# ACNM 60th Annual Meeting & Exhibition – Wednesday, July 1st – Education Sessions

**ES400 Expanding Options for Miscarriage Management**
Wed, July 1
7:00am-8:00am
CEUs: 0.1
Track: Clinical
Presented by: Mary Mittell, CNM
Summary: Traditionally, early pregnancy loss has been managed by either expectant management or by D&C. But expanding the options to include misoprostol management or in-office Manual Vacuum Aspirations (MVAs) better serves women and increases their satisfaction with the experience. This presentation will review how to diagnose miscarriage and explore four management options (expectant management, misoprostol, in-office MVAs and in-OR D&Cs). It will also review strategies for supporting and counseling women going through a miscarriage.

**ES401- ICM Format (*This new format clusters similar presentations together within the usual 60 minute time frame. The time will be divided between 2-3 presentations with a 10 minute Q&A period at the end. A moderator will be assigned to each cluster to help ensure that each presentation is afforded the appropriate time.)***
Wed, Jul 1
7:00am-8:00am
CEUs: 0.1
Track: Midwifery Matters – Business
**Understanding Your Practice Environment: Making an Informed Decision About Where to Work**
Presented by: Jesse Bushman, MA, MALA
Summary: In this session ACNM national office staff will use data to illustrate the difference in the practice environment for midwives among the states. If you are a student making a decision about where to seek work, or an experienced midwife facing a geographic move, this presentation will provide you with an array of data to help you understand what sorts of environments exist for midwives among the states. We will discuss the number and density of midwives an birth centers in each state, the proportion of births attended by CNMs/CMs/CPMs, the location of where these births are occurring, state regulations and laws impacting your ability to practice in the various states, the proportion of Medicaid covered birth (your major payer), how each state's and Medicaid payments stack up. A brief overview of payment methodologies will be covered as well as some pointers on getting your National Provider Identifier and Medicare billing numbers. Finally, we will cover the relative cost of birth and also provide some salary information.
**Avoiding career regret: How to find and get the job that is right for you**
Presented by: Ruth Zielinski, PhD, CNM; Lisa Kane Low, PhD, CNM
Summary: For most students, graduation is a time to feel a sense of accomplishment and excitement about what is to come. However, the thought of entering the job market can be daunting, particularly for the newly certified midwife/nurse-midwife as there are many factors to consider. This presentation will provide new graduates as well as other CMs and CNMs with some tips and strategies for finding, and then securing the midwifery position that is right for them. Each part of the employment seeking process is important and will be covered in this presentation, starting with developing your portfolio and CV. Exploring potential career opportunities will also be addressed, with an emphasis on ways to determine if a position is a “good fit” for you. The presentation will provide an overview of interviewing skills that will include the unique challenges that may face midwifery job applicants. Tips on how to integrate your own personality type, midwifery philosophy and longer term midwifery career goals will be covered. Next, how to negotiate successfully when you are offered a job will be discussed. Finally, what to do with “bad news” or negative experiences will be addressed. This abstract was developed in response to a request from the Student Issues Section of the DOE for more sessions geared toward students and new graduates that was forwarded to the DOME group.

**Hacks for the first 5 years: Advice and encouragement for young midwives**
Presented by: Caitlin LeGros, CNM, WHNP-BC; Rebecca Safley, CNM, WHNP-BC
Summary: Advice for midwifery students and new grads for the first 5 years of practice straight from the trenches. Find out how to survive a 24 hr shift, handle difficult personalities, ask questions without seeming incompetent and keep up clinically while staying sane. Advice on job applications, interviewing, working as a midwife in the tender first years, securing a mentor, working with nurses, work life balance and more. Straight from the mouths of midwives who have completed the first 5 years of practice and want to share "What we wish we knew". And the last 20 minutes is reserved for your burning questions and concerns.

