The 2014 Election Results are In!

The votes have been tallied, and the winners of the ACNM 2014 Elections are decided! Thank you to all who voted this year. Your engagement is critical to our success as an organization and as a profession. The newly elected board members will take office at the ACNM 59th Annual Meeting & Exhibition in Denver, CO, May 13-17. At that time, ACNM will also complete the transition to its new regional structure, reorganizing all affiliates into 7 regions and adding the first-ever Region VII representative to the board. See page 19 for further information about the region realignment.

Vice President

Cathy Collins-Fulea, CNM, MSN, FACNM, is head of midwifery services at Henry Ford Health System in Detroit, MI, and a faculty member at the University of Michigan. She has served as ACNM vice president since 2011, acting as ACNM representative to US Midwifery Education, Regulation, and Association (US MERA) since 2012. She has previously been Region IV representative and chair of the Division of Standards and Practice, and is a recipient of the A.C.N.M. Foundation Dorothea Lang Pioneer Award.

“If you’re on a team, everyone needs to be included,” she says about guiding ACNM membership to move forward as a unified group. “Everyone needs to participate in the decisions, and everyone needs to listen to each other and understand how any decision might impact the other... Yet everyone brings something unique to the team, and you want to hear each of those unique views. That’s what makes your team more efficient and effective. Collins-Fulea has been a practicing midwife since 1979. She attended mid-

BirthTOOLs for Change

ACNM releases game-changing resource toolkit for all stakeholders

By Lisa Kane Low, CNM, PhD, FACNM, Chair, Toolkit Subcommittee of the ACNM Normal Physiologic Birth Task Force

ACNM has been working collaboratively in various capacities to promote physiologic birth as the standard of care in the United States. Originally formed as an extension of the consensus statement Supporting Healthy and Normal Physiologic Childbirth, by ACNM, MANA, and NACPM, the ACNM Task Force on Normal Physiologic Birth is developing resources to expand understanding of the value of physiologic birth among 3 key groups: women and families, maternity care providers, and the overall health care system. One subcommittee of the task force has been hard at work for over a year to create a toolkit to assist providers to put the elements outlined in the consensus statement into action within maternity care units across the country.

ACNM’s BirthTOOLs (Tools to Optimize Outcomes of Labor Safely), housed on the Web site www.BirthTOOLS.org, is a toolkit that presents the evidence and offers targeted resources, protocols, and other materials to assist clinicians and health care systems in implementing best practices that promote physiologic birth.

The plan for the site was previewed at the ACNM 58th Annual Meeting & Exhibition last year in Nashville and will be officially launched at this year’s Annual Meeting in Denver.

Digital Framework: Menu of Change

The site is framed around the value that physiologic approaches bring to childbirth for women, providers, and maternity care systems. Its content is organized in to 3 major categories: background information, the role of quality improvement in promoting normal physiologic birth, and resources to initiate change.

The first section highlights the evidence supporting care that promotes physiologic birth. It also outlines the linkages between promotion of physiologic birth and national efforts to improve maternity care for women and families. Calls for action to reduce the incidence of cesarean birth and increase rates of spontaneous vaginal birth are noted in combination with the introduction of new quality outcome measures to monitor progress in these areas.

The next section outlines the role that quality improvement plays in promoting the care practices introduced in the first section. Through the lens of quality improvement as a change process, the FOCUS-PDCA model is introduced. The FOCUS-PDCA approach incorporates steps to identify areas for improvement, including assessments to make and issues to consider prior to outlining the specific
**LEADERS’ FORUM**

Great Work is Sprouting Up Everywhere

by Lorrie Kline Kaplan, CAE, ACNM Chief Executive Officer

Spring is my favorite time of year. Especially after a long cold winter like this past one, the coming of spring can bring a sense of euphoria. I’m an avid perennial gardener, so I take special joy in seeing my favorite plants reappear (and yes, some of my not-so-favorites coming up with them). The life force never ceases to amaze.

But there are other reasons why spring is the best time of year. At ACNM, this season has brought particular joys. The biggest reason may be obvious: we are building toward the ACNM 59th Annual Meeting & Exhibition, where we’ll get to see more than 1500 of our members all in one place. It is always a joyous and wondrous occasion when we get together—so good for the heart, the soul, and the mind! There are midwives in all directions. For those of you unable to join us this year, we’ll hold you in our hearts. We hope you’ll start planning now for our 60th birthday bash next year in the Washington, DC, area June 26-30.

As we anticipate the Annual Meeting, we are always pushing to release new products and resources for members. We are devoting more energy than ever to the development of tools that you can use in your practice—tools that support your ability to be a change-maker for improved women’s health in your community. This year, our big headliners are our long-awaited BirthTOOLS Web site, a new version of our popular Pearls of Midwifery presentation, and a multitude of new hands-on *Our Moment of Truth™* campaign tools to help members spread the truth about midwives. Get ready to love these!

**ACNM, ACOG Unite on Legislation to Address Maternity Care Provider Shortages**

It’s no secret that the United States has a highly polarized political environment which makes it extremely difficult to gain bipartisan support for any legislation. That’s why we’re especially excited this spring to announce the bipartisan introduction of legislation in the US House of Representatives that would help many pregnant women and their families, particularly in rural or underserved urban areas of the country, get access to the maternity care provider services they need. We worked closely together with ACOG over the past year to secure introduction of the legislation, and we continue to work together on a bipartisan companion bill in the Senate.

The bill, Improving Access to Maternity Care Act, (H.R. 4385) introduced by Congressman Michael Burgess (R-TX) and Congresswoman Lois Capps (D-CA), would establish a health professional shortage area designation for maternity care under the Public Health Service Act, similar to shortage designations already established for primary care, dental, and mental health. The legislation would identify and address areas of the United States that are experiencing significant shortages of full scope maternity care professionals, including certified nurse-midwives. This legislation will also enable the US Department of Health and Human Services to place eligible professionals within the National Health Service Corps (NHSC) in eligible medical facilities—including hospitals, birthing centers, and other appropriate facilities—in these areas to address maternity care shortages.

Expanding access to maternity care professionals in underserved areas can reduce overall US maternity care costs by ensuring women have access to necessary prenatal care and delivery options.

According to the US Department of Labor’s Bureau of Labor Statistics, 27,000 maternity care professionals (5710 certified nurse-midwives and 20,880 obstetrician-gynecologists) provided services for an estimated 3,952,937 births in 2012. Nearly half of all US counties have no midwife, OBGYN, or other maternity care provider, and the situation is getting worse with significant numbers of retiring professionals. Traveling long distances to get maternity care is not only difficult for pregnant women and newborns, but also creates safety concerns for the mother and her baby. H.R. 4385 will help to address these concerns and hopefully improve maternity care outcomes. We encourage all members to contact their US House members in support of the bill.

**5 More Reasons Why We Love This Spring**

- The Federal Trade Commission cautioned against the anti-competitive behavior of US medical societies in continuing to restrict the full practice authority of advanced practice nurses. Read more on page 13.

- The National Priorities Partnership relaunched its Maternity Action Team—and ACNM is a vocal member. It’s a great platform for driving joint action with prominent health care stakeholders to improve maternity care.

- The new ACOG/SMFM consensus statement “Safe Prevention of Primary Cesarean Delivery” (see page 11). It may only tell part of the story, but we think it’s a major step forward. Our request to ACOG; bring ACNM into the process moving forward.

*Continued on page 24*
Mapping the Future of ACNM and Our Affiliates

By Ginger Breedlove, CNM, PhD, ARNP, FACNM, ACNM President

There are a few activities that every organization must complete to remain current and value-driven. Identifying stakeholders, determining the needs and expectations of each stakeholder or group, and evaluating current progress in meeting those needs and wants are a few. ACNM’s last assessment of our organization’s priorities culminated in 6 strategic goals which have guided us since 2008. In March, ACNM leaders attended a 1-day retreat to begin the first step in a yearlong process to assimilate data from various stakeholders with the culminating goal of identifying future priorities, or pillars, for ACNM by our 60th anniversary next year.

The strategic planning committee employed “mind mapping” to identify ACNM’s 5-8 year Future Focus priorities. During this process, participants create a physical diagram representing words, ideas, tasks, or other items linked to and arranged around a central key word or idea to define and prioritize those ideas.

Prior to arriving, board members and national office staff reviewed the most recent ACNM membership and leadership survey data as well as an analysis of the data created by staff. Then, they each identified 2 recurring priorities from the data that they considered to be key concepts. During the retreat, these priorities were sketched out on paper to make up the mind map, which was further organized into 11 recurring themes. Self-selected groups discussed the 6 top-scoring themes from the mind map in-depth for 2 ½ hours, developing recommendations for strategic goals under the assigned theme.

The retreat was only the first step in our goal-planning process, and the mind map we created will be on display in Denver. Look for more information and opportunities to participate in ACNM Future Focus in the coming months, and turn to page 8 for additional information on the retreat and the preliminary themes that emerged.

Mind Mapping and Affiliates

In order to be relevant, all organizations must continuously recreate themselves, learn to think differently, and become more creative, empathetic, and purpose-driven. ACNM affiliate organizations must be relevant if they wish to encourage members and future members to join and become continuously engaged.

How can affiliate leaders and members take ideas and problem solving to the next level in order to remain relevant? Perhaps your affiliate meetings are more about reporting out than being purpose-driven. Has your affiliate recently surveyed its membership on benefits, advocacy, or consumer marketing needs? Have you considered a community-based or statewide needs assessment related to barriers to care for women?

If you are trying to identify strategic goals, create a process, think through a difficult conversation, or brainstorm an idea for your affiliate, give mind mapping a try. Organize your map around the phrase “the future of our affiliate,” then ask members to write 2 statements responding to questions like “What do we need to have in place to mature this affiliate, or be outcome-oriented, or increase membership, or market midwifery in our community?”

Then discuss emerging themes, consider action steps, and drill down to new levels of your mind map. You can be as creative as you like, or keep it simple.

Mind mapping can be a very powerful experience, especially if your affiliate organization is still in its infancy. Remember: everyone—everyone—experiences the frustration of groups that limit thoughts. What sets successful organizations apart is the ability to transform complacency into action. We all have that ability; the first step is to recognize that you may be holding yourself back, and to decide that it’s time to facilitate change. You can do it!
This is my last *Quickening* article as a region representative. I am grateful for the opportunity to represent the midwives in Region I for the last 6 years. It has been an exciting and challenging time, and a time of much change for ACNM. I have been on the Board of Directors through 4 presidents. I have experienced the complicated process of changing the volunteer structure from chapters to affiliates.

This was also a time during which there was a major restructuring and staffing of the national office, headed by our talented CEO Lorrie Kline Kaplan. She and the staff are a dedicated group who strongly believe in our mission. It has been a pleasure to get to know them and experience personally their commitment to midwifery.

The members of the board of directors, who all volunteer their time, have very busy professional lives otherwise. They have all been and will continue to be an inspiration for me as I transition into other roles in the College. The board of directors continues to demonstrate a collective wisdom that will help guide ACNM to newer heights. I am so very proud of where our organization has been and where it is going.

At the Annual Meeting in Denver, I will pass the baton to our new representative, Anne Gibeau, CNM, from New York. She has been representing Region II for the past year, but will shift to represent the restructured Region I, which now includes New York. It has been a pleasure for me to get to know her in this past year, and I am confident she will be a great representative for Region I. She is astute and forthright, with a particularly keen sense of humor. Please come to the Region I meeting at the ACNM Annual Meeting to meet her and welcome her to our community.

In this final column, I would like to give a special mention to the many students I have encountered over my years as a midwife. I continue to be impressed with those who choose to enter our profession. There is no greater professional pleasure (Okay, perhaps other than helping a woman have a safe and satisfying birth!) than seeing a student evolve in the role of a midwife. I have watched many students do just that. It is a daunting task; as I often say, midwifery is not for the faint of heart.

I say to all midwives and students and staff: “Onward!” See you in Denver! 

I’m sure we’re all happy to be on the other side of the vernal equinox, and the promise of longer days and less punishing weather! The March board meeting set the tone for my spring, as we engaged in the very first steps of the next iteration of strategic planning for the organization. It was invigorating to consider the current state of the ACNM strategic goals. Your voices were heard and taken into account—you know those surveys that you are asked to complete episodically? Remember those phone calls and e-mails to board members, national office staff, and affiliate and volunteer leadership regarding matters of concern to you? These and other comprehensive data sources were integrated as guidance from you, the members. It was a lively meeting, and I was happy to see leadership from Region II affiliates and volunteers actively participate in the day-long retreat.

Springtime, like early pregnancy, promotes thoughts and feelings that evaluate the current state and plan for the future. Strategic planning is the process of defining strategy or direction, or envisioning the future, and then determining the best approaches to achieve the desired goals, including the allocation of resources to best secure that envisioned future. For many affiliates, now is a natural time in your organizational development to consider your own strategic planning. This planning is, of course, guided by ACNM’s overall strategic plan, but is specific to the needs, goals, mission, and desires of the individual state organization. For example, Pat Burkhardt, CM, President of the New York State Affili- ate NYSALM, informed me that they will initiate strategic planning at their April board meeting; their first step will be to consider a vision statement.

Strategic planning can, and should, also occur for individual ACNM members. Consider the national strategic goals as they exist currently. How do your needs, goals, mission, and desires as an individual dovetail with these goals? Have you envisioned a desired future for yourself, in your role as an ACNM member? What are the best approaches to achieve your goals in relation to your professional organization? These structured ways of evaluation and planning for the future can help optimize your experience as an ACNM member.

Lastly, I say goodbye to Delaware, New Jersey, and Pennsylvania as New York, Puerto Rico, and I leave Region II to join Region I. It’s been a pleasure, and I leave you in the experienced, competent hands of Mairi Rothman, CNM, who takes on the new, re-configured Region II. See you in Denver!
Wow, what a winter for many of us. By now all of us in the southeast are probably into early summer with flowers and leaves out in full force. That’s what my wife and I love about the South. Spring is shaping up to be a busy legislative session for many states, though at the time of writing this column, it is much too early to know how many victories we’ll be able to report.

In late February, I made a loop through both Carolinas, beginning with the South Carolina Affiliate meeting in Greenville. While attendees shared stories of their struggles balancing life with careers and starting practices, one member approached me about her struggles to re-enter the profession. Aside from cost, the re-entry process was particularly complicated for her specifically. I promised her I would look into this; after the Annual Meeting, the Division of Education staff liaison and I have a plan to learn more about the process and evaluate our options.

That same afternoon, I drove 5 hours over and up to East Carolina University in Greenville, NC, for the North Carolina Affiliate meeting. Well-attended by students, faculty, and east coast midwives, the meeting involved coordinated preparation for the important upcoming legislative session. Congratulations to North Carolina for winning the first ever ACNM Affiliate of the Year award, to be presented at the Annual Meeting. It is a most deserved award! Four years ago, North Carolina was divided into 2 distinct camps that disagreed on a number of key issues. When they restructuring into an affiliate, the membership chose new leadership and a new direction, and the organization has evolved into a very efficient and legislatively effective entity despite their many obstacles.

Two weeks later, I attended the Georgia Affiliate meeting. Georgia midwives are engaged in a coalition with other advanced practice nurses to introduce legislation to tweak Georgia’s prescriptive authority laws, now 8 years old. By the time this column is printed, I will have visited the Tennessee Affiliate in Nashville and remotely attended the first Mississippi Affiliate meeting in more than 4 years.

