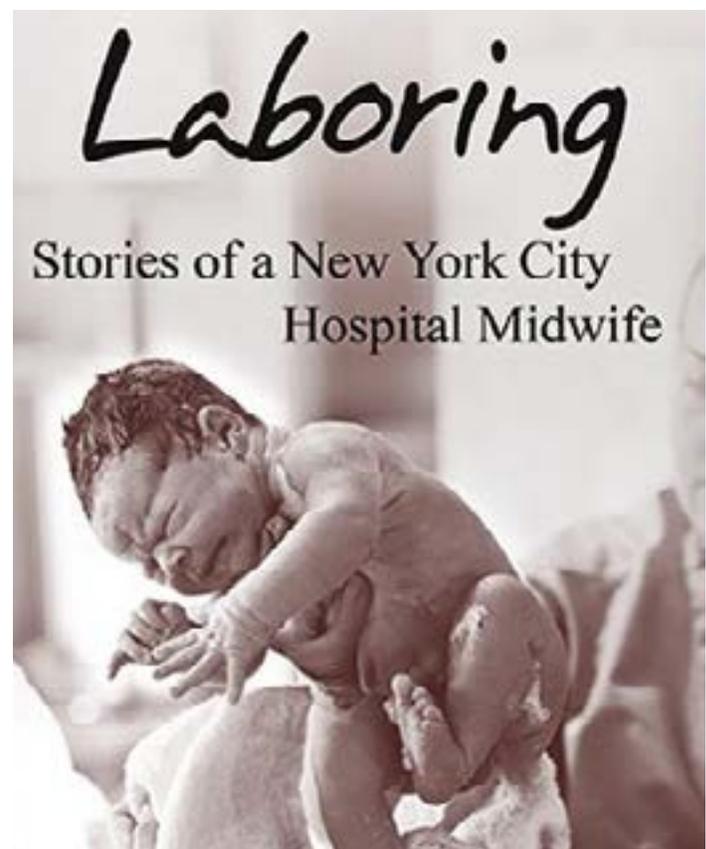
Writing a book proved to be a solitary effort. Publicizing it is the exact opposite, involving constant self-promotion, something for which I had neither the inclination nor experience. I had been a front-line clinical midwife my entire career; I had no connections in the academic or publishing worlds. Supportive midwife friends and colleagues pushed

me to reach out. I searched online for courses at local colleges that focused on reproduction and birth, offering the professors a copy of my book to review for possible use in their class. This led to invitations to address anthropology, sociology, nursing, and women and gender studies classes. A common reaction was after reading the book, students wanted a midwife for their own reproductive care.

Telling Your Stories

If you’re interested in telling your stories, joining a memoir class is a great way to start. If writing is not for you, another way to remain involved in and promote midwifery after retirement is to participate in Career Day at a local school or community organization. In December, a team of 4 midwives spoke to more than 200 students about our profession at a public high school in Brooklyn. The audience was mainly black and Hispanic students, whom we need to recruit to diversify our ranks. These are just 2 of the many gratifying and enjoyable ways senior midwife can continue our commitment and connection to women’s health.

By Ellen Cohen, CNM (ret.)
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Duck Pluck Fundraiser and Thacher-MBN Fellows

Again this year, attendees at Midwifery Works! 2016 in Myrtle Beach were treated to a fun-filled fundraiser—nearly doubling donations over previous years! Fundraiser attendees participated in a Duck Pluck, complete with a duck-decorating contest won by none other than ACNM Vice President Cathy Collins-Fulea, CNM, MSN, FACNM. The fundraiser was also the setting for the presentation of certificates to 5 CNMs who received \$1,000 awards to attend the meeting as Thacher-MBN Midwifery Leadership Fellows.



Cathy Collins-Fulea, CNM, MSN, FACNM gamely presents her winning duck.

At the meeting ACNM's President Lisa Kane Low, CNM, PhD, FACNM, FAAN new CEO Frank Purcell, and the Foundation trustees also celebrated a new Memorandum of Understanding between the Foundation and ACNM, and a commitment to new joint fundraising ventures, including one for ACNM's new Association Management System (see page 33).



2016 Thacher Fellows (from left): Mary Lou Kopas, CNM, MN; Darlaine Laviolette, CNM, MSN; Erin McMahon, CNM, MSN, EdD; Jennifer Steir, CNM, MSN; and C. Nichole Wardlaw, CNM, MSEd, MSN.

Doctoral Scholarship for Midwives of Color Awarded

Venay M. Uecke, CNM, MSN, who is pursuing a DNP degree at the University of New Mexico, is the 2016 recipient of the Carrington-Hsia-Nieves Doctoral Scholarship for Midwives of Color, named in honor of 3 distinguished midwives of color. Venay will use her \$5000 scholarship to complete her coursework and embark on her doctoral project using an intensive family-centered, midwifery-led approach designed to make a meaningful impact on women and infants impacted by addiction. This scholarship is supported by the Midwives of Color Scholarship Fund.