**ES402- ICM Format (*This new format clusters similar presentations together within the usual 60 minute time frame. The time will be divided between 2-3 presentations with a 10 minute Q&A period at the end. A moderator will be assigned to each cluster to help ensure that each presentation is afforded the appropriate time.)***
Wed, July 1
7:00am-8:00am
CEUs: 0.1
Track: Global Midwifery
**Strengthening Midwifery in the Caribbean: Building the Caribbean Regional Midwives Association**
Presented by: Catherine Carr, CNM, DrPH; Irene G. dela Torre, CNM, MS; Marcia I. Rollock, RN, LM, BSc, MA; Debrah Lewis, CNM, MS
Summary: In 2012 a group of 30 midwives representing 13 Caribbean nations met with the goal of launching a regional midwifery association. The goal of the fledgling organization was to provide a forum for a united voice for midwifery and a way to share knowledge across multiple governments and regulatory bodies. In two years, the Caribbean Regional Midwives Association (CRMA) has become a strong voice for midwifery in the region as well as a sponsor of educational opportunities for member countries. This presentation will describe the development of the CRMA, its progress toward representation at regional and global levels, and the active work to strengthen midwifery education. CRMA presenters will address the challenges of working across 13 nations, a variety of regulatory and educational systems and small budgets. The achievements of the regional association can offer important global lessons for development of strong collaborative midwifery networks.
**Engaging Members in the ACNM - MAZ Twinning Project: A Two-Way Road to Strengthening Midwifery in the US and Zambia**
Presented by: Wreatha Carner, DNP, MN, CNM; M. Christina Johnson, CNM,MS; Lauren Anita Arrington, MSN, CNM
Summary: Join us on the path to building our global maternal health workforce by learning about and engaging in ACNM's Twinning Project with the Midwives Association of Zambia (MAZ)! This ICM-led initiative has sparked active two-way partnerships that are serving to strengthen midwifery associations, address education and practice challenges, and improve care internationally for women and families. At this session you will learn about the role of professional associations in workforce support and development, ACNM and MAZ strengths and opportunities, and the ACNM-MAZ Twinning relationship, action plan and how you can get involved today!

**ES403- ICM Format (*This new format clusters similar presentations together within the usual 60 minute time frame. The time will be divided between 2-3 presentations with a 10 minute Q&A period at the end. A moderator will be assigned to each cluster to help ensure that each presentation is afforded the appropriate time.)***
Wed, July 1
7:00am-8:00am
CEUs: 0.1
Track: Clinical/Miscellaneous
**Transfer from Planned Home Birth to Hospital: Improving Interprofessional Collaboration through the use of Best Practice Guidelines**
Presented by: Lisa Low, PhD CNM FACNM; Larry Leeman, MD, MPH; Saraswathi Vedam, RM, FACNM, MSN Sci D (hc)

Summary: Women's heightened interest in choice of birthplace and increases in rates of planned home birth in the United States (U.S.) have been well documented, yet there remains significant public and professional debate about the ethics of planned home birth potentially creating divisions between maternity care professionals. Seamless transfer of care when indicated from a planned home birth to the hospital setting is an essential component of safe home birth services. Integrated care systems for communication and collaboration across home and hospital based providers are uncommon in the U.S. When care is transferred across birth settings, confusion and conflict among providers with respect to roles and responsibilities can adversely affect both outcomes and the experience of care for women, newborns and families. The multi-disciplinary Home Birth Summit Collaboration Task Force, formed following the U.S Home Birth Summit in 2011, developed model guidelines for coordination among maternity care professionals to reduce risk for women and families. The document, Best Practice Guidelines: Transfer from Planned Home Birth to Hospital, provides a model for interprofessional collaboration that maternity care providers can adapt to their own regional and unit contexts. The guidelines, released in April 2014 are based on an extensive review of the evidence on methods to promote effective interprofessional collaboration, as well as a survey of various existing transfer documents, protocols, procedures, recommended practices by professional associations, and institutional and state-level standards for effective communication and documentation during transfer. The focus of this presentation will be on a review of the evidence base upon which the guidelines are based and then a discussion of how to promote dissemination and use of the guidelines by maternity care providers across all settings. Adoption of the guidelines by providers and hospitals has great potential for facilitating optimal integration of care across birth settings.

**Building Bridges: Practical Strategies for Midwife and Physician Collaboration**

Presented by: Autumn Vergo, NHCM, CPM, RN; Timothy J. Fisher, MD; Mary Lawlor, CPM, LM, NHCM

Summary: SUMMARY: This presentation focuses on Northern New England's initiatives to improve collaboration between community-based midwives and providers in the hospital system. The development of northern New England's innovative approach to improving communication and transport systems occurred simultaneously with a new, national emphasis on collaborative practice as described in the Homebirth Consensus Statements (2011) and the Homebirth Summit Best Practice Guidelines (Transport Statement, 2014). We will discuss the role of a regional perinatal improvement collaborative association, as well as programs and projects designed to improve inter-professional communication and patient safety.