Region III Update
AL, AR, FL, GA, LA, MS, NC, SC, TN
by Michael McCann, CNM, MS

Region IV Update
DC, IL, IN, KY, MD, MI, OH, VA, WV, WI
by Mairi Breen Rothman, CNM, MSN

I have always been involved in the world of midwifery policy and politics, in order to move our profession along in a system where the individual is affected by policies created for the many. I can get very caught up in the struggle for the many, so I am very grateful to have had some wonderful life lessons in what can happen when we focus on one person.

Years ago, a young woman came to see me at the Family Health and Birth Center (FHBC) in Washington, DC. She had huge, intelligent eyes that seemed to take in everything around her, a sort of nervous energy I associate with people who get things done, and a wide, friendly smile that seemed to say, “Here I am, what you see is what you get!” She told me that she wanted to serve the birth center, that she loved everything about the place, and that one day she would be a midwife there. In the meantime, she was willing to do anything to help. I was enchanted with her clear focus and drive; she did everything I asked with lightning speed, returning with “what’s next?” I soon trained her to be a birth assistant. She showed a remarkable ability to meet each woman’s needs and still get all the laundry done.

Within 6 months she was in nursing school, and after that came midwifery school at Philadelphia University. Before we could blink, she was knocking on our door for a job. As she had predicted 5 years before, she was indeed a midwife at FHBC. Three years later she left to help build a full-scope midwifery service at Washington Hospital Center. That practice has now been open for 2 years, and has grown to 8 midwives attending over 35 births a month. They offer Centering Pregnancy and hydrotherapy, and will soon offer nitrous oxide.

This midwife recently posted exultantly on social media that she had caught a 10-pound baby with the mom standing, in the shower. There can be no doubt that she is practicing the midwifery model of care at this tertiary care center. Sometimes I reflect on what might have happened if I had told this amazing midwife, that first day 13 years ago, that I was too busy to talk to her?

My guess is that would not have stopped Ebony Roebuck, CNM, who was recently recognized with a REAL Award from Save the Children, for “demonstrating extraordinary dedication in improving the lives of families and communities around the world.” But it is a great reminder that attention to the one does eventually ripple out to the many, whether the one is a mother, a baby, a partner, or an aspiring midwife. Thanks for the lesson, Ebony, and congratulations!

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REGION UPDATES

Region V Update
AZ, CO, IA, IHS/Tribal, KS, MN, MO, MT, NE, NM, ND, OK, SD, TX, UT, WY

by Lynne Himmelreich, CNM, MPH, FACNM

As you read this, we will be close to our Annual Meeting in Denver. The Colorado Affiliate has been working hard with the Program Committee to make this meeting both educational and fun! I always enjoy observing the sharing and networking that occurs at the meeting. We learn so much about each other by sharing our victories and challenges, and by making personal connections.

We have so much to share this year. Our national focus on full practice authority was recently supported by a paper from the Federal Trade Commission, which strongly endorses full practice authority for APRNs—read more on page 13. The national United States Midwifery Education, Regulation, and Association (US MERA) group continues to dialogue on the future of US midwifery in relation to the International Confederation of Midwives (ICM) 3 pillars (read more on page 22). We are also reviewing ACNM’s national bylaws to make sure they support a functional, efficient, and flexible organization.

Region V will soon be split according to the new region realignment, which takes effect at the Annual Meeting. I will miss the mountain west states and the IHS/Tribal Affiliate, but I know Jane Dyer will enjoy getting to know you and do a great job representing you. For more information about new board members and the region realignment, turn to page 18.

Region V affiliates are still in many different places organizationally, but are moving forward and working on a range of issues, including full practice authority, public awareness, and Medicaid reimbursement. I encourage you to attend the IHS/Tribal Affiliate’s education session at the Annual Meeting. These midwives do phenomenal work in a population with significant socioeconomic and health status challenges while supporting the culture of the women and their families.

When I was in my first term on the board, Kitty Ernst was President. She was fond of saying that “midwifery was at a tipping point,” and “if you do what is right for the women, you will never go wrong.” She was right. It feels now like the stars are aligning to tip that scale and make it easier to do what is right for women. I hope to see many of you in Denver, networking and seeing if there is something that is tipping the scale that you are passionate about either nationally or in your affiliate. More hands make the work much lighter!

lynne-himmelreich@uiowa.edu

Region VI Update
AK, AS, CA, Guam, HI, ID, NV, OR, Uniformed Services, WA

by Michelle Grandy, CNM, MN

It has been a pleasure to serve as Region VI Representative to the ACNM Board of Directors these past 3 years. Tears well and deep gratitude fills my heart as I think of my myriad experiences and emotions: Lobby Day and annual meetings with CNMA; Hawaii’s first affiliate meeting and conference; insights into CNM practice in the Uniformed Services at their annual meetings; nurturing the formations of affiliate organizations in several states (Alaska, Idaho, Nevada); awed by Idaho’s rapidly expanding midwifery community; inspired by Oregon’s well run affiliate organization; cheering with Nevada as they attained full-scope practice; celebrating Washington’s commitment to Miles for Midwives and their winning entry into the 2013 ACNM Video Contest.

I would like to spotlight Hawaii, as they recently came together and expertly accessed ACNM national office resources to work quickly to address a threat to CNM practice.

Recently Hawaii’s midwives were faced with challenging legislation to restrict out-of-hospital birth practice. Along with other restrictions, the proposed bill threatened to create a medical board to oversee CNMs and direct-entry midwives. The Hawaii Affiliate officers worked closely with Cara Kinzelman, manager of state government affairs at ACNM to address this challenge. Other members of the affiliate stepped up to attend meetings and hearings. Hawaii is a small affiliate with only 28 members; “We’re small but mighty,” as President Maureen Shannon, CNM, told me.

What was the outcome of this work together? First, an interdisciplinary committee made up of CNMs, direct-entry midwives, physicians, and legislators was formed. More recently, the bill died in committee. Reappearance is anticipated, and the Hawaii Affiliate plans to make its voice heard. This is a beautiful example of state and national working together for midwifery! Mahalo to all!

I know I’ve received 10-fold what I’ve contributed during my tenure as Region VI representative. I intend to take these learnings forward and continue to find ways to serve on the state and national level in the years to come. Please warmly welcome Barbara Anderson, CNM, as the representative for our newly-designated Region VII. Join us at our Regional Meeting at the ACNM 59th Annual Meeting & Exhibition, Thursday, May 15, 6:30-7:30pm.

michelle.grandy@nwhsea.org
Quickening Spring 2014

Student Update
by Lilian Funke, SNM, ACNM Student Representative

As a student first learning about the stages of labor, I can remember thinking that there was an elegant logic to the nomenclature: first, second, third, and, depending on the source, “fourth.” The progression is orderly; even the nascent student midwife can differentiate one from the other. On my first day on the labor floor during IP, my preceptor asked me to identify the phase of labor being experienced by a woman in our care. Like a kindergartener just learning to count, it was not without a little pride that I answered, confidently, “first!” My preceptor sighed. “That’s true,” she said, “but it isn’t exactly right. What has changed in the last few minutes?” I searched the fetal monitoring strip for clues, but I’m sure my readers will realize that I was looking in the wrong place—even as I held a just-rinsed emesis basin in my free hand. “She’s transitioning. Pay attention!”

Transition. That there is a name for the space between first and second stages, and that the name is a verb, reminds us to be alert. This time passes by quickly, and an inattentive midwife could even miss it altogether. How and when we recognize transition can impact the entire experience of birth.

I am thinking about transition a lot these days, as I prepare to finish my time as the student representative to the board, and begin to think about how to help orient the new student representative into this position. I’m also thinking about my personal experience as a recent grad preparing to begin a new job in a few short weeks. At the Annual Meeting last year, the Student Report outlined some of the challenges of the transition to practice; ACNM is paying attention. Check out Feminist Midwife Stephanie Tilmann’s excellent blog series “The Latent Phase,” about transition to and the first years of practice, on Midwife Connection at bit.ly/1j3bdMu. If you plan to attend the ACNM 59th Annual Meeting & Exhibition in Denver, watch out for new grad opportunities and reports throughout the program.

There are so many opportunities to stay involved with ACNM throughout the transition, from face-to-face networking at the Annual Meeting to special projects and leadership roles in your area. Transition looks a bit different for every midwife, but with a little attention, much can be learned. 

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Board of Directors Meetings
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Meeting information and minutes are at www.midwife.org/board-meetings
LEADERSHIP IN ACTION

ACNM Future Focus: Go Out and Be Bold
A report from the March ACNM board meeting

By Kate Harrod, CNM, PhD, APNP, FACNM, Secretary, ACNM Board of Directors

The ACNM Board of Directors strongly believes in a proactive approach to strategic planning for our organization as well as the growth and development of the midwifery profession. To that end, the board held an all-day strategic planning retreat in conjunction with the March board meeting. This is a brief summary of that retreat.

The ACNM Board of Directors, national office leadership, and several affiliate presidents came together at the Washington Ethical Society building to dream and reflect on the future of midwifery. The setting was perfect for us to think outside the box; we began the morning with a yoga-nidra meditation led by Karen Brody, a well-known yoga instructor and birth activist. This exercise helped us all relax and become focused on the work of the day.

In preparation for the retreat, we had each reviewed the strategic goals set in 2008, results of the ACNM 2013 Membership Survey, and the results of a February 2014 survey of ACNM leadership on ACNM’s current strategic plan. Each of us identified what we consider the 2 highest priorities that we want to see as a main focus of ACNM’s efforts for the next 5 – 10 years. These priorities then became the basis of our participation in the creation of a “mind map,” which ultimately developed priorities that would lead to a revised strategic plan. As each of us posted our priorities for ACNM and as the map developed, themes became evident. The top 6 themes were, in order:

1. Resources for Member Success
2. Unification of Midwifery
3. Policy Powerhouse
4. Communication
5. Diversity
6. Financial and Organizational Structure

Attendees were directed to self-select one of the themes to work on in a small group, which strategized about the priority and reported back to the whole group.

Read more about the mind mapping process in the president’s column on page 3.

Not surprisingly, Resources for Member Success was chosen by the attendees as the top priority. ACNM can’t exist without its members; membership is our most important resource. Building membership was a recurring subtheme that is essential to the success of our professional organization.

The second theme was Unification of Midwifery. This subgroup discussed the formal definition of midwifery based on the International Confederation of Midwives’ 3 Pillars: Education, Association, and Regulation. ACNM would like to help develop pathways for all US midwives to meet the ICM minimal standards of 3 years of formal education. Much more work is needed to meet the goal of unification of midwifery, but you can read more on this topic on page 22.

The next theme was for ACNM to become a Policy Powerhouse. We want to be the ones to influence women’s health policy across the country. Our organization sees itself as a major player in health care reform, and we need other organizations to recognize our essential role.

The fourth theme was Communication. We need to communicate the value of midwifery care to the public, and just as we listen to women, we also need to listen to our members. Other recommendations are to further increase our social networking and improve the ACNM Web site. We also need to consider creative communication strategies among members. ACNM allocated significant financial resources into the Our Moment of Truth™ campaign, but we must better take advantage of its potential. Finally, we need to find a way to reach out to new graduates and non-members to show them the great value inherent with membership in ACNM, as well as retain current and retired members so we don’t lose them as a valued resource.

Being a Diverse and Inclusive organization is very important to leadership and staff. Last year, ACNM developed the Diversification and Inclusion Task Force; that task force will explore the language and images that are used in professional communications and make recommendations that will inform this overall strategic theme into the future.

The final theme was Financial and Organization. ACNM leadership is committed to being a good steward of the organization’s resources. The board will continue to explore opportunities for external funding for programs and collaborations, and may expand publications and product lines as additional revenue sources.

We hope that you are excited about these developing strategic themes. Please watch for opportunities to become involved in the development of the new ACNM strategic plan.

By Kate Harrod, CNM, PhD, APNP, FACNM, Secretary, ACNM Board of Directors

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**Policy Analysis**

**When Will It Be the California CNMs’ Turn?**
Contextualizing the 2013 Licensed Midwife Victory in the Golden State

By Cara Kinzelman, PhD, ACNM Manager, State Government Affairs

“New Independence for California Midwives.” “New Law Gives Midwives More Rights.” “California Clarifies Scope of Practice for Midwives.” The headlines trumpeting the enactment of A.1308, a bill that authorized independent practice for California’s licensed midwives (LMs), appeared in newspapers across the country last fall. Many ACNM members naturally questioned when California’s CNMs, who are still required to work under physician supervision, would be able to celebrate a similar victory.

**Origins of A.1308**

California A.1308 was an American Congress of Obstetricians and Gynecologists (ACOG) sponsored bill originally drafted to reduce the liability burden for physicians who work with certified professional midwives (CPMs), who are regulated under the title “licensed midwives” (LMs) in California. As provided under the law at the time of the bill’s introduction, the practice of midwifery authorized the licensee, under the supervision of a licensed physician in active practice, to attend cases of normal childbirth in a home, birthing clinic, or hospital environment.

**Supervisory Requirements Called into Question**

A.1308 was introduced in February 2013. The bill was very short with no specifics about how to achieve its stated aim of removing “barriers to care in order to provide a more efficient and safer delivery method for mother and infant by allowing licensed midwives to practice in a manner originally intended in prior legislation.” In a later interview, Rep. Susan Bonilla, the bill’s sponsor, said that “the best possible outcome is if we could really build that relationship between our licensed midwives and physicians where we could have a situation where a mother could have her charts, her medical history, all available in preparation for that very slight chance that something…might happen, that she might need medical intervention.” Notably, the original version of the bill did not attempt to eliminate or weaken supervision requirements for LMs.

During the course of committee hearings throughout the spring, the Medical Board of California (MBC) introduced the issue of enforcing supervision requirements for LMs. The MBC reported that midwives were “performing midwifery without sanction by MBC because administrative courts have determined that it is unfair to enforce the physician supervision requirement because physician supervision is practically unobtainable.” ACOG also recognized the various difficulties associated with supervision, but stated that they did not “know how we will be able to redefine the relationship to a more workable one…”

The bill, which by late spring had already been amended to increase LM autonomy, retained supervision requirements when it passed the Assembly on May 16 with a unanimous vote.

**Successful Modification, Successful Legislation**

By early July, the licensed midwives and those advocating for LMs were strongly urging the sponsor and the Committee to address physician supervision in the bill. Recommendations were to remove the physician supervision requirement altogether or to replace it with some type of a collaboration requirement. The bill was substantially amended on September 6 as the result of negotiations between the sponsor, ACOG, the California Association of Midwives, and California Families for Access to Midwives. The amendments removed the statutory requirement for LMs to practice under physician supervision, and instead specified:

1. A midwife may assist in normal pregnancy and birth, and
2. For pregnancies that are not considered normal, the midwife must refer or transfer the client to a physician and surgeon, among other things.

The bill was signed into law in October 2013.

**Implications for CNM Practice**

While the enactment of A.1308 sets a compelling precedent for the regulation of midwifery practice in California, it is unlikely that the CNMs can expect a similar experience. A.1308 was aided to a significant degree by the strength of ACOG’s voice and their corresponding ability to neutralize the state medical society, whose response to a bill that would have given independent practice to the nurse practitioners serves as an interesting counterbalance to the LM experience. Sources reported that there were over 50 lobbyists, who distributed an estimated $500,000 in campaign contributions, at the Capitol working against the bill that would have given independent practice to NPs. Legislators who sit on the committees that the NP bill was assigned to reportedly received over $100,000 of that money. Allied organizations hired media consultants, dedicated social media accounts to rallying opposition, and organized e-mail and phone drives to argue that full practice authority for the NPs would only lead to “unpredictable outcomes, higher costs, and...”