Venay M. Uecke, CNM, MSN has received the 2016 Carrington-Hsia-Nieves Doctoral Scholarship for Midwives of Color.

Innovation Supported by Thacher Community Grants

Two midwives received \$500 Thacher Community Grant for their innovative projects to promote excellence in health care for women, infants, and families in their communities. Kelly Roberts, CNM, MSN will use hers to convene a Massachusetts Midwifery Summit, which will build on her body of work toward developing a strategic plan for increasing midwife-attended births in all Massachusetts maternity hospitals. Erin Morelli, CNM, MSN will use her grant to purchase much needed supplies for the New Haven, Connecticut-based Vidone Volunteer Doula Program. Thacher Community Grants are awarded to small yet high-impact community-level projects with preference for those involving leadership development at the community level; care for women with physical or mental illness or disability; or care of underserved populations, especially those in low-resource settings.

Raisler Award Winner Aims to Make an Impact

The 2016 recipient of the Jeanne Raisler International Midwifery Award is Jennifer Neczypor, SNM, who is on track to graduate from the Vanderbilt University School of Nursing in May with a MSN:CNM/FNP and a Graduate Certificate in Global Health. Shortly thereafter she will spend 4 months as a CNM and midwifery preceptor with One Heart World-Wide as the organization expands its Network of Safety initiative and collaborates with the Nepali government to start Nepal's first university-level midwifery education program. The Raisler Award honors the memory of Jeanne Raisler, CNM, DrPH, FACNM and enables awardees to gain experience in international midwifery.



Jennifer Neczypor is the 2016 recipient of the Jeanne Raisler Award.

2 Texas Midwifery Scholarships Awarded!

In record time, the Texas Affiliate of ACNM, the Consortium for Texas Certified Nurse-Midwives (CTCNM), exceeded its initial fundraising goal for a new scholarship that aims to increase the number of practicing CNMs/CMs in Texas. The group's success meant 2 \$500 Texas Midwifery Creation Scholarships could be awarded in November to student midwives with Texas roots who intend to practice midwifery in Texas after graduation. Lauren Olvera, SNM, Baylor University received her scholarship in honor and memory of the late Nivia Nieves Fisch, CNM, FACNM and Rebekah Randall, SNM of Texas Tech University received hers in honor of Sr. Angela Murdaugh, CNM, FACNM, who attended the event.



Texas scholarship awardees (from left) Lauren Olvera and Rebekah Randall.

Teresa Marsico Memorial Fund Supports a Powerful New Association Management System

The Foundation has prioritized funding from the **Teresa Marsico Memorial Fund** for ACNM's new Association Management System (AMS), a critical cornerstone to ACNM's 2015–2020 Strategic Plan. As Foundation President Elaine Moore, CNM, MSN, FACNM and ACNM President and Foundation Trustee Lisa Kane Low, CNM, PHD, FACNM, FAAN, said in a joint letter: "Our new AMS will not only improve member services and increase member engagement, it will also create easier access to the many resources and tools ACNM provides. Ultimately, it will strengthen communications among members, volunteer leaders, and stakeholders, and it is certain to increase members' satisfaction and boost membership!"

"In this information age, it is a sine qua non that ACNM have cutting edge technology."

-Kitty Ernst, CNM, MPH, FACNM FACNM

The Marsico Fund was endowed in 2006 through a legacy gift from ACNM Past President (1993–1995) Teresa Marsico, CNM, MEd, FACNM. Working together with then ACNM Executive Director Deanne Williams, CNM, MS, FACNM, Teresa envisioned the fund's purpose to equally support the missions of both ACNM and the Foundation. This forward-thinking dual purpose has strengthened the Foundation's operations and capacity, most recently with support for the Management Transition Project, and at the same time, funded strategic projects that the ACNM staff and Board have prioritized, especially those projects that fall outside of the ACNM's annual budgeting.

In an appeal to all ACNM members and non-CNM/CM Foundation donors, Foundation founder and ACNM Past-President Kitty Ernst, CNM, MPH, FACNM added, "Excellent customer service is essential to ACNM's future health. In this information age, it is a sine qua non that ACNM have cutting edge technology that enables staff to efficiently



ACNM CEO Frank Purcell (left) joins members of the A.C.N.M. Foundation Board to mark a new Memorandum of Understanding.

and effectively meet the needs of members, volunteers, and affiliates." Ernst appealed to ACNM Life Members and ACNM Fellows to join her by making a charitable gift to the Marsico Fund. So far, their generosity has totaled nearly \$30,000, still short of what's needed for the new AMS. "That's why I am now urging all midwives and their supporters to join in by making a Marsico Fund gift today," she said. "This 21st century technology will position ACNM for unlimited success. Together we can make it happen!"