**ES404 Wondering about waterbirth? Updates and answers from a expert panel on hydrotherapy practice, research and policy.**

Wed, July 1

7:00am-8:00am

CEUs: 0.1

Track: Clinical

Presented by: Jenna Shaw-Battista, PhD, NP, CNM; Elizabeth Nutter, CNM, DNP; Tina Johnson, MS, CNM; Shaunti Meyer, MS, CNM

Summary: Wondering about waterbirth? Join a panel of expert clinicians, researchers and ACNM Hydrotherapy Working Group members to discuss labor and birth in water, get your questions answered, and share your perspective on this controversial topic. Updates on the state of the science, ACNM activities, and positions taken by other maternal-child health organizations will be reviewed along with resources needed to successfully begin, sustain and improve waterbirth practices in diverse settings. Topics will include recommendations for discussing the evidence base with your clients and colleagues, how to apply research findings to your clinical care, and strategies for studying waterbirth outcomes in your practice setting. Upon conclusion of this interactive panel presentation, attendees will be able to share with colleagues the latest data and guidance for waterbirth to inform care and policy, and facilitate informed consent discussions with childbearing women who are interested in the non-pharmacologic pain relief and comfort provided by intrapartum hydrotherapy.

**ES405 Student Evaluation: The Comprehensive Exam**

Wed, July 1

11:00am-12:00pm
CEUs: 0.1
Track: Education
Presented by: Catherine Salam, CNM, MS, FACNM
Summary: Midwifery educators are dedicated to graduating students who are competent in the Core Competencies for Basic Midwifery Practice. We use a variety of methods of student evaluation throughout the midwifery program, both clinical and didactic. Most programs also administer a comprehensive exam in the final semester. In this session, we will explore advantages and disadvantages of exams developed within an individual program, or by a Consortium of educators from different programs, exam preparation for students, methods of administration (electronic vs. paper), item analysis, and relationship between the student's performance on a comprehensive exam and the American Midwifery Certification Board exam.

**ES406 You're Late You're Late for a very important date! Controversy and Evidence on Induction of Labor for Advanced Maternal Age**
Wed, July 1
11:00am-12:00pm
CEUs: 0.1
Track: Clinical
Presented by: Rebecca Dekker, PhD, RN, APRN; Sonja K. Billes, PhD; Alicia A. Breakey, MA, PhD Candidate; Mimi Niles CNM, MSN, PhD student; Robert Modugno, MD, MBA, FACOG; Angela Reidner, MS, CNM
Summary: Over the past several years, controversy has swirled around the evidence-base for labor induction in women who are 35 years or older. We will cover the epidemiology, language, history, guidelines, and research on induction for advanced maternal age, as well as the controversies, limitations and strengths of the available evidence. After attending this session, you will walk away with confidence in your ability to talk with clients about the potential harms and benefits of labor induction versus waiting for spontaneous labor when they are "late" to the childbearing scene.

**ES407 Exchanging Global Perspectives: The Experience of Two Midwife Fulbright Fellows**
Wed, July 1
11:00am-12:00pm
CEUs: 0.1
Track: Global Midwifery
Presented by: Holly Powell Kennedy, PhD, CNM, FACNM, FAAN; Marie Hastings-Tolsma, PhD, CNM, FACNM
Summary: The Fulbright program is an international educational exchange program designed to increase understanding between people of the U.S.A. and other countries. Initiated in 1946 by the U.S. State Department, awards have occasionally been awarded to recipients from midwifery, but with less frequency than other disciplines. Midwives, including students, are eligible to apply and are ideal candidates for this award, which offers a unique opportunity in understanding global health and cultural diversity. Fulbright awards can be short or long-term and may involve educational activities, clinical work, and research. Two midwives who have been Fulbright recipients describe their experiences teaching and conducting research in two different countries, England and South Africa, and offer suggestions for putting together a successful application package.

**ES408 Maternal Health Disparities: Why Race Matters**
Wed, July 1
11:00am-12:00pm
CEUs: 0.1
Track: Leadership
Presented by: Vernellia Randall, BSN, MSN, JD

Summary: Racial health disparities, particularly maternal health, is significant issue. This session: (1) describes the relevant health status of African Americans to White Americans (with specific attention on maternal and neonatal health); (2) define race and racism; (3) explain the role of race and racism in health care disparities; (4) explain the interaction of embedded social/ racial inequalities and personal behavior on health status with particular attention on the impact of racial stress on maternal health; (6) discuss discrimination in health care and it role in health disparities' (5) discuss the role of the law in eliminating racism and discrimination.