Continued on page 15
As all of you know, provider organizations are responsible for filling out birth certificates and submitting them to their respective states’ vital records system. Birth certificate data are attractive to researchers because of the wealth of information they contain. For example, ACNM uses birth certificate data aggregated by the Centers for Disease Control and Prevention (CDC) to inform policymakers and the public regarding trends in the number of births attended by midwives, birth setting, rates of inductions, and cesarean births. The CDC uses these data to produce regular monthly and annual reports on births in the United States, as well as special analyses looking at topics like the prevalence of home birth.

Other researchers have used these data to draw conclusions about the state of maternity care in the United States. Many of you are aware of a recent series of studies that have been conducted using birth and death certificate data, looking at issues of safety around home birth.

Nuts & Bolts

Currently, 2 standardized certificates of live birth are in use, the first finalized in 1989 and the second in 2003. The CDC is working to encourage all states and territories to migrate to the 2003 version, though as of 2012, 12 states continued to use the 1989 version. There were important changes in the 2003 version, including making it possible to include fetal presentation and trial of labor prior to cesarean in the “method of delivery.” In addition, it became possible to report on breastfeeding, infections during pregnancy, and the source of payment for the birth. Further, the CDC developed specifications for electronic reporting of data and specific worksheets to be used to gather data directly from the mother and the medical record.

Given the lengthy list of data points contained in the standardized birth certificates, researcher interest in them is understandable. Unfortunately, for a variety of reasons, birth certificates are not the most reliable basis for research. The 2 distinct versions in use make it difficult to compare states at a point in time, or longitudinally through time, if the states differ in the standard they use or if they shifted from one standard to another.

Is the Data Valid?

Studies have evaluated the validity of the data itself, comparing the content of birth certificates with the associated medical records. The CDC conducted one such study that found variation in the reliability by data point and between the 2 states they examined. While some elements of the birth certificate almost always correctly reflect content of the medical record, other data elements in the certificates do not. Sometimes data is present in the birth certificate that is not present in the medical record. The reverse of this situation also occurs.

One interesting conclusion that the CDC has drawn in the past is that the number of midwife-attended births is likely underreported. A limited study of one practice, reported in the September/October 2004 edition of the Journal of Midwifery & Women’s Health found that the subject practice underreported CNM-attended births by 10.9%. This may occur for a variety of reasons, but it affects the data used to inform policy makers and would be a more useful source for researchers if it were completely accurate.

What You Can Do

It is important that midwives take steps to ensure the accuracy of birth certificates associated with the births they attend. Some specific steps that can be taken include looking at the CDC’s Web page on the 2003 standardized birth certificate, as well as any state-specific instructions published by your state’s vital statistics office (see http://1.usa.gov/1oRh9Wc). Midwives should also be familiar with how the information is obtained and reported within their system or institution, so it accurately reflects the work of midwives in the birth.

Continued on page 27
Obstetric Care Consensus Omits Important Solutions

By Tina Johnson, CNM, ACNM Director of Professional Practice and Health Policy

A CNM applauds the recent Obstetric Care Consensus statement “Safe Prevention of Primary Cesarean Delivery” and its focus on evidence-based recommendations to reduce primary cesareans. The joint statement between the American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine is the first in a new series format. It acknowledges the value of nonmedical interventions like doulas and prudently calls for patience before intervening in first and second stage labor. Limiting inductions before 41 weeks and standardized approaches to interpretation of fetal heart rate pattern will benefit women and should reduce surgical births. While midwives have long recognized the wisdom of these “new” recommendations, organized obstetrics has taken a step in the right direction.

However, the statement omitted important scientific evidence from multiple randomized clinical trials that would support an even stronger step forward from ACOG and SMFM. Use of intermittent fetal auscultation, associated with fewer cesareans and equivalent neonatal outcomes compared to continuous electronic fetal monitoring, is a safer standard for women with low risk pregnancies. Studies demonstrate lower cesarean rates for women cared for by certified nurse-midwives than by their physician counterparts in comparable populations.

Multidisciplinary coalitions are creating resources to drive culture change to improve maternity care. There is consensus that care should be woman-centered, prioritizing communication, teamwork, quality measurement, and shared decision making. The format of a consensus statement allows professional organizations to collectively articulate important care principles to benefit women and their families. Unfortunately, midwives were left out of the development process of this new Obstetric Care Consensus, which has limited its focus on additional evidence-based care practices that can go further to address the cesarean epidemic. Greater future stakeholder engagement on Obstetric Care Consensus No. 2 can assure no evidence is left behind. Only then will we have true consensus on maternity care.

Highlights from the Obstetric Care Consensus statement include:

NEW DEFINITIONS OF NORMAL LABOR PATTERNS AND PROGRESS:
- Prolonged latent phase and slow but progressive first stage labor are not indications for cesarean.
- Active labor begins at 6 centimeters of dilation. Standards of active phase progress should not be applied beforehand.
- Cesarean for active labor arrest is reserved for women with no cervical change with ruptured membranes at 6 centimeters of dilation after 4 hours of adequate labor or 6 hours of oxytocin augmentation.

NEW GUIDELINES FOR SECOND STAGE:
- No specific maximum length of time has been identified.
- Longer pushing durations can be appropriate and should be individualized, particularly in women with epidurals or malpresentations and documented progress.
- Manual rotation of the fetal occiput is a reasonable intervention before moving to operative vaginal or cesarean delivery.
- Operative vaginal delivery by “experienced, well trained physicians” is a safe alternative to avoid cesarean. Training and maintenance of these skills is encouraged.

NEW STANDARDS FOR LABOR INDUCTION:
- Before 41 weeks, induction should be based on maternal and fetal medical indications.
- Cervical ripening methods should be used.
- Avoid cesarean by allowing longer durations of latent phase and oxytocin administration.

ABNORMAL OR INDETERMINATE FETAL HEART RATE:
- Scalp stimulation can be used to assess fetal acid-base status in the presence of abnormal or indeterminate heart rate patterns.
- Amnioinfusion is encouraged for management of repetitive variable fetal heart rate decelerations.

FETAL MALPRESENTATION:
- Fetal presentation should be assessed beginning at 36 weeks so that external cephalic version can be offered.

MULTIPLE GESTATIONS:
- Women with a cephalic presenting first twin should be offered vaginal delivery regardless of the presentation of the second twin.

SUSPECTED MACROSOMIA:
- Cesarean for macrosomia should be limited to fetuses at least 5000 grams for women without diabetes, or at least 4500 grams for women with diabetes.

OTHER RECOMMENDATIONS:
- Women should be counseled about the Institute of Medicine weight gain guidelines.
- More research is needed to provide knowledge to guide decisions about cesarean and policy changes to reduce its incidence.


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Have you ever driven past an exit sign wondering where it would take you? After years of traveling on I-75 south of Lexington, Kentucky, I finally had an excellent reason to take the exit to Stinking Creek. I traveled there with midwife friend Vivian Good to meet and interview Peggy Kemner, CNM, the community nurse-midwife. Many miles of curved roads carried us to Peggy’s home over Stinking Creek. Greeting us with a cacophony of sounds was a small collection of farm animals; later I learned they all had names like Whoopi, Marilyn Monroe, Midas, and Ronald Reagan. A large granite stone engraved with “SO MUCH” stood at the entrance, and scattered wooden buildings and barns filled the land beyond. “SO MUCH” was the name Peggy and close friend and teacher Irma Gall chose because they have all they need in this sacred place, which they have made home since 1955. The service they provide is called Lend a Hand, and it’s a place where both the health care and educational needs of the people from the surrounding hills and hollers are met.

When the women first arrived in Stinking Creek, they had their work cut out for them. Peggy grew up on a farm in Pennsylvania and Irma was raised on a farm in Indiana; they were determined to make this place their own and serve its people. As a nurse and midwife, Peggy would serve the women first, and knew the rest of the family would come for care, too. Her education had prepared her for this broad challenge.

Peggy is a graduate of East Nazarene College near Boston. She later received a nursing degree from Johns Hopkins University in Baltimore, where she applied to medical school but was rejected despite her high honors. After hearing a lecture by Mary Breckinridge about her work in eastern Kentucky and the Frontier Nursing Service, Peggy felt called to the mountains. She made house calls up muddy creek beds strewn with rocks. She delivered babies by the hundreds in homes heated by coal stoves with newspaper on the walls. There were more than 60 “Peggy’s” born during those years – named to honor her by grateful parents. Peggy was an extension of the Planned Parenthood program in the county, and was the health care provider for people suffering from diabetes, hypertension, lung disease, and malnutrition. Irma taught in the one-room school on the grounds for one of the poorest, most rural counties in Kentucky. The women began a 4-H program, hauled seriously ill patients to a hospital as far away as Louisville, and helped rear about 60 children who had been abandoned or temporarily needed help. They empowered young girls in Sunday school, raised livestock, and took in work groups from colleges and churches from all over the Midwest. Peggy’s philosophy is reflected in a book she wrote: I will never leave you.

Peggy shared her stories with a humbleness seldom seen today. She was a beautiful young nurse who gave her life to the people of the mountains. Now she is unable to stand straight due to osteoarthritis. She has a shy way about her and her health is taking its toll. Her assistant was leaving the day I conducted my interview, and she had no one coming to help. Peggy has a deep faith that she has lived her life fully and richly. She tells me there haven’t been that many changes since she and Irma arrived, but she feels she has done her best.

Why did they call it Stinking Creek? One story claims it got its name from the odor left behind from hunters who dumped their carcasses in the creek. Another says it was caused by odors from the mining operations. Some say the creek doesn’t stink more than any other, and one person suggested that the name implies more problems than the name can convey.

Next time you receive an invitation to find out about the lives of midwives from another place, it too might be sacred and worth the journey to take that exit. Consider adding that story to the A.C.N.M. Foundation Midwifery Legacies Project, bringing us rich stories about midwives in America who led the way during the Twentieth Century.
CODING CORNER
Preparing for ICD-10
by Joan Slager, CNM, DNP, CPC, FACNM, ACNM Treasurer

In the last few Coding Corner columns, I’ve introduced you to ICD-10, the new diagnosis code set scheduled for implementation soon. The ICD-10 launch is now rescheduled for October 1, 2015. Here’s how to start preparing for the change in advance:

1. Practices should examine all vendor and payer contracts where policies or procedures are linked to diagnosis codes and revise as necessary.
2. If not already done, schedule hardware and software updates. Do not wait much longer to accomplish this. Vendors will be very busy in late summer and early fall as October 1 approaches.
3. Schedule staff and provider training. The greatest impact on midwives will be the increased documentation requirements that will be necessary in order to support the specificity required in ICD-10 coding.
4. Provide for changes in process: every lab, radiology, and pharmacy order will require utilization of the new diagnosis codes. Super bills will become obsolete as no piece of paper will be able to list all of the codes given the explosion in the number of codes. Prior authorization and pre-certification forms will need revision.
5. Use CMS or other vendors’ maps that convert ICD-9 to hypothetical ICD-10 codes. Examine these maps to determine where improvement in documentation is needed and to identify the potential overuse of non-specific codes.

Take the following strategic steps to implement converting to ICD-10:
1. Identify your top frequency diagnosis codes.
2. Evaluate your documentation practices.
3. Examine the quality of your documentation.
4. Develop “to do” check lists.
5. Install process updates.
6. Share implementation plans and timelines with staff.
7. Develop training needs.
8. Perform tests to evaluate your readiness for 2015.

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Dramatic Decline in Dangerous Early Elective Deliveries
Nonprofit hospital quality watchdog The Leapfrog Group announced that the national rate of maternal early elective deliveries dropped for the third year in a row. They report the national average has hit the target rate of less than 5% for the first time. See their press release at http://bit.ly/1fMQxBz.

Enrollment through Health Insurance Marketplaces Exceeds 7 Million
The White House announced that enrollment in the Affordable Care Act’s health insurance marketplace plans exceeded 7 million upon the close of the open enrollment period on March 31. The 7.1 million total means that the 6-month period before the cutoff achieved results that Congressional budget analysts had first anticipated, and indicated a sharp turnaround from the troubled beginnings of enrollment last fall. Read more at http://wapo.st/1jwHBF0.

AHRQ Review Supports Multicomponent Smoking Cessation Interventions for Pregnant or Postpartum Women
A new Agency for Healthcare Research and Quality research review found that across all interventions to promote smoking cessation, including advice and counseling, self-help materials, nicotine replacement therapy, antidepressants, and drug cessation aids and incentives, there are not enough data to assess their effectiveness. The review, “Smoking Cessation Interventions in Pregnancy and Postpartum Care,” indicated that more data also are needed to assess the effectiveness of relapse prevention for pregnant and postpartum women. Approaches that combine multiple components appear to have the best likelihood of success. Read more at http://1.usa.gov/OdqWKn.

Federal Trade Commission: Rethink Limiting APRN Scope
The Federal Trade Commission issued a policy paper suggesting that state legislators should be cautious when evaluating proposals to limit the scope of practice of advanced practice registered nurses, stating that “[E]ven well-intentioned laws and regulations may impose unnecessary, unintended, or overbroad restrictions on competition, thereby depriving health care consumers of the benefits of vigorous competition.” Read more at http://1.usa.gov/1cR0ooF.

Childbirth Study sees Longer Labor as Normal
A new study covered by the New York Times found that epidurals are associated with an even longer duration in the second stage of labor than is generally recognized, suggesting that some women may be subject to unnecessary interventions by continued on page 26
The Our Moment of Truth™ campaign is taking root at the local level thanks to the help of several ACNM affiliates. Working in close collaboration with the ACNM national office communications team, the New Jersey, Connecticut, West Virginia, California (Sacramento area), Colorado, and Mississippi affiliates are pitching OMOT to their local media outlets, building up their social media platforms, and preparing to share their story with other organizations and schools in their area. Here’s what each of the 6 affiliates have been working on:

The California OMOT outreach has been led by CNMs Djina Ariel and Cara Rasmussen. They have been busy pitching stories to reporters in the Sacramento area, as well as sharing a press release tailored to their local region with media around Sacramento.

In Colorado, the OMOT effort has been led by CNMs Jessica Anderson and Erica Rubenstein. They’ve been activating members across the state to develop a coalition for communications and promotional efforts, and working to identify the correct media people to reach out to with localized pitches and press releases.

Heather Murphy, CNM, and a large team of midwives across Mississippi have been working together to develop a state-wide outreach strategy, identifying people from various media outlets with whom to establish contact, and exploring social media options to enhance their communications.

The West Virginia outreach has been led by CNMs Gail Rock and Nannette Jenkins. They have been pitching stories to reporters covering the Eastern panhandle of the state, as well as Charleston. Additionally, they created a new Facebook page for their affiliate.

In New Jersey, the OMOT effort has been led by Linda Locke, CNM. Linda has been focused on creating relationships with women’s health coalitions across the state and working on updating their New Jersey Affiliate’s Web presence, including their affiliate microsite and Facebook page, to align with their updated goals and member information.

Midwives Sara Church and Lizzie Herskovitz are leading the charge in Connecticut. After identifying a strong list of spokespeople who were prepared to give interviews with reporters, they distributed a media pitch and are now in the process of following up in hopes of generating some press coverage.