As an expression of support for this effort and appreciation to Kitty for her leadership, the "Kitty Appeal" donations have been matched by gifts from the Board members and CEOs of both the ACNM and the Foundation, as well as several staff members, making them 100% "all-in" with Kitty, and making it possible for the Foundation to grant \$25,000 to date for the AMS project. To make a donation to the Marsico Fund, please visit: www.midwife.org/Marsico.



By Lisa Paine, CNM, DrPH, FACNM
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To make a tax-deductible donation in support of the Foundation's mission, go to: www.midwife.org/Charitable-Contributions

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

Questions about donations or awards? Contact the Foundation Business Office:
The A.C.N.M. Foundation, Inc.
PO Box 380272
Cambridge, MA 02238-0272
240-485-1850 phone/617.876.5822 fax
fdn@acnm.org

Upcoming Application Deadlines

FEBRUARY 15 - 20

Century Midwife Student Interview Project

MARCH 1

Basic Midwifery Student Scholarships, including:

Midwives of Color-Watson Scholarship

Edith B. Wonnell CNM Scholarship

MARCH 1

Varney Participant Award

March 15

Fellowship for Graduate Education

APRIL 1

Dorothea M. Lang Pioneer Award

APRIL 1

W. Newton Long Award

2017 Awards and Scholarships applications can be accessed at www.midwife.org/Foundation-Scholarships-and-Awards

Gifts to The A.C.N.M. Foundation—September 1 to November 30, 2016*

UNRESTRICTED GIFTS - INDIVIDUALS:

\$1000 or more - "New" Mary Breckinridge Club Donations:
Suzanne Smith
Carol A. Snapp

\$100-499

Anonymous, *in honor of Mary Ellen Bouchard and in memory of John B. Bouchard*
Ellen Brodrick
Terri Clark
Catherine Collins-Fule
Tori De La Fleur; Connie Murray; Joan Wotring; Linda Hewes; Donna Chungi; Janee Leong; & Kathleen Hogan, *in memory of John B. Bouchard*
Megan G. Deibel, *in honor of Lisa Kane Low*
Christine Edgerton, *in memory of John B. Bouchard*
Cathy & Bill Emeis
Jenifer Fahey, *in honor of Jan Kriebs*
Janet Goff
Paula Greer
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Lisa Hanson
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Elisabeth Howard
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Carrie Klima
Lonnie Morris
Elaine M. Moore
Molly MacMorris-Adix, *in memory of Nivia Nieves Fisch*
Penny Marzalik
Jacqueline Morrill
Karen Perdion
Pamela Reis
Shawn Stephens, MD
Donna Stiles, CNM, *in memory of Nivia Nieves Fisch*
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Phyllis Turk
Maria Valentin-Welch
Mary V. Widhalm
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\$1-99

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Debbie Bastian
Lisa Benedetto
Connie Canady
Carol Hanus Carr
C. Nicole Childs-Wardlaw
Andrea Christianson
Mary Kaye Collins
Reina M. Dastous
Kelli DeFlora, *in honor of Lonnie Morris*
Connie Dewees, *in honor of the Marriage of Deborah Baughn and James Powell*
Kathleen Donaldson
Jenifer Fahey, *in honor of Jan Kriebs*
Karen Johnson Feltham
Melissa Fish
Jennifer Foster
Carolyn Geger
Hollis Groom
Crystal Gulotta

Whitney Hall
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Courtney Hilbert
Lynne Himmelreich
Bridget Howard
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Imelda Jean-Pierre
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Mary Lou Kopas
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Janice Crow Lankford
Gwen Latendresse
Darlaine Laviolette
Carolyn E. Leja
Lisa Kane Low
Nancy J. MacMorris-Adix
Ellen Martin
Sheri Matteo
William McCool
Shilo McKenzie
Denise McLaughlin
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Linda Nanni
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Cynthia Nypaver
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Lisa L. Paine
Dana Perlman
Jaime Pickering
Frank J. Purcell
Nancy Jo Reedy
Ebony Roebuck
Paulette Schalck
Joan Slager
Denise C. Smith
Joanna Sullivan
Molly MacMorris-Adix, *in memory of John B. Bouchard*
Tanya Tanner
Michelle L. Telfer
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Mary V. Widhalm
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Billie Wolff, *in honor of Lonnie Morris, CNM, ND*
Jane Wrede
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Amber Zietz

*MAY 2016 ANNUAL MEETING FUNDRAISER (CONTINUED FROM LAST QUICKENING)

\$1000 - Fundraiser

Suzanne Smith

\$500-999 Fundraiser

Holly Powell Kennedy

\$100-499 - Fundraiser:

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Katherine Camacho Carr
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Eleanor Fisher
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Laraine H. Guyette
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Cynthia Pierzala
Heather Reynolds
Susan Salazar
Tanya Tanner
Eileen Thrower
Sarah Toler
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Mahshid Aghasadeghi
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Andrea Altomaro
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Sabrina Fernandez
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Dora Flores-Ryan
Jennifer Foster
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Elaine Germano
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Sharon Holley
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Barbara Hughes
BreAnne Huss
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Ruth Keen
Julie Kellon
Jamie Kitchel
Pamela Koch
Christina Kocis
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Maria Valentin-Welch, *in loving memory of my midwife sister Nivia Nieves*

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The Sparacio Foundation, Inc. - \$5,000

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*With additional unrestricted donations made at the Annual Meeting Fundraiser in May 2016

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. Submissions may be edited to accommodate space.

Awards and Recognitions

Special shout out to Mary Brucker CNM, PhD, FACNM who has been named to the National Advisory Council on Nurse Education and Practice (NACNEP). NACNEP advises the Secretary of the Department of Health and Human Services and Congress on policy issues related to the Title VIII programs administered by the HRSA Bureau of Health Workforce Division of Nursing, including nurse workforce supply, education, and practice improvement.

Congratulations to the Stony Brook Midwives from Long Island, New York, who held a winter coat drive and collected over 50 coats, which were donated to a local charity for distribution to the needy right in their community.

Remembering



With heavy hearts, we share the unexpected passing of **Charlotte Houde Quimby, MSN, CNM, FACNM** on Saturday, January 7, 2017. Throughout her career, Charlotte built programs supporting prenatal care and safe midwifery practices to reduce infant mortality in Senegal, Uganda, Vietnam, and Indonesia. She was also a faculty member with the

Centering Healthcare Institute's group prenatal care initiative, recently publishing *The Centering Pregnancy® Model*. This book represents a fitting capstone to an incredible life story and groundbreaking career. Read her full obituary and post your online messages at <http://bit.ly/2k09tWn>.

Ray Spooner, 57, husband, father, grandfather (Saba), son, brother, nurse midwife, cyclist, passed away on August 8, 2016, at home in Urbana, Illinois, from the effects of Amyotrophic Lateral Sclerosis (ALS). Ray earned an associate's degree in nursing at Parkland College, his bachelor's in nursing and his master's in midwifery at the University of Illinois, Chicago, while working at Carle Hospital in Urbana. As a certified nurse-midwife, from 1997–2015, Ray helped bring 2,095 babies into the world, forging lifelong bonds with many families. Ray was diagnosed with ALS in December 2014 and accepted his diagnosis with grace.

ACNM remembers **Captain Beverly R. Wright, CNM, MSN, MPH** of Boyds, Maryland who passed away December 15, 2016. Beverly completed her master's degree in nursing and earned a certificate of nurse-midwifery from Yale University, and a master's in public health from Johns Hopkins University in Baltimore. Beverly served in the US Air Force for 3 years on active duty, including a 1-year tour in Thailand, followed by 7 years in the active reserves, before



transferring to the United States Public Health Service (PHS) in 1982. In Tallahassee, Florida, Beverly worked to establish a birthing center for low-income farm workers. Throughout her career, Beverly made significant contributions to mothers and babies.

Coming Next Issue:

A New Q&A Column for Preceptors!

In our next issue, *Quickening* will debut a new column by preceptors and for preceptors. Its format will be 1 or more questions from preceptors and 1 or more answers from fellow preceptors.

The column is intended for: a) experienced preceptors as a means of sharing their expertise, b) midwives who are considering becoming a preceptor, and c) midwives interested in honing or improving their skills in clinical mentoring.

Currently, we are soliciting responses to the question: "I graduated from my midwifery program 4 years ago and was recently asked to precept a midwife student. What support/guidance should I expect from the program, and are there any best preceptor practices that you can share?"

Responses should be no more than 250 words and can be submitted to: quick@acnm.org. *Quickening* also welcomes questions/topics for subsequent columns and suggestions for the name of the column. Thank you!

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Newly Certified CMs and CNMs

Congratulations to the following midwives for passing the AMCB Midwifery Certification Exam, August 2016–December 2016

Lisa Abu-Samra CNM	Diana Dos Santos Faustino CNM	Caitlin Jenkins CNM	Charissa Diane Newton CNM	Heather A Scott CNM
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CORRECTION:

Quickening apologizes for leaving the following midwives off the Fall *Quickening* list of newly certified CMs and CNMs: Julie Ann Higgins, L'Oreal Octavia Kennedy, Jeanelle Marie Flores Martinez, Alia Virginia Rezek, and Christina Volkening.

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