**ES409 Treatment of Willis-Ekbom disease/Restless Legs Syndrome during Pregnancy and Lactation: An International Consensus Statement**

Wed, July 1
11:00am-12:00pm
CEUs: 0.1 Rx: 1
Track: Clinical
Presented by: Jennifer Hensley, EdD, CNM, WHNP
Summary: 2-15% of the general population is affected by Willis-Ekbom disease/ Restless Legs Syndrome (WED/RLS). Disproportionately, 1 out of 3-4 pregnant women may develop WED/RLS symptoms to some degree, or up to 1.2 million women. Pregnant women may have pre-existing WED/RLS, or develop symptoms in the late 2nd or early 3rd trimester after volume expansion is near complete and physiologic anemia is present. WED/RLS disrupts sleep which adversely affects quality of life leading to daytime sleepiness, irritability, anxiety, depression, and longer labors with an increased risk of operative vaginal and Cesarean deliveries. Women can be reassured the symptoms abate almost immediately after delivery Recognizing the need for an algorithm for the diagnosis and treatment of WED/RLS during pregnancy and lactation, a committee of international experts spent 2 years evaluating the literature/research for efficacious and safe non-and-pharmacotherapeutic treatments. The consensus statement is ready for publication and endorsed by International, European, and US WED/RLS groups. The pathophysiology includes: 1) dopamine dysregulation that does not down regulate neuronal sensations during the early evening and night,; 2) iron deficiency that complicates production of a dopamine iron-dependent enzyme, tyrosine hydroxilase; and, 3) genetics. Now recognized as a hyperarousal sleep state, WED/RLS is being implicated in HTN, DM, MI, and pre-eclampsia. Women need to be screened, offered non/pharmacologic treatments, reassured, and not lost to follow-up. Our results are being disseminated to midwives, those who care for pregnant and lactating women and newborns because 1 out of 3-4 pregnant women may suffer from WED/RLS to varying degrees: mild-moderate-severe. Non-pharmacologic and pharmacologic treatments that are safe and efficacious are now in an algorithm. Many women may not require pharmacotherapy due to the powerful influence of the midwifery therapeutic presence.

**ES410 DOR Research Forum II**

Wed, July 1
2:15pm-3:15pm
CEUs: 0.1
Miscellaneous
Presented in this fourm:
1. Latina Mothers Knowledge and Attitudes Regarding HPV Vaccination for Their Children
(Rula Wilson, PhD, RN; Patricia Hindin, PhD, CNM)
2. Perinatal Intimate Partner Violence: The DOVE study provides considerations and strategies for caring for women
(Donna Schminkey, PhD, MPH, CNM; Camille Burnette, PhD, MPA, APHN-BC, RN, BScN, DSW; Jeanne Alhusen, PhD, CRNP, RN; Jacquelyn Campbell, PhD, RN, FAAN; Phyllis Sharps, PhD, RN, FAAN; Linda Bullock, PhD, RN, FAAN)
3. WomenTaking Charge of Changing Childbirth: A provincial community based participatory action research project
(Saraswathi Vedam RM, FACNM, MSN, Sci D(hc)

**ES411-ICM Format (*This new format clusters similar presentations together within the usual 60 minute time frame. The time will be divided between 2-3 presentations with a 10 minute Q&A period at the end. A moderator will be assigned to each cluster to help ensure that each presentation is afforded the appropriate time.)***
Wed, July 1
2:15pm-3:15pm
CEUs: 0.1
Track: Clinical

**For the Sake of The Children: Prenatal Screening For Domestic Violence**
Presented by: Cynthia Flynn, CNM, PhD, FACNM; Stanley A.Woody, MS, LMHC, DVPTP
Summary: Typical Domestic Violence training in CNM educational programs focuses on intimate terrorism (battering) which is primarily perpetrated by males on females. However, research shows that this type of behavior constitutes less than 10% of DV. This session will cover the other types of DV (90%), which are perpetrated equally by men and women; how to screen for these types of DV; how they are handled by the justice system; the effect of these types of DV on the children and therefore the next generation; when to refer; and tips for choosing good treatment programs.
ADDITIONAL INFORMATION: Currently, most state laws regarding DV are based on the Duluth Model, which says that men are socialized to be dominant, females to be submissive, and except in rare cases and self defense, females are not violent. This approach does fit the dynamics of intimate terrorism, where 95% of the perpetrators are males, and where victims end up in shelters, hospitals, or morgues. However, for other forms of DV, the issues are more complex, with etiologies for both perpetrators and victims in familiy of origin issues, social learning, attachment issues, and past trauma. Skills for both partners in boundary setting, assertiveness training, positive communication and conflict resolution skills, emotional self-regulation, empathy and active listening, and healing of past traumas are needed to break the cycle of violence. Healthy treatment for these families is both psychoeducational and psychotherapeutic. Most screening questions used by CNMs focus on intimate terrorism risks, where the odds that the woman is the perpetrator are very low. However, other types of DV are also very damaging to children--and fetuses; therefore, screening tools and interventions need to consider both partners. Failure to address the majority of DV plants the seeds for both perpetrators and victims in the next generation.

**Improving Identification, Access and Utilization of Mental Health Care for High Risk Pregnant Women: Interprofessional Mental Health Case Management in a Group Care Model**
Presented by: Debora Dole, PhD, CNM; Catherine