The tools guiding all of these efforts can be found in the online OMOT toolkit at www.midwife.org/OMOT-toolkit. The 2-part toolkit was created last year to help ACNM members deliver OMOT messages locally, where they will gain traction and build a grassroots effect among communities that have access to midwives and midwifery care. The first part contains documents to help launch Our Moment of Truth™ locally. It guides ACNM affiliate leaders, midwifery practices, education programs, and other groups of ACNM members through a series of steps designed to produce media coverage of the Our Moment of Truth™ (OMOT) campaign while bolstering interest in midwifery in their local communities.

Part 2 is our Talk With a Midwife program, designed to help the user continue integrating information and resources on midwifery and women’s health into their communities after the local Our Moment of Truth™ campaign launch.

The national office communications department also provides a calendar, which serves as a timeline for activities and actions in a clear, easy-to-use format. It helps guide each week’s actions by announcing the OMOT campaign and/or the Talk With a Midwife program to local communities. The timeline should be used in conjunction with the toolkit materials.

While the 6 affiliates currently involved in the program hope to report more about their progress— and successes— soon, all affiliates are encouraged to use the toolkit materials located at www.midwife.org/OMOT-toolkit to roll out the program locally in their own communities. Please contact clynam@acnm.org if you have any questions about the campaign.
change element. The process outlined encourages all stakeholders to be engaged in implementing specific elements of change that meet their unique areas of interest or unit-based needs.

This leads into the next section: the “Menu of Change.” This menu houses the bulk of the BirthTOOLS resources. Elements include:

- Promoting spontaneous onset of labor
- Transitioning into the birth setting
- Promoting progress in first stage labor
- Assessment of fetal well-being
- Comfort and coping in labor
- Physiologic approaches to second stage labor
- Nutrition and hydration during labor
- Dyad care during the immediate postpartum phase

Each element’s section includes an introduction to the base of evidence supporting the change, a review of key outcomes that result from the change, and a collection of resources that can assist maternity care professionals in implementing the change. Resources include model policies, guidelines from national organizations, algorithms, staff education materials, and a list of references to support the information provided in the introduction of the section. For example, specific resources under the section “Comfort and Coping” include methods to assess a woman’s comfort, an evidence-based algorithm that guides the process, and a selection of interventions for the maternity care professional to use in supporting a woman’s comfort and coping in labor. Audit tools and exemplar policies are included in these sections and can be used as a template for other users.

Find the TOOL for You

There is also a general “TOOL BOX” that can be searched by the overall content area, such as “Comfort and Coping:” by type of resource (e.g., guideline, staff education, position statements;) or by key word or phrase, such as “water immersion.” This function supports users of the site to locate the unique resources they need to support their change process or to augment the processes they already have in place to maintain a specific care practice without sifting through multiple sections or elements of change.

Built-in Success Stories

A unique feature of the resources are “Stories of Improvement” which includes case studies highlighting institutions, practices, or individuals that successfully implemented some of the care practice changes advocated by the consensus statement. For example, one story of improvement focuses on how a health system was able to implement a policy to support intermittent fetal auscultation. Another case highlights a health system’s successful efforts in introducing nitrous oxide as an alternative comfort measure.

A TOOLkit for All Providers

Taken together, these valuable resources available in the toolkit Web site have been compiled and collated to make it easy for midwives and other maternity care professionals to implement the changes that are needed to improve spontaneous birth rates in the United States. Visit www.BirthTOOLS.org after the Annual Meeting launch to find the tools you need to help you advocate for women, educate others, and articulate the value of midwifery care to maternity care stakeholders and the public.

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State Legislative Update

Continued from page 9

greater fragmentation of care.” Because CNMs are licensed similarly to NPs and have a much broader scope of practice than LMs, it is anticipated that the CNMs will face similar opposition in the state. The national office is working closely with the California Affiliate on next steps in their journey to achieve autonomous practice. California members are encouraged to get involved and check out http://bit.ly/1hLs05F.

eckinzelman@acnm.org
The Winter issue of *Quickening* presented the results of the Division of Global Health’s survey, which identified ACNM members’ interests in participating in global health projects. One of the more fascinating aspects of the survey was the wide variety of experiences ACNM members have participated in around the world, and the vast number of locations in which those experiences have occurred.

Almost half of the survey respondents had done some kind of midwifery-related work in Latin America and the Caribbean. The top 4 countries identified as sites of participation were Haiti, Guatemala, Mexico, and Honduras. There are several non-governmental organizations (NGOs) and missionary groups that incorporate midwives into their activities in Latin America and the Caribbean; the opportunities provided include hands-on experience as well as teaching nurses, midwives, and physicians and providing public health support. ACNM members have participated in all of these activities, for periods of time ranging from a few weeks to as much as several years.

The fifth most-visited country in the world was Kenya; overall, almost 35% of respondents reported experience in the continent of Africa. Many of the experiences ACNM members have had in Africa were as Peace Corps or missionary volunteers, though many also have worked with Doctors Without Borders or have participated in Life Saving Skills or Home-Based Life Saving Skills projects. In addition to Kenya, the global reach of ACNM has been welcomed in Burkina Faso, Cameroon, Chad, Gambia, Ghana, Madagascar, Malawi, Mauritania, Niger, Sierra Leone, South Africa, Tanzania, Uganda, West Africa, Democratic Republic of the Congo (formerly Zaire), and Zambia.

The results of this survey create an amazing resource and reference for our membership, as well as for the Department of Global Outreach. As ACNM looks to develop stronger relationships with midwives worldwide, it is clear that our membership has a lot to offer!

If you would like to stay in touch with the Division of Global Health and the other ACNM members who have an interest in global health, you can subscribe to the International eMidwife Discussion Group (see [www.midwife.org/eMidwife-Discussion-Groups](http://www.midwife.org/eMidwife-Discussion-Groups)). You can also join us on the ACNM Department of Global Outreach and Division of Global Health Facebook page at [http://on.fb.me/1guK79F](http://on.fb.me/1guK79F). Members frequently post opportunities for training and participation in global health, as well as share information about projects and programs of interest.

If you are interested in getting more involved with global health through the ACNM volunteer structure, consider joining the Division of Global Health and participating in division activities. Contact Jody Lori, division chair, at [jrlori@umich.edu](mailto:jrlori@umich.edu).

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**ACNM member Ebony Roebuck Honored with REAL Award**

Ebony Roebuck, CNM, receives her 2014 REAL Award at a Save the Children event in Washington, DC on April 9. The REAL Awards honor health workers worldwide who save and improve lives through their care and dedication. Roebuck is clinical director of MOMS (Midwives of Medstar) at Washington Hospital Center in Washington, DC, a full-scope midwifery practice which provides CenteringPregnancy and hydrotherapy, is in the process of completing its official Baby-Friendly Hospital status, and will soon offer nitrous to their clients. Washington Hospital Center’s clients are mostly from underserved populations, and they have great outcomes. Congratulations, Ebony! Ebony Roebuck, CNM, receives her 2014 REAL Award at a Save the Children event in Washington, DC on April 9.

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**Curious what your fellow midwives are up to abroad?**

Robin Hale, CNM, recently visited with President Barack Obama’s grandmother, Sarah Onyango Obama, in Kenya, where she is affectionately referred to as “Mama Sarah.” Mama Sarah then shared a photo of her grandson from a visit to her village during his college days!

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 Ebony Roebuck, CNM, receives her 2014 REAL Award at a Save the Children event in Washington, DC on April 9. The REAL Awards honor health workers worldwide who save and improve lives through their care and dedication. Roebuck is clinical director of MOMS (Midwives of Medstar) at Washington Hospital Center in Washington, DC, a full-scope midwifery practice which provides CenteringPregnancy and hydrotherapy, is in the process of completing its official Baby-Friendly Hospital status, and will soon offer nitrous to their clients. Washington Hospital Center’s clients are mostly from underserved populations, and they have great outcomes. Congratulations, Ebony!
The 30th Triennial Congress of the International Confederation of Midwives (ICM) is now only a month away. A delegation from ACNM will be among the 3500 midwives gathered in Prague, Czech Republic, June 1-5. The theme for this year’s Congress is “Midwives: Improving Women’s Health Globally,” a theme which reflects Millennium Development Goal 5: to improve maternal health. Members in attendance should feel free to wear the uniform—blue jeans, red scarf or turquoise jewelry, and a white button down shirt—and to join the ACNM delegation at any or all of the below activities.

The ACNM delegates are President Ginger Breedlove, CNM; immediate past President Holly Powell Kennedy, CNM; Vice President for Global Outreach Suzanne Stalls, CNM; Director of Professional Practice and Health Policy Tina Johnson, CNM; and CEO Lorrie Kline Kaplan. Be sure to check out Johnson’s scientific session on Thursday, June 5, 10:30 am-12 noon. Her presentation will cover ACNM’s Our Moment of Truth™ campaign’s innovative strategies to increase demand for midwifery services in the United States, where we outspend yet rank lower than many other industrialized and developing countries in maternal health outcomes.

ACNM will also have a booth in the exhibition containing educational materials and handouts from the national office as well as global health materials. Coordination efforts are ongoing; if you are attending ICM, please consider volunteering for a shift in the booth. Contact Tina Johnson at tjohnson@acnm.org for more information.

Above all else, the ICM Triennial Congress is about “the experience of thousands of midwives sharing excellence in practice, education, research, and much more; it is also about mutual support at a global level,” according to ICM President Frances Day-Stirk. To this end, the ACNM delegation encourages any US midwives in attendance to participate in the pre-Congress event “Voices of Midwives,” on Saturday, May 31, at 2:00 pm. To be held in one of Prague’s central parks, the event aims to announce that midwives have arrived for the world’s largest midwife event and they are united in their global call for improved care for mothers and their newborns. The song will be led by a local soprano and accompanied by a 40-piece Prague orchestra, alongside midwives from South Africa, Czech Republic, and Canada: the past, current, and future Congress hosts.

A live stream of “Voices of Midwives” will allow midwives in the 100 member countries of ICM to participate by watching online—a truly global event with midwives of the world singing together in the largest-ever midwives choir.

Visit www.midwives2014.org for more information about the schedule, keynote and social events, and the venue for the 30th Triennial Congress.

5 May 2014
International Day of the Midwife

The 2014 International Day of the Midwife engages stakeholders across the world to advocate for investments in midwives and midwifery, resulting in the wellbeing of mothers and newborns.

Continued from page 1

Katie Moriarty, CNM, PhD, RN, CAFCI, is a clinical assistant professor and former associate director of the nurse-midwifery education program at the University of Michigan and practicing midwife with Wayne State University Physician Group CNM service in Detroit, MI. She previously served ACNM as a member of the Directors of Midwifery Education.

“Everybody brings skills, talents, and ideas to the table,” she says. As Region IV representative, she plans to focus on ensuring that all of those qualities are engaged in her constituency. “You really need to be present. You need to show up, work as a group, and take things in. You have to be able to listen and hear what everyone is saying…If you’re going to be involved, you really have to put your foot into it and accomplish those goals, while motivating others to become involved.”

Moriarty received her MS in nurse-midwifery in 1993 and her PhD in 2007 from the University of Illinois at Chicago. She has practiced full-scope midwifery in a variety of settings since 1993.

Jane Dyer, CNM, PhD, MBA, FACNM, is an adjunct clinical associate professor and former director of the doctor of nursing practice program at Frontier Nursing University in Hyden, KY. She was the ACNM representative to the Pan American Health Organization Collaborative Partnership on Midwifery and won the ACNM Book Award in 2005. “I think the greatest priority is to bring the affiliates in line with the national organization so that there is continual communication, support, and information flowing in both directions,” she says of the newly-created Region VII. “That’s my role as region representative—to pull that communication network together so that everyone is in touch with everyone.”

Anderson has been active in global midwifery and nursing research and education since 1966. She received her MPH in international health in 1987 and DrPH in health education in 1989 from Loma Linda University School of Public Health and her certificate in nurse-midwifery from Stony Brook University in 1998.

ACNM 2014 Election: Official Results

Vice President
✓ Cathy Collins-Fulea, CNM, MSN, FACNM
  Jo-Anna Rorie, CNM, PhD, MPH, MSN, FACNM

Region IV Representative
Megan Arbour, CNM, MS, PhD
✓ Katie Moriarty, CNM, PhD, RN, CAFCI

Region VI Representative
✓ Jane Dyer, CNM, RN, PhD, MBA, FACNM
  Elisa Patterson, CNM, MS, PhD candidate

Region VII Representative
Deborah Kaiser, CNM, RN-C
✓ Barbara Anderson, CNM, DrPH, CHES, FACNM, FAAN

Nominating Committee
Becky Bagley, CNM, DNP
✓ Patricia Burkhardt, CM, LM, DrPH
  Christina Kocis, CNM, DNP
✓ Nichole Wardlaw, CNM

Eligible Voters: 5972
Web Ballots: 900
Paper Ballots: 93
Total Returns: 993
Percent Returned: 16.63%
Several years ago, ACNM and its members made a substantial commitment to the development of a strong and effective network of ACNM affiliates across the nation. It is a critical time in the gestation of ACNM’s affiliates: they have all been formed, but region representatives to the Board of Directors heavily support the leadership of many of these still-maturing organizations, aiding their development into effective entities that both provide value to their members and work locally to increase access to midwifery care for the women and newborns within their jurisdictions.

In an effort to ensure that ACNM’s regional structure operates most effectively, by reflecting a balanced workload and manageable geographic and affiliate representation assigned to each region representative, ACNM has modified its region structure to add a seventh ACNM region and region representative to the Board of Directors. The modification also rearranges many of the existing affiliates, distributing them more equally within each region, and in a geographically friendly way. Each region representative will now represent the members and support the leadership of an even 7 or 8 ACNM affiliates. These changes are both a reflection of and encouragement toward the continued growth of the midwifery profession in many areas of the country.

The new region structure, pictured below, officially goes into effect at the ACNM 59th Annual Meeting & Exhibition in Denver, CO. Be sure to check the map to verify the region you belong to, then attend your regional meeting on Thursday, May 15, 6:30–7:30pm. Connect with your representative, network with other midwives in your region, get news and notices of upcoming events, and celebrate!

**New Regions in Effect at Annual Meeting**

### Incoming ACNM Region Representatives

<table>
<thead>
<tr>
<th>Region</th>
<th>Name and Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region I:</td>
<td>Annie Gibeau, CNM, PhD</td>
</tr>
<tr>
<td>Region II:</td>
<td>Mairi Rothman, CNM, MSN</td>
</tr>
<tr>
<td>Region III:</td>
<td>Michael McCann, CNM, MS</td>
</tr>
<tr>
<td>Region IV:</td>
<td>Katie Moriarty, CNM, PhD, RN, CAFCI</td>
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<tr>
<td>Region V:</td>
<td>Lynne Himmelreich, CNM, MPH, FACNM</td>
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<tr>
<td>Region VI:</td>
<td>Jane Dyer, CNM, PhD, MBA, FACNM</td>
</tr>
<tr>
<td>Region VII:</td>
<td>Barbara Anderson, CNM, DrPH, FACNM, FAAN</td>
</tr>
</tbody>
</table>

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**Interested in Running for ACNM Office?**

Are you interested in running during the next cycle of ACNM elections? The ACNM Nominating Committee is the body that obtains candidates and prepares the ballot for the ACNM Board of Directors. Find out more about their process at [www.midwife.org/ACNM-Elections-FAQs](http://www.midwife.org/ACNM-Elections-FAQs).

The 2015 election cycle will include nominations for president elect, secretary, Region II representative, Region V representative, and the ACNM Nominating Committee. If you would like to be considered as a candidate, or if you know a midwife who you would like to nominate, please contact Julia Kessler at jlkmidwife@gmail.com, or Angy Nixon at anmidwife@netzero.net.
Midwives: Elevating Women’s Health

The ACNM 59th Annual Meeting & Exhibition is right around the corner! Prepare for total immersion: where you’re headed, you’ll be able to plug into the heartbeat of our profession and our organization at the same time as you fulfill your continuing education requirements, get up to speed on the latest advancements in midwifery practice, and take care of important College governance business. We know your presence will help elevate our conversation. We’ll meet you on the mountain.

It’s All Happening Here: Everything ACNM

Looking for the College’s onsite presence? Look no further than the Everything ACNM booth in the Exhibit Hall, where 8 ACNM entities come together to give you the inside scoop on what’s happening in the national office and beyond. Stop in during Exhibit Hall open hours to check out tables from:

- ACNM Communications
- A.C.N.M. Foundation
- Diversification and Inclusion Task Force
- Department of Global Outreach
- Government Affairs Committee
- Midwives-Political Action Committee (Midwives-PAC)
- Midwives of Color Committee
- Preceptors

As a full conference registrant, you’ll have the opportunity to earn 22 hours/2.2 CEUs onsite in Denver. You’ll also get free online access to 30 hours of popular education sessions after Denver in the improved online ACNM Live Learning Center (www.midwife.org/live-learning-center), a $299 ACNM CE value that is available for 2 years after the meeting.

And don’t forget to visit the ACNM Bookstore, where we’ll be selling the ACNM- and midwifery-branded merchandise, handbooks, client materials, and other products available in ShopACNM.com as well as some special items for the Annual Meeting.

Midwifery: Collage of Quality Care

The colors of women are bold and bright. Our shapes are both fluid and solid. The patterns of our lives are varied and elemental. Midwifery care blends this diversity into a greater whole, and elevates us all as one.

We were delighted to receive so many beautiful entries by talented artists for our first ever Annual Meeting Poster Contest. Full-color prints of Abbie Kleppa, CNM’s winning entry, “Midwifery: Collage of Quality Care” will be available in the ACNM Bookstore for $10 each. All profits will benefit the Women’s Bean Project—a social enterprise based in Denver that allows chronically impoverished and unemployed women to receive immediate income through a transitional job in gourmet food and handcrafted jewelry manufacturing.

Save the Date 2015: Washington, DC Area

Our nation’s capital will host the ACNM 60th Anniversary Annual Meeting & Exhibition June 26-30, 2015.
Find Your Special Interest at these Onsite Meetings in Denver

We have more onsite special interest group meetings and social events in Denver than ever before. There’s something for everyone; if you’re considering getting involved in ACNM, now is the time to get a taste for our volunteer structure. You won’t want to miss highlights like these:

- BYO-Breakfast and meet the Men of Midwifery on Tuesday morning 7:00-8:00 AM. The Gender Bias Task Force especially encourages male midwives and student midwives to attend, but anyone interested in supporting men in midwifery should stop by.
- Participate in one of 4 Diversification and Inclusion focus groups facilitated by Greater Good Consulting on Wednesday between 4:00 and 7:00 PM. Focus groups are organized around particular identities; interested midwives of color, midwives with less than 5 years of experience, certified midwives, and student midwives may sign up in the Everything ACNM booth.
- Join the Division of Global Health and USAID on Thursday 7:00-8:00 AM for Emerging Efforts for Ending Preventable Maternal and Newborn Deaths: Next Steps After Millennium Development Goals. Be the first to learn about the efforts that are currently underway to craft a global strategy for ending preventable maternal and newborn deaths after the end of the Millennium Development Goals in 2015.
- Find a fellow mentor or learn more about becoming an ACNM fellow at the ACNM Fellows “speed-dating breakfast” on Friday, 7:00-8:15 AM. Each participant will sit with a fellow and discuss their leadership mentoring needs. Attendees will change fellows every 5 minutes. Bring your CV to ask questions about the application process for the FACNM as well as to find a fellow to mentor you! This event is not open to students.

Refer to your Final Program onsite for the full list of meetings and activities.

And Stay a While

Take an extra day after the close of the meeting to really appreciate the stunning natural beauty of the Denver area. Sign up onsite for either of the tours, which are limited to 50 participants and are available on a first-come, first-served basis to all registered attendees and their guests. Buses will depart from the Sheraton.

The Rocks & Brews Tour
10:00 AM-3:00 PM (5 hours)

Take a panoramic ride into the foothills surrounding Golden, Colorado for a visit to 2 of Colorado’s most popular attractions. Your first stop will be Red Rocks Amphitheatre, an acoustic marvel where 9000 seats are set in the red sandstone rocks overlooking the city. Next up: MillerColors in Golden, Colorado. A visit to the largest brewery west of the Mississippi will include a 35 minute self-guided tour of the facility followed by freshly brewed samples in the beer tasting room.

Cost: $68 per person (Includes transportation, a professional tour guide, bottled water, a boxed lunch, and beer tastings.)
* Please Note: Attendees must be 21 years or older to participate in this tour.

A Celestial Day in Boulder Tour
9:00 AM-2:00 PM (5 hours)

This tour will be a true adventure of the senses as you take in the beautiful surroundings of Boulder. First you will travel to the nearby Chautauqua Park area, where a trailhead located just off the main road provides easy access to the beautiful foothills! The City of Boulder began preserving wild lands over 100 years ago and this popular hiking area is a direct result of those efforts. Hikers will enjoy an easy to moderate hike with some great views of the Front Range and the mountains beyond. Next you will venture into town to enjoy afternoon tea at The Boulder Dushanbe Tea House. Designed and built by more than 40 artisans in several cities of Tajikistan, the Tea House features a hand-carved, hand-painted ceiling as well as ornate ceramic panels. In addition to a tantalizing dining experience, you may sip the exotic teas for which Dushanbe is known.

Cost: $68 per person (Includes transportation, a professional tour guide, bottled water, and limited-menu lunch at the Tea House.)


Give Back to the Denver Community

Each year the ACNM community comes together to support a charity local to the Annual Meeting host city. This year, we’ll be collecting donations for Dress for Success Denver.

Dress for Success Denver (DFS Denver) serves women who are determined to escape the clutches of poverty and make a better life for themselves and their families. The majority of the approximately 8000 women DFS Denver has served are single mothers with an average of 3 children. All DFS programs are designed to help at-risk and underserved women obtain jobs, discover a career path, and obtain financial security. Dress for Success programming includes a professional clothing program, career center, job-readiness training with an 86% success rate, a professional women’s group, an internship program, and one-on-one coaching.

DFS Denver’s most pressing needs are:
- Jewelry (simple and conservative; sets are preferable)
- Purses (no canvas, beach, or denim)
- Shoes sizes 10 and up
- Plus-size separates (shells, blouses, pants, skirts, jackets, suits)

Bring your items to the collection bins onsite at the Annual Meeting.

Beanies for Babies

This year we’re also collecting knit caps for newborns. The caps will be collected onsite and given to Nurse-Family Partnership and La Puente-Alamosa.

ICM STANDARDS

ACNM Clarifies Position on Licensure and Regulation of Midwives

By Jesse Bushman, ACNM Director of Advocacy and Government Affairs

In March, ACNM’s Board of Directors approved an updated position statement titled “Principles for Licensing and Regulating Midwives in the United States in Accordance with the Global Standards of the International Confederation of Midwives.” The statement clarifies ACNM support for ICM’s standards as the basis for educating, licensing, and regulating midwifery in the United States.

According to ICM, the standards-setting documents are meant to “guide Midwives, Associations, and their Governments to review and improve on the education and regulation of midwives and midwifery, and enable countries to review their midwifery curricula for the production and retention of a quality midwifery workforce.” See the full text of the ICM standards at www.internationalmidwives.org.

ACNM Position

The ACNM statement takes the following key points:

- In the interest of public health and safety, any midwife seeking to practice in the United States should meet at a minimum the ICM’s “International Definition of the Midwife” and “Global Standards for Midwifery Education.” Only pathways to midwifery practice that are consistent with these standards are sufficient to produce qualified, licensed midwives.

- ACNM supports statutes and regulations related to midwifery licensure and practice that are consistent with the criteria of ICM’s standards “International Definition of a Midwife,” “Essential Competencies for Basic Midwifery Practice,” “Global Standards for Midwifery Education,” and “Global Standards for Midwifery Regulation.”

- ICM’s regulatory standards are based on the premise that health professionals are regulated at the national level. US health professionals are regulated at the state level. Therefore, ICM standards must be implemented on a state-by-state basis.

- States with statutes or regulations for midwifery licensure that are not consistent with ICM standards should revise their laws and regulations to bring them into accord with these standards.

- As policymakers adopt laws and regulations that meet ICM standards, they should work with midwifery organizations to help currently practicing midwives meet these standards within reasonable timeframes while protecting public health and safety.

- Licensure must be a precondition for practice. However, we note that the term “Licensed Midwife” is currently used in multiple ways in the United States, and definitions vary among states. Regardless of how that term is used or defined, state laws and regulations should require that all licensed midwives be competent to practice by obtaining licensure through a process consistent with ICM standards.

Emphasis on Consistency

The ACNM statement acknowledges that there are multiple, innovative pathways to midwifery education, but takes the position that each approach should be consistent with ICM standards, noting:

- In the United States, some approaches to midwifery education have not been accredited. Therefore, no independently verified record of consistency with ICM standards exists for these approaches. For example, at the time of this writing, the Portfolio Evaluation Process accepted by NARM as a pathway for CPM certification has not been accredited by a US Department of Education (USDE)-recognized agency.

- If a pathway to midwifery has not been accredited by an USDE-recognized agency, there is no assurance for faculty, students, certifying bodies, or the public that this pathway has met USDE or ICM criteria. Furthermore, a conflict of interest exists if a certifying body simultaneously defines and validates the educational path for individuals entering practice and also develops and administers the certifying examination.

- Experts involved in developing the ICM competencies and standards affirm that these core documents “provide the standards and guidelines for countries to develop, evaluate, upgrade, and strengthen the midwifery workforce.” Further, they note adherence to the ICM standards in the United States would mean that midwifery education programs are accredited by either ACME or MEAC and that CPM certification by NARM could include “preserving the portfolio evaluation process as one measure of assessment within an accredited education program that meets ICM standards.”

This new document will guide our advocacy efforts around midwifery education, licensure, and regulation. ACNM has created a more concise version of the document for use with policymakers. We encourage you to access both documents through ACNM’s Web site www.midwife.org (under Professional Resources/ACNM Documents) and review their content.
Earlier this year, the ACNM Bylaws Committee received a motion from ACNM member Patricia Burkhardt, CM, to consider a change in the name of the American College of Nurse-Midwives to the American College of Midwifery. This motion was seconded and submitted appropriately to the ACNM Bylaws Committee within the timeframes specified in ACNMs bylaws.

The laws of New Mexico (ACNM’s state of incorporation) require that nonprofit boards approve a resolution to authorize a name change motion in order for it to be voted on by the members.

This motion therefore received significant discussion at the most recent meeting of the ACNM Board of Directors in early March. Also participating in the discussion were Patricia Burkhardt, Bylaws Committee Chair Connie Swentek, and ACNM senior staff. The discussion touched on several key issues, including the impact of such a change on current discussions with other midwifery organizations through the US Midwifery Education, Regulation, and Association (US MERA) work group; the fact that of the 7 US MERA organizations that represent essential elements of the midwifery profession, ACNM is the only organization that does not carry a midwifery name; impact on ACNM’s ongoing public relations efforts to raise the visibility of ACNM and our members, and impact on our public awareness campaign Our Moment of Truth™; the need to clarify who and what ACNM represents; and how to allow for maximum discussion, exploration, and reporting of the implications of a name change prior to a vote by the members.

Based on this discussion, Burkhardt agreed to withdraw the motion for this year in favor of convening a task force to explore these issues. ACNM President Ginger Breedlove, CNM, has asked Burkhardt to chair the task force, which will be comprised of up to 10 members of the College from around the country who are interested in the issue and have time to dedicate to the goals of the task force. The task force membership will also include one board member, the ACNM Bylaws Committee chair, and one staff member.

In light of ACNM’s upcoming 60th anniversary, the ACNM Board has requested that the task force complete its work prior to the ACNM 60th Annual Meeting and Exhibition in Washington DC, June 26-30, 2015.

Access ACNM’s bylaws at www.midwife.org/bylaws, and learn more about US MERA at www.midwife.org/US-MERA. 

This is the leadership position you’ve been looking for –

**Director, Baystate Midwifery Education Program**

Baystate Medical Center, the Western Campus of Tufts University School of Medicine in western Massachusetts, seeks a strategic-thinking Director to provide leadership and oversight for our established Midwifery Education Program. The program is an autonomous post-baccalaureate certificate midwifery education program. It is located within the Department of Obstetrics and Gynecology in the Division of Midwifery and Community Health. The faculty is formally affiliated with Tufts University School of medicine. This program boasts a 100% pass on the first attempt at Board Certification by its graduates and enjoys a strong relationship with the Ob/Gyn practitioners at Baystate Medical Center.

This unique opportunity is for the person that is looking to blend the clinical with the educational leadership role. The Director will be part of a large, established clinical service while also directing the activities of the Education Program. The Director will be responsible for curriculum development, evaluation and revision, student selection and policy development.

A graduate of a Nurse Midwife Program with a minimum of a Master’s in a health-related field is required. Credentialing by the Medical Staff Office will be required in order to work clinically. Three to five years of full scope clinical experience and a minimum of 2 years of core faculty experience are required. Current involvement at the National level is a plus.

Discover more about this opportunity at ChooseBaystateHealth.org/ACNM/Quick or submit nominations directly to Susan DeJoy, CNM, PhD, Chief of Midwifery, c/o Lisa Scully, Senior Physician Recruiter, Baystate Health at Lisa.Scully@Baystatehealth.org.
ACNM Introduces Online Exam Prep Course

ACNM is proud to announce a new study option for graduates preparing to take the midwifery certification exam. For the first time, ACNM has published an online education series consisting of 6 self-paced, interactive modules. This new study option brings ACNM’s popular Exam Prep Workshop, held yearly at the ACNM Annual Meeting & Exhibition, to students who are not able to attend the meeting or who need to start studying at a different time of year.

Spearheaded by the ACNM Division of Education and developed by midwifery program directors and faculty, our new online series supplements the ACNM Exam Prep Workbook to create a comprehensive study guide for the American Midwifery Certification Board national certification examination. Each module contains an audio narrated PowerPoint presentation, featuring sample questions to test your knowledge, along with the rationale for correct answers and extensive online resources for content review. The modules also contain case studies designed to represent the most common scenarios a midwife might experience in practice.

In total, this is a professionally-produced education series that will serve as an excellent model for future online resources for ACNM members and others interested in midwifery-related topics. Course content was developed by faculty experts, including faculty and development lead Melissa Wilmarth, CNM, DNP, CNM, RN, chair of the ACNM Division of Education and clinical instructor of nursing for the distance midwifery education program at University of Cincinnati. Course development was managed by Suzan Ulrich, CNM, DrPH, FACNM, former associate dean for Midwifery and Women’s Health at Frontier Nursing University, who has extensive online education experience. All content was edited by Angela Hartley, managing editor of the Journal of Obstetric, Gynecologic & Neonatal Nursing.

We’re confident that the ACNM online exam prep course will help to allay anxieties as you prepare for the AMCB certification exam. The modules are available for purchase through the ACNM Live Learning Center. Access them at www.midwife.org/Exam-Prep-Modules-Online. egermano@acnm.org

Volunteer Structure

Are you wondering what kinds of activities the ACNM volunteer structure is up to? Have you considered volunteering your time but don’t know which organization to choose? ACNM has over 40 divisions, sections, committees, caucuses, and task forces. That’s over 40 groups from which you can find and pursue your special interest while giving back to your midwifery community. Take the Gender Bias Task Force, for example.

Exciting accomplishments and upcoming events for the Gender Bias Task Force:

• Look for the Task Force’s recently accepted article on male midwives’ experience of bias in an upcoming issue of the Journal of Midwifery & Women’s Health.
• Participate in upcoming Task Force survey on non-male midwives’ attitudes toward and beliefs about male midwives.
• E-mail men_in_midwifery-subscribe@yahooogroups.com to provide and/or receive support from your peers.
• Join the guys for an early breakfast on the first day of the 59th Annual Meeting in Denver! More details on page 21.

To learn more about ACNM’s volunteer structure and how to get involved, check Represent ACNM on page 28 to see who is currently seeking volunteers, or visit www.midwife.org/Organizational-Structure.

Great Work Sprouting Up

Continued from page 2

• We rallied our troops to provide new resources to our members to counter the most recent ACOG/AAP attack on water birth—see page 25.
• Last but not least: all the great work that you’re doing, which we hear about every day. Keep sharing your stories, your pictures, your media moments, and more with us and on social media. Midwives rock!

Hope to see you in Denver! lkaplan@acnm.org
Congratulations to the following midwives for passing the AMCB Midwifery Certification Exam, June-December 2013.

Kimberly Allard, CNM
Abiggail Alphonse, CNM
Nicole Anderson, CNM
Ashley Renee Anderson, CNM
Erina Phyllis Angelucci, CNM
Simona Lynn Asiatico, CNM
Amelia Baisden, CNM
Jodie Baker, CNM
Stefanie Anne Bates, CNM
Tanya Marie Belanger, CNM
Amy Belling-Dunn, CNM
Cathy Berkovitz, CNM
Laurel Bernstein, CNM
Melanie Noyes Bhambr, CNM
Sara Renea Brown, CNM
Jennifer Marie Cameron, CNM
Zarah Campion, CNM
Kirstin Carhart, CNM
Carmon Carlson, CNM
Melody Jean Castillo, CNM
Joy Cheng, CNM
Staci Janyce Cody, CNM
Johanna Congleton, CNM
Lori Jean Conley, CNM
Elizabeth Jane Contarino, CNM
Ann Marie Crump, CNM
Kathleen Elizabeth Cullen-Lutter, CNM
Katherine Lee Damon, CNM
Brittany Ann Diaz, CNM
Morgan Diram, CNM
Polina Dubinsky, CNM
Meredith Eades, CNM
Pamela Suzette Eisler, CNM
Alison Foster Engel, CNM
Hannah Epstein, CNM
Rachel J. Evans, CNM
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Elizabeth Kendrick, CNM
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Kimberly Marie Kirby, CNM
Rachel LaPorte, CNM
Paula Renee Lawrence, CNM
Phoebel Laurel Lehr, CNM
Anne Lewandoski, CNM
Shannon Lee Luczak, CNM
Lauren Marie MacGregor-Banak, CNM
McLain Shemill Mallory, CNM
Sarah Jane Mason, CNM
Luigina Mazzotta, CNM
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Kelly O’Connor, CNM
Erica Nicole O’Leary, CNM
Luisa Ariana Payan, CNM
Alison Peaper, CNM
Amber Marie Peasley, CNM
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Asht Victoria Randolph, CNM
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Janie Silver, CNM
Felicia Simmons, CNM
Jaclyn Smith, CNM
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Kaitlin Spanger, CNM
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Lindsey Stuart, CNM
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Sara Angel Van Acker, CNM
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Katy Lynn Warzecha, CNM
Daphne Washington, CNM
Kelli Corine Wilson, CNM
Heather Anne Wilson, CNM
Megan Workman, CNM
Mary Yoder, CNM
Patricia Young, CNM
Mary Yoder, CNM
Megan Workman, CNM
Mary Yoder, CNM
Patricia Young, CNM
Mary Yoder, CNM

ACNM Supports Water Birth as an Evidence-Based Option for Women

ACNM has been closely monitoring the media coverage since the release of the American College of Obstetricians and Gynecologists (ACOG)/American Academy of Pediatrics (AAP) Committee Opinion, “Immersion in Water During Labor and Delivery.” ACNM, ACOG, and AAP are in agreement that immersion in water during the first stage of labor may be associated with numerous benefits to women; however, ACNM believes this document does not accurately reflect the large and growing body of research that supports water birth as a reasonable choice for healthy women experiencing normal labor. Despite limitations, the best available research indicates that water birth is associated with perinatal outcomes similar to those expected in a low-risk population. For decades, midwives have successfully used hydrotherapy in the hospital, birth center, and home for relaxation and relief of discomfort during labor and birth. ACNM supports ongoing access to water birth and encourages more maternity care providers to become educated about its safe use in order to ensure that women are fully informed.

An official ACNM position statement on Hydrotherapy During Labor and Birth has been released. ACNM has also created a list of talking points to aid members in discussing the research on water birth and the Committee Opinion with women, colleagues, and administrators. A membership survey and new publications and resources on the subject in the Journal of Midwifery & Women’s Health will soon be available. ACNM is also leading a multi-stakeholder group of experts to explore the creation of joint practice guidelines for water birth. Stay tuned!

Download the new ACNM position statement on Hydrotherapy During Labor and Birth at http://bit.ly/1krxKmV.

Read the ACOG/AAP Committee Opinion at http://bit.ly/1mN3K4K.

See ACNM’s talking points for members at www.midwife.org/Water-Birth. You will need to login with your member ID and password.
Join the Foundation for an Evening of Fun in Denver

A.C.N.M. Foundation “Fun”raiser
Thursday, May 15, 8:00–10:00pm
Tickets: $50 Student tickets: $30

Going to the ACNM 59th Annual Meeting & Exhibition in Denver? Support the A.C.N.M. Foundation and enjoy an evening of side-splitting entertainment at the Chicken Lips Comedy Show! “Inside information” combined with social and political satire will lead to a fun-filled evening of improvisation, sketch comedy, and musical parodies especially designed for midwives, with a few special surprises thrown in for good measure. Denver-based Chicken Lips Entertainment has created comedy and music magic for more than 30 years, claiming to have amassed over 52 million laughs. Join us as we add another million laughs to their total!

Go Global: Call for Jeanne Raisler International Award for Midwifery Applicants

Established to honor the memory of Jeanne Raisler, CNM, and her commitment to midwifery and international women’s health issues, this award enables the recipient to gain experience in international midwifery through participation in a project designed to improve the health of women in a developing country. Applications for the Raisler Award will be accepted now through July 15 at www.midwife.org/Foundation-Scholarships-and-Awards. To be eligible, the applicant must be a CNM/CM or a student enrolled in an ACME-accredited midwifery program, and a member of the American College of Nurse-Midwives (ACNM). In addition, applicants must have an expressed interest in a career in global health, yet have limited international experience.

Preemie Prevention: 2014 Therese Dondero Memorial Lecture

Therese Dondero Memorial Lecture Saturday, May 17, 8:45–9:45am
Presented by: Sonia Hassan, MD

The Foundation’s annual Therese Dondero Memorial Lecture was established in 1986 in honor of and to keep alive the midwifery goals and ideals that Therese Dondero, CNM, represented as the founder of the North Central Bronx Nurse-Midwifery Service in New York. Past lecturers have included some of the nation’s foremost clinical scholars. This year is no exception: Sonia Hassan, MD, lead author of a groundbreaking clinical study that details a new method for preventing premature birth in millions of women, will deliver this year’s Dondero lecture, entitled “Progesterone and Preterm Birth Prevention: Which Agent, Which Patient?”

Dr. Hassan is director of the Center for Advanced Obstetrical Care and Research, part of the Perinatology Research Branch of the Eunice Kennedy Shriver National Institute of Child Health and Human Development, at the National Institutes of Health. The Center is housed at Wayne State University School of Medicine and the Detroit Medical Center in Detroit, Michigan. She is also director of the Maternal-Fetal Medicine Fellowship for the Perinatology Research Branch, Wayne State University, Detroit Medical Center, and associate director of the Combined Maternal-Fetal Medicine-Medical Genetics Fellowship.

Upcoming Deadlines

Applications for these Foundation Awards will be accepted throughout Summer 2014. Materials, specific deadlines, and award descriptions can be found at www.midwife.org/Foundation-Scholarships-and-Awards.

- JULY 15—Jeanne Raisler International Award for Midwifery
- TBA SUMMER—Thacher Community Grants
- TBA SUMMER—Leadership Development Awards (The “Thacher” Fellowship)
- ONGOING—Clinical Stars Award

We’ve Relocated!

A.C.N.M. Foundation, Inc.
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Clinical Notes Continued from page 13

providers who wrongly fear labor has become prolonged. Read the story at http://nyti.ms/1ICQBM4.

Influenza Hits Working-age Adults Hardest this Year

Young people and middle-aged adults accounted for 61% of influenza hospitalizations, according to the CDC. Last flu season, about 35% of flu hospitalizations were in people ages 18 to 64. People in that age range accounted for about 60% of flu deaths, compared to 18%, 30%, and 47% for the 3 previous seasons. One of the reasons flu is hitting this otherwise low-risk population hard is that such a small proportion get the flu vaccine. Read more at http://usat.ly/MEIyyQ.
It is particularly important to accurately identify the attending provider. The specifications for the 2003 standardized certificate indicate that:

*The attendant at birth is defined as the individual at the delivery who is responsible for the delivery. For example, if an intern or nurse-midwife delivers an infant under the supervision of an obstetrician who is present in the delivery room, the obstetrician is to be reported as the attendant. However, a person who is not physically present at the delivery should not be reported as the attendant. For example, if the obstetrician is not physically present, the intern or nurse-midwife MUST be reported as the attendant.*

Be clear about what it means, in your institution, for a midwife to be “under the supervision of an obstetrician.”

Any steps you can take toward ensuring the accuracy of birth certificate data will assist both the public and policymakers in understanding the contribution of midwifery toward the wellbeing of women and newborns.
**BULLETIN BOARD**

### Updated Fact Sheets Available in ACNM Online Media Kit

ACNM’s popular fact sheets Essential Facts about Midwives and CNM/CM-attended Birth Statistics have been updated with the most recent data from the CDC. Members may share these fact sheets freely online or download and print them for distribution in their interactions with women. Find the fact sheets and more great resources at [www.midwife.org/Media-Kit](http://www.midwife.org/Media-Kit).

### Get Comfortable with ACNM’s Live Learning Center

If you’ve attended an Annual Meeting in the last 3 years or plan to attend Denver, you should be familiar with ACNM’s Live Learning Center (LLC). Now is a good time to get acquainted with the process to claim your CEs and print certificates with our step-by-step instructions at [http://bit.ly/IjJSweR](http://bit.ly/IjJSweR), and make sure you’re getting credit for all the great education sessions you’ve attended! Start exploring at [http://midwife.org/Live-Learning-Center](http://midwife.org/Live-Learning-Center).

### NBCSII’s Year-end Reach: 25,000 Downloads

“Outcomes of Care in Birth Centers: Demonstration of a Durable Model,” also known as the National Birth Center Study II, has been downloaded an impressive 25,000 times since its release a year ago, making it the most-downloaded JMWHi article in 2013. For a refresher on the study, visit [www.midwife.org/NBCSII](http://www.midwife.org/NBCSII).

### Our Moment of Truth™ Consumer Document Available in ShopACNM

Professionally-printed copies of our consumer handout Normal, Healthy Childbirth for Women & Families are available via [www.ShopACNM.com](http://www.ShopACNM.com) for the cost of printing and shipping. The document is a great resource for clients, developed to help women who are pregnant or thinking about becoming pregnant. We’ve sold out before, so snag a pack of 50 for your practice today and check out our endorsers on the back! [www.ShopACNM.com](http://www.ShopACNM.com)

### REPRESENT ACNM

Join us! The following volunteer divisions, sections, committees, task forces, caucuses, or other ACNM organizations are currently recruiting members. Put your skills and interests to work advancing midwifery through participation in these important ACNM communities.

Are you interested in supporting the clinical scope of practice for midwives and improving access to practice opportunities? We are looking for interested individuals to join the Division of Standards and Practice sections for Business and for Clinical Practice. The Business Section focuses on addressing the gaps between reimbursement, scope of practice, recognition by third-party payers, best practices for reimbursement and billing, as well as developing resources for members of ACNM in those areas. The Clinical Practice Section addresses areas of education and information to support members in practicing to the full scope of their licensure, and to have the resources when necessary to expand their scope of practice in selected areas. If you are interested in working with national office staff and the other members of either the Business Section or the Clinical Practice Section of the DOSP, please download an application form from [www.midwife.org/Organizational-Structure](http://www.midwife.org/Organizational-Structure) and send your information to leadership@acnm.org.

The ACNM Division of Education (DOE) seeks volunteers for 2 vacant positions: Educational Policy and Preceptor Development and Support section chairs. Interested members may send their CV and completed ACNM Division/Committee Application Form (accessed at [www.midwife.org/Organizational-Structure](http://www.midwife.org/Organizational-Structure)) to DOE Chair Missi Willmarth at melissa.willmarth@uc.edu.

The Accreditation Commission for Midwifery Education (ACME) has 2 upcoming openings to serve on the Board of Commissioners. One of these commissioners will also serve as the site visit coordinator. ACME seeks members that meet a variety of criteria, including but not limited to: familiarity to the accreditation process; finance experience; commitment to quality improvement processes; integrity of character; leadership qualities; ability to critically assess and discuss issues; and willingness and availability to commit the time necessary to perform as a commissioner. Applicants are encouraged to address the above qualities and criteria in their CV and letter of inquiry and to encourage those writing letters of reference to address the same. Read the full vacancy announcement at [www.midwife.org/Board-of-Commissioners-Vacancy-Announcement](http://www.midwife.org/Board-of-Commissioners-Vacancy-Announcement).

In 2015, we will celebrate the 60th anniversary of the founding of ACNM. We’re forming a small committee to plan activities to mark the occasion. Qualifications include a gift for creativity, planning special events, a love of midwifery history and ACNM, and a commitment to a strong future. Responsibilities will include participation in monthly conference calls over the next year and assignments in between. Would you like to be on the team to help plan the celebration? If yes, send an e-mail with a cover letter and letter of interest to leadership@acnm.org.

The newly established ACNM Publications Committee will consist of 5 to 7 ACNM members to work closely with national office staff to plan and develop content for professional resources and publications, such as the ACNM handbooks currently available in ShopACNM. Committee responsibilities will be to help identify content gaps or topics worthy of publishing, evaluate and prioritize proposed projects, help develop an annual publishing schedule, and provide recommendations for retirement of products. Interested ACNM members may send a CV and letter of interest to Tina Johnson, Director of Professional Practice & Health Policy, at tjjohnson@acnm.org by April 30 with “Publications Committee” in the subject line.
REPRESENTING YOU

Throughout the year, dedicated volunteers and staff represent ACNM members at various meetings, workshops, conferences, and exhibits. Below is a sampling of how ACNM is representing your professional interests as well as the interests of women and their families.

Over the last 6 months, ACNM exhibited at the Centering Healthcare, Medicaid Health Plans of America, American Public Health Association, Association of Maternal and Child Health Programs, and National Student Nurses Association meetings. Special thanks to ACNM Senior Education Policy Advisor Elaine Germano, CNM; ACNM Director of Advocacy and Government Affairs Jesse Bushman; and the ACNM communications department for representing ACNM at these meetings.

Katharine O’Dell, CNM, attended a meeting of the Pelvic Floor Disorders Network Data Safety Management Board, established by the National Institutes of Health’s Eunice Kennedy Shriver National Institute of Child Health and Human Development to support ongoing work related to safety and effectiveness of management for pelvic floor disorders.

Mary Barger, CNM, attended a roundtable sponsored by the Patient-Centered Outcomes Research Institute. The Institute promotes research that helps people make informed health care decisions, and improves health care delivery and outcomes, by producing and promoting high-integrity, evidence-based information that comes from research guided by patients, caregivers, and the broader health care community.

Carol Hayes, CNM, attended a CDC Advisory Committee on Immunization Practices regarding safety and effectiveness of vaccines, including pertussis, influenza, and HPV. Barger’s presence on the advisory committee was also instrumental in the development of ACNM’s new vaccination resources.

Tina Johnson, CNM, and ACNM director of professional practice and health policy, attended a roundtable of the Institute of Medicine’s Value & Science Driven Health Care Best Practices Innovation Collaborative. This Collaborative focuses on team-based care and patient engagement. Its work will inform the US health care system and generate additional research and resources for clinicians and the public.

As always, a full list of all the meetings, conferences, workshops, and exhibits attended by ACNM or representatives of ACNM can be found online at www.midwife.org/See-How-ACNM-Is-Representing-You.

An Answering Flame: From the Journals of a Horseback Nurse-Midwife

Honorary ACNM Fellow Doris Reid, CNM, began her career as a nurse-midwife at a supremely challenging time and place. In 1942 she answered a plea for nurses in southeastern Kentucky’s Frontier Nursing Service (FNS). Founder Mary Breckinridge desperately needed help when her British-trained nurse-midwives left her organization to return home to England where German bombs were dropping on homes and hospitals.

Doris served the FNS throughout World War II and later wrote an amateur memoir of her experiences. Doris’s niece, author Margo Mowbray, believed her remarkable stories needed wider appreciation. Mowbray researched the Frontier Nursing Service and gathered historic photos to include in her 206-page book, An Answering Flame. Although the book is fiction, each story is based on actual episodes from Doris’s journals and others Mowbray discovered in her research.

The determined nurses carried on in spite of fires, floods, droughts, the Great Depression, and World War II rationing, all the while working within a culture completely different from that of the nurses’ own upbringing. Mowbray places you right in the saddle with the horseback FNS nurse-midwives as they ascend rugged hollows day or night, winter or summer. With only what they could carry in their saddlebags, they caught babies and treated injuries, gunshots, crippling burns, and illnesses that had long been eradicated elsewhere in the United States. The nurses’ professional care greatly improved general health and reduced the maternal death rate below the national average, all in one of America’s most remote regions.

Having conducted historical research about the Frontier Nursing Service and written nonfiction accounts of its historical legacy, I was thrilled at the prospect of reading a new historical fiction work about the Frontier Nursing Service. This compelling and historically accurate book did not disappoint. From the first page, I was captivated by the heroine and her struggle to find the courage to face each challenging but rewarding day in the Kentucky mountains. I highly recommend this book to readers who appreciate historical fiction and those with a love of adventure-filled stories.
Journal of Midwifery & Women’s Health to Commemorate 60 Years with Special Series

In 2015, the Journal of Midwifery & Women’s Health (JMWH) and the American College of Nurse-Midwives (ACNM) will celebrate their 60th anniversary. JMWH will commemorate this milestone with a special series of articles throughout the year that will be unified by our anniversary theme: Looking Back, Moving Forward. Each issue will focus on an area of interest with special significance to midwives, such as midwifery history, professional relationships, clinical practice, global health, public health, health care policy, advocacy, education, and future directions of midwifery. In addition to reviewing important events and developments of the past decade, our goal is to examine the current role of midwifery in health care and the ways we can promote excellence in midwifery and advance the health and well-being of women and newborns in the years to come. Related to this goal, the 2 CEU theme issues in 2015 will include articles that focus on Innovations in Midwifery (see right). The midwifery profession, ACNM, and JMWH have made great strides in the last 60 years, and we look forward to sharing this very exciting anniversary with our readers!

Call for Manuscripts for the 2015 CEU Theme Issues: Innovations in Midwifery

Appropriate topics include innovations in clinical practice, education, research, health care policy, advocacy, global health, public health, and other areas related to midwifery. Authors are invited to share new and emerging techniques, policies, practices, and other advances influencing their work. For example, a manuscript could address a novel clinical practice model or new education strategies. While manuscripts may focus on an individual practice or education program, the content must include broader implications and applicability. Research related to midwifery will also be considered.

Please send your proposed topic and contact information to JMWH Editor-in-Chief Frances E. Likis, CNM, DrPH, NP, FACNM, FAAN, at flikis@acnm.org before beginning to write a manuscript. The editors will evaluate manuscript ideas and advise authors of the suitability of their proposals.

The deadline for initial manuscript submission is July 15, 2014.

Share With Women

The handouts in this educational series address more than 50 women's health topics, including 10 available in Spanish. Download, print, and share them for FREE at www.sharewithwomen.org.

ACNM President Ginger Breedlove, CNM, was extensively profiled in the online publication International Innovation from Research Europe. Her interview spanned the mission and history of ACNM as well as our current projects and efforts to advance midwifery. See the full profile at http://bit.ly/PiXTq2.

Feminist author Eleanor Bader reviewed Ellen “Cohen” (pen name), CNM’s poignant memoir Laboring: Stories of a New York City Hospital Midwife, for TruthOut.org. Read the synopsis at tinyurl.com/nurlvkk.

Michelle Collins, CNM, appeared on Good Morning America to talk labor, delivery, and nitrous oxide: http://abcn.ws/1cOThLT.

Kim Dau, CNM, and Jesse Bushman, ACNM director of advocacy and government affairs, shed some light on murky Affordable Care Act provisions regarding insurance coverage for midwives and birth centers. Access the Washington Post article at http://ht.ly/uf0xsG.

A video story from the Voice of America features ACNM director of professional practice and health policy Tina Johnson, CNM, defending the legitimacy of planned home birth as a safe option for women after a study was published in the American Journal of Obstetrics & Gynecology that claimed home birth led to higher neonatal morbidity and mortality. Watch at http://bit.ly/1hKfEP6.

Jenna Shaw-Battista, CNM, pushed back against the ACOG/AAP statement on water birth in this blog from NPR: http://n.pr/1llehKxL.

The New York Times profiled the midwives of Tuba City Hospital, a Navajo Nation and Indian Health Service hospital that uses a low-tech approach in a higher-risk population—with great outcomes. See what lessons you can learn at http://nyti.ms/1m7cP5J.
Wondering where all our guidance on the Affordable Care Act (ACA) is hiding? In our last membership survey, we tried to gauge your awareness of ACNM’s materials on the ACA. Most of you told us that you either did not know of their existence, or do not know where to find them.

If you hover over or click on the Advocacy tab from the www.midwife.org homepage, you’ll see the Issue Areas heading. Under Issue Areas is a series of issues of importance to ACNM. Implementation of the Affordable Care Act is one of those issues.

Many people think of the ACA as an expansion of insurance coverage either through Medicaid or the Health Insurance Marketplaces. These are core provisions of the Act, but it is many hundreds of pages long with provisions that go well beyond just those related to expanding coverage. Among those provisions are several key items impacting midwifery.

**Government Resources**

On www.midwife.org, we have first listed government resources. These include:

- The full text of the ACA
- The official government sites for both consumers and providers, where you can sign up for coverage or get audience-specific information on changes brought on by the ACA.
- The Congressional Budget Office’s ACA site
- A comprehensive listing of regulations issued to implement all aspects of the ACA.
- Specific information on ACA provisions that are related to women.

**Non-Governmental Resources**

We then list a series of reliable non-governmental resources for tracking ACA implementation, including:

- The Kaiser Family Foundation
- The Commonwealth Fund
- The National Conference of State Legislatures
- The National Academy of State Health Policy

In addition, we have linked to a plain language section-by-section summary of the ACA, so you won’t have to wade through the statutory language to figure out what’s going on.

**ACNM Resources**

In the ACNM Resources section, you’ll find a recorded webinar that ACNM held jointly with HRSA in November 2013. This webinar gives an overview of coverage expansion under the ACA, specifically focusing on midwifery, and how to help your clients enroll. We have also posted our analysis of coverage requirements for birth centers under Medicaid and the Health Insurance Marketplaces. After that, we include a whole series of short issue briefs covering specific provisions of the ACA which impact midwives. Finally, we have included comment letters that ACNM has either authored or signed onto that seek to influence the ongoing implementation of the law.

**Enrollment**

The 2014 annual enrollment period for coverage through the Health Insurance Marketplaces ended March 31. The next open enrollment period, for coverage beginning in 2015, will run from November 15, 2014 through February 15, 2015. The limited enrollment period is to encourage people not to wait to enroll until they get sick, which would drive up premium costs for everyone.

If your clients have not enrolled, there are a set of specific qualifying events that may allow them to enroll outside the annual enrollment period. These qualifying events are:

- Loss of minimum essential health insurance coverage (for example, losing a job through which coverage was provided)
- Gaining a dependent through marriage, birth, adoption, placement for adoption, or placement in foster care
- Gaining citizenship or lawfully present status
- If the prior enrollment in a Marketplace plan was unintentional, inadvertent, or erroneous and is the result of an error, misrepresentation, or inaction on the part of the Marketplace or its agent of the government
- If the Marketplace plan in which the person is enrolled substantially violates a material provision of its contract
- Becoming newly ineligible or eligible for premium tax credits or experiencing a change in eligibility for cost-sharing reductions
- The individual or his/her dependent gains access to new plans as the result of a permanent move

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The Affordable Care Act Opens Access to Preventive Services

By Carol E. Hayes, CNM, MN, MPH

One important tenet of the Affordable Care Act dictates that private insurance companies, as well as insurance plans offered through the Marketplaces, must pay for certain preventive services at no cost or co-pay to the patient. These services include most adult immunizations and certain screenings, including gestational diabetes, STIs, and breast cancer. All new health plans will now be required to cover vaccines recommended by the CDC Advisory Committee on Immunization Practice (ACIP) for adults and children of all ages.

The following services will be provided at no cost or cost-sharing to consumers as long as they are administered by an “in-network” provider:

- FDA-approved contraceptive methods, and contraceptive education and counseling.
- Breastfeeding support, supplies, and counseling.
- HPV DNA testing, for women 30 or older.
- Sexually transmitted infection counseling for sexually-active women.
- HIV screening and counseling for sexually-active women.
- Routine screening for iron deficiency anemia in asymptomatic pregnant women.
- That clinicians screen all pregnant women for HIV, including those who are not at increased risk.
- That clinicians screen all pregnant women for syphilis infection.
- That clinicians screen women of childbearing age for intimate partner violence.
- That clinicians screen all pregnant women at their first prenatal visit for gestational diabetes.
- That clinicians screen all pregnant women at their first prenatal visit for breast cancer.
- That clinicians screen women aged 12 to 16 weeks’ gestation for Rh incompatibility.
- That clinicians screen all pregnant women aged 12 to 16 weeks’ gestation or at the first prenatal visit, if later, for abnormal results on a test to screen for Rh incompatibility.
- That all women planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 μg) of folic acid.
- That clinicians screen all pregnant women for hepatitis B virus infection at their first prenatal visit.
- That clinicians screen all pregnant women for HIV, including those who are present in labor who are untested and whose HIV status is unknown.
- That clinicians screen women of childbearing age for intimate partner violence, such as domestic violence, and provide or refer women who screen positive to intervention services. This recommendation applies to women who do not have signs or symptoms of abuse.
- That clinicians ask all pregnant women about tobacco use and provide augmented, pregnancy-tailored counseling to those who smoke.
- That clinicians screen all pregnant women for syphilis infection.

For more information about preventive services covered by the Affordable Care Act, go to www.healthcare.gov/what-are-my-preventive-care-benefits.

Coverage under Medicaid

Unfortunately, the ACA does not require state Medicaid programs to cover the same services. For information on which preventive services and vaccines Medicaid pays for in your state, please refer to the Kaiser Family Foundation Issue Brief “Coverage of Preventive Services for Adults in Medicaid” (http://bit.ly/1i85oYW).

The following is a list of preventive services specific to pregnant women that have a rating of A or B from the US Preventive Services Task Force. These services are covered by the ACA. The full list of A and B rated recommendations is available at http://bit.ly/1nYpA6X.

USPSTF A and B Recommendations for Pregnant Women

<table>
<thead>
<tr>
<th>Topic</th>
<th>USPSTF Recommendation</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anemia screening</td>
<td>Routine screening for iron deficiency anemia in asymptomatic pregnant women.</td>
<td>B</td>
</tr>
<tr>
<td>Bacteriuria screening</td>
<td>Screening for asymptomatic bacteriuria with urine culture in pregnant women at 12 to 16 weeks’ gestation or at the first prenatal visit, if later.</td>
<td>A</td>
</tr>
<tr>
<td>Breastfeeding counseling</td>
<td>Interventions during pregnancy and after birth to promote and support breastfeeding.</td>
<td>B</td>
</tr>
<tr>
<td>Chlamydial infection screening</td>
<td>Screening for chlamydial infection in all pregnant women age 24 years and younger and for older pregnant women who are at increased risk.</td>
<td>B</td>
</tr>
<tr>
<td>Folic acid supplementation</td>
<td>That all women planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 μg) of folic acid.</td>
<td>A</td>
</tr>
<tr>
<td>Gonorrhea screening</td>
<td>That clinicians screen all sexually active women, including those who are pregnant, for gonorrhea infection if they are at increased risk for infection.</td>
<td>B</td>
</tr>
<tr>
<td>Hepatitis B screening</td>
<td>Screening for hepatitis B virus infection in pregnant women at their first prenatal visit.</td>
<td>A</td>
</tr>
<tr>
<td>HIV screening</td>
<td>That clinicians screen all pregnant women for HIV, including those who are present in labor who are untested and whose HIV status is unknown.</td>
<td>A</td>
</tr>
<tr>
<td>Intimate partner violence screening</td>
<td>That clinicians screen women of childbearing age for intimate partner violence, such as domestic violence, and provide or refer women who screen positive to intervention services. This recommendation applies to women who do not have signs or symptoms of abuse.</td>
<td>B</td>
</tr>
<tr>
<td>Rh incompatibility screening</td>
<td>Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care.</td>
<td>A</td>
</tr>
<tr>
<td>Rh incompatibility screening</td>
<td>Repeated Rh (D) antibody testing for all unsensitized Rh (D)-negative women at 24 to 28 weeks’ gestation, unless the biological father is known to be Rh (D)-negative.</td>
<td>B</td>
</tr>
<tr>
<td>Tobacco use counseling</td>
<td>That clinicians ask all pregnant women about tobacco use and provide augmented, pregnancy-tailored counseling to those who smoke.</td>
<td>A</td>
</tr>
</tbody>
</table>

Adult Immunizations
- Hepatitis A & B
- Herpes Zoster
- Quadrivalent Human Papillomavirus vaccine
- Influenza
- Measles, Mumps, Rubella
- Meningococcal
- Pneumococcal
- Tetanus, Diphtheria, Pertussis
- Varicella

Preventive Care
- Additional services for adult women including
  - Well-woman visits.
  - Breast cancer mammography screenings.
  - Gestational diabetes screening.
  - Domestic and interpersonal violence screening and counseling.
How Vaccines Protect Women

As midwives, we want to give the best care and advice possible. Many women seek our care because they want less intervention, and they know that midwives use medications judiciously. Many of us view vaccines in the same way and try other methods to prevent disease first. Unfortunately, this strategy is not always the safest approach.

The evidence shows that vaccines are the most effective way to protect against certain diseases. ACNM has partnered with the Association of State and Territorial Health Officials (ASTHO) and the Centers for Disease Control and Prevention (CDC) on a new project to help midwives improve vaccination rates in vulnerable populations, especially pregnant women. ACNM has created a suite of resources for midwives and women, including talking points, patient education resources, and information on how to become a “vaccinator,” including practical tips for obtaining and storing vaccines, and for billing and coding. View and download them at www.midwife.org/immunizewomen.

ACNM has also joined with other health care providers in encouraging pregnant women to get immunized against influenza (see the joint letter at http://bit.ly/1kryFnm). The Journal of Midwifery & Women’s Health was the first non-medical journal to publish the CDC’s Adult Schedule of Immunizations, and did so jointly with CDC Morbidity Mortality Weekly Report, the American College of Physicians, the American Academy of Family Physicians, and the American College of Obstetricians and Gynecologists.

The ACNM position statement on immunization status of women and their families, which can be viewed at http://bit.ly/1hhO2eY, states that the responsibilities of the CNM and CM include:

- Assessing the immunization status of all women.
- Recommending that all pregnant women are immunized with the inactivated Influenza vaccine and the Tetanus Diphtheria Pertussis vaccine, with each pregnancy.
- Providing women with current information regarding the control of communicable diseases by vaccination, the risks and benefits of immunizations, current immunization guidelines, and locations where immunizations are available in the community.
- Offering immunizations in the clinical setting when feasible.
- Maintaining currency in evidence-based information regarding the risks and benefits of available vaccines.

The last bullet is the most important. As busy practitioners, if we are not up-to-date on the latest immunization schedules, it is hard for us to give informed recommendations. The research is very clear on the safety of vaccines:

- Vaccines are not linked to developmental delays in children.
- Vaccines do not give you the disease, and complications are rare.
- Side effects from vaccines are usually minor, and are usually less serious than complications from the diseases they prevent.

- Vaccine-preventable diseases are alive and well, with increased incidence and deaths in recent years.
- Vaccination during pregnancy protects the mother from disease and provides passive antibodies to protect the newborn.
- When the mother is protected, her children are much less likely to become infected.
- Mercury is no longer in vaccines, except for multi dose influenza vials.

**SHARE a strong recommendation when beginning the discussion about vaccines with women.**

**SHARE** the reasons why the recommended vaccine is right for each patient based on her health status and risk factors.

**HIGHLIGHT** positive personal experiences with vaccination.

**ADDRESS** patient questions and any concerns about adult vaccines, including safety and effectiveness, in plain and understandable language.

**REMIND** patients that vaccine-preventable diseases still exist in the United States and can be serious for them as well as for friends and family members.

**EXPLAIN** the potential costs of getting disease, including serious health effects, time lost (missing work, activities, and family events), and financial costs.

For more information and resources, visit www.midwife.org/immunizewomen.

The most effective way to improve vaccination rates is for the midwife to make a strong clinical evidence-based recommendation. Research shows that a patient will accept vaccines more often if the clinician assumes they will get the vaccine. Vaccination rates are low when the clinician hesitates in recommending. Most women underestimate the severity of the disease and the safety of the vaccine.

As midwives, we can protect our communities by reducing cases of active vaccine-preventable diseases. We can protect ourselves, our families, and the women and families we serve by being up-to-date on our own immunizations. Keeping current on our own recommended adult vaccines, *as well as receiving our annual influenza vaccine*, limits exposing others to disease.

carolhayescnm@gmail.com

By Carol E. Hayes, CNM, MN, MPH

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Mountain Midwifery Center (MMC) is a freestanding birth center, nestled in the foothills of the Rocky Mountains near Denver, CO. We are a practice of independent certified nurse-midwives who, in addition to prenatal care, labor and birth services, and maternal postpartum care, provide newborn care for the first 2 weeks. Between 2010 and 2012, we cut newborn weight loss referrals in half with a unique, evidence-based approach, chronicled below.

Until around 2008, best-practice was to put babies to the breast and help them achieve a good latch. By 2009, the literature was clear that self-attachment (when a newborn travels from vaginal birth to the breast on its own) promotes good breastfeeding outcomes and bonding between mom and baby. Around the same time, immediate (2 hours) of skin-to-skin contact (SSC) was shown to improve breastfeeding outcomes, maternal confidence, and bonding, and prolonged SSC (4-72 hours) was shown to improve these outcomes in a dose-dependent manner. MMC already practiced uninterrupted SSC for 2-6 hours postpartum, but in 2011, we decided to extend our SSC expectations. Over the course of 8 months, we adopted the practice of self-attachment and implemented a program designed to increase SSC during the first 72 hours after birth. Midwives and nurses role-played self-attachment to figure out the new clinical skills required. Educators and front desk staff updated their curriculum and information about SSC so that all clients had time to prepare for 3 days of SSC. It was certainly a team effort.

We measured our success by evaluating the rate of babies who lost more than 10% of their birth weight, as these babies must transfer out of MMC care. The results were astonishing! Before we implemented self-attachment and prolonged SSC, 11% of our newborns transferred out of MMC care. But by 2012, only 5% of our newborns lost more than 10% of their birth weight. While both of these practices improved newborn outcomes, we believe the combination of the 2 is what led to such dramatic success. It is amazing what low-tech, no-cost, evidence-based care can achieve—all through one local independent birth center!

aubre@mountainmidwifery.com
ACNM Welcomes New Director of Membership and Marketing

The ACNM national office staff continues to strengthen with its recent hires. The newest team member is Salvador Chairez, who joined us in February as the director of Membership and Marketing.

Salvador comes to us with great experience and knowledge in membership, having spent the past 6 years at the Navy League, an organization with over 45,000 members.

We have already begun to see changes in the few short months since Salvador began working with us. Recognizing that more members makes ACNM stronger and more effective in our activities to support midwifery, he has spearheaded a lapsed member campaign targeting members who have lapsed within the past 2 years, encouraging them to rejoin our organization and reminding them how beneficial membership is to professional life as a midwife. In conjunction with Andre Owens, membership and data licensing coordinator, and Judy Barlas, membership and marketing coordinator, Salvador is examining departmental processes to ensure maximum efficiency and guarantee that ACNM members receive the best service when they contact the national office.

ACNM recognizes that our affiliates are the key to strengthening our organization and growing membership. Salvador’s particular sector of experience (the Navy League’s 45,000 members were organized into over 200 affiliates!) has sparked a shift in the membership department’s focus—a shift to focus on membership marketing, growing membership recruitment, and streamlining and improving member services. In light of these changes, I have moved departments, from the Advocacy and Government Affairs to the Membership and Marketing Department. This better aligns our structure inside the national office with ACNM’s current strategic priorities. We need a strong membership tied to a strong affiliate structure in order to achieve our goals; we need our national and state affiliate organizations to act in harmony to continue our growth as an organization and profession.

My position as affiliate relations manager remains largely unchanged. I still work very closely with Jesse Bushman, department director, and Cara Kinzelman, manager of state legislative affairs, in the Advocacy and Government Affairs Department. Cara and I will continue to hold bi-monthly Affiliate Connections webinars for affiliate leaders. We are also continuing work, along with the region representatives to the Board of Directors, on the Affiliate Leaders Workshop at the ACNM 59th Annual Meeting.

The ACNM national office staff is committed to strengthening affiliates to support our members in the trenches. These staffing changes will help coordinate and improve the efforts of the Membership and Marketing Department in working with and supporting the affiliates.

In addition to the experiences and enthusiasm Salvador brings to ACNM, he is also personally committed to midwifery, having partnered with CNMs with the birth of his 2 daughters. The ACNM community is lucky to have found such a qualified candidate for the job. Welcome, Salvador!

clevine@acnm.org

ACNM Members
Spreading the Word

The San Diego Chapter of the California Nurse-Midwives Association, along with other members of the Midwives Coalition of Greater San Diego, operate the phone banks for a KPBS pledge drive event on March 12. The Coalition also helped sponsor all 8 episodes of “Call The Midwife” season 3. As part of the sponsorship package, KPBS held a special screening of the premier episode followed by a panel discussion about midwifery. Learn more about the Midwives Coalition of Greater San Diego, a new coalition between San Diego-area CNMs and licensed midwives, and their efforts to increase public awareness of midwifery at www.callamidwivesd.org.
Where are the Midwives?
Workforce Challenges and Research Questions

by Kate McHugh, CNM, MS, MPH, FACNM and Mary Ellen Bouchard, CNM, MS

In order to avert a workforce shortage, the Midwifery Workforce Task Force will encourage a coordinated effort to study:

- the projected need for midwives
- analysis of the current workforce in midwifery
- clinical practice patterns
- populating the midwifery workforce
- attrition from the midwifery workforce

It’s no secret: the United States needs more midwives. Nearly half of US counties have no obstetrician-gynecologist, and even more women will seek women’s health care services as they obtain coverage under the Affordable Care Act.

In 2012, concern for an imminent workforce shortage prompted the ACNM Board of Directors to form the Midwifery Workforce Task Force. In March 2013, ACNM sponsored a briefing for representatives from the American Congress of Obstetricians and Gynecologists, universities, and various foundations to discuss the role of midwives in addressing women’s health care workforce issues.

The group agreed: a workforce shortage is impending, and midwives could contribute to the solution. However, we need to further understand the current status of the midwifery workforce, its barriers, and its challenges.

In response, the Midwifery Workforce Task Force proposed that data be gathered about currently certified midwives and their professional positions through the AMCB certification renewal process. To identify current data sources and recommend needed data, the task force met with representatives of HRSA and the National Center for Health Workforce Analysis (NCHWA), which produces detailed workforce projections across specialties.

Some national resources are vanishing, as illustrated by the recent defunding of the Health Workforce Information Center. However, a few states are generating their own health care workforce studies, and some include midwifery.

The task force encourages affiliates, doctoral students, and universities to engage in a coordinated effort of studies at the state and national level. To spur research within the midwifery community, the task force has identified 5 areas for future data collection: projected need for midwives, analysis of the current workforce in midwifery, clinical practice patterns, populating the midwifery workforce, and attrition from the midwifery workforce.

Information collected in these studies will detail the present supply of CNMs/CMs, identify areas of shortage and mal-distribution, and demonstrate the need for midwifery workforce growth. In addition to informing policy dialogue about the CNM/CM workforce, the data will potentially impact planning and funding of CNM/CM education programs and health care planning for states and jurisdictions that are dependent on CNM/CM care.

The task force’s goal is for these studies to foster dialogue and action at the local, state, and national level to avert a workforce shortage. In the months to come, more information will be available for anyone wanting to participate in a study. For now, please address questions to Elaine Germano at EGermano@acnm.org.

ACNM Resources for the ACA

Continued from page 31

- Individuals who are Indian, as defined by the Indian Health Care Improvement Act, may change enrollment one time per month
- Other exceptional conditions, as defined by each Marketplace
- The individual or his/her dependents, was not enrolled or did not receive premium tax credits or cost-sharing reduction as a result of misconduct on the part of a non-Marketplace entity providing enrollment assistance.

The ACA includes a significant number of provisions that are beneficial to midwifery and the women we serve, but they do come with significant economic costs and disruptions to existing coverage for many. ACNM will continue to monitor and respond appropriately to the evolving implementation of the ACA. Should you have any questions about the content of our Web site, please don’t hesitate to contact me at jbushman@acnm.org.

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Awards

The textbook Best Practices in Midwifery: Using the Evidence to Implement Change, edited by incoming ACNM Region VII Representative Barbara Anderson, CNM, and Frontier Nursing University President Susan Stone, CNM, was awarded a 2013 American Journal of Nursing Book of the Year Award for “Metastatic Choriocarcinoma in a Term Pregnancy.”

Practice Announcements

Del Mar Birth Center opened in South Pasadena, CA, on October 7, 2013. The birth center is home to 3 CNMs: Margo Kennedy, Callie Clark, and Sarah Obermeyer.

The St. Luke’s Nurse-Midwives and Women’s Health clinic opened in January 2014. CNMs Helene Reusser and Tamara Rolan were the first 2 hospital-employed nurse-midwives for the health system, and Tasha Parker-Cargo became the third CNM in March. We are located in Meridian, ID, and look forward to offering full-scope midwifery to the women in the Boise/Meridian area.

Obituaries

Roy M. Breedlove died on February 7, at home surrounded by his family. Surviving family members include Dorothy, his wife of 64 years, and his 4 children, including ACNM President Ginger Breedlove, CNM, and 8 grandchildren. Roy loved his family and was involved in community service, volunteerism, and support of the youth, always stressing the values of 4-H and sportsmanship. In his free time, Roy enjoyed traveling with Dorothy and their friends, gardening, fishing, and tending after his fruit orchard. The family suggests donations to the A.C.N.M. Foundation, Inc. www.midwife.org/ACNM-Foundation.

The life of our former ACNM event planner, Sharon Kirksey-Walcott, was too short, but the completeness with which she lived her 50 years was a testament to Sharon as a wife, mother, colleague, and friend! Following a valiant 2-year battle with stomach cancer, Sharon died on February 15. She leaves behind a host of beloved family and friends, most importantly, her husband Mark, and their 4 children, Tony, CJ, Maxwell, and Rainier. Although Sharon was not trained midwife, she spent over 10 years of her professional life as a midwife to the midwives of ACNM.

Virginia “Ginny” McAlister, SNM, a student at Frontier Nursing University, sadly lost her battle with metastatic cancer on February 8, leaving behind her husband Geoff, and 2 boys aged 4 and 2 as well as countless others who loved her. Ginny was diagnosed one year into her graduate midwifery program and she continued her coursework and clinical, all while being treated aggressively with surgery, radiation, and chemotherapy. Becoming a CNM was her life goal and became her dying wish. Ginny was awarded an Honorary Master’s of Science in Nursing 24 hours before she died. Frontier students and alumni are establishing the Virginia McAlister Scholarship, and encouraging anyone who knew Ginny, as well as those who didn’t, to visit www.frontier.edu/online-giving and make a donation. Please select “Scholarships” in the gift designation and type Virginia McAlister in the “Honoree” field.

Barbara Wisdom, CNM, a graduate of SUNY Downstate in 1983, was struck by a car and died suddenly in South Carolina on December 30, 2013. Barbara had recently retired from 30 years of active midwifery practice. It is with much regret from the New York Metropolitan area that we have lost a great midwife!

Births

Melissa Hatter, CNM, and Aaron Hatter announce the birth of Preston McKale Hatter on November 15, 2013, at 10:54pm at Baptist Medical Center East, Montgomery, AL. They would like to thank CNMs Lisa Blount and Vicki Brooks for their support as colleagues and care providers throughout Melissa’s childbearing experience. Preston joins big brother Ayden Blake Hatter, who was cared for and caught by CNMs in 2009.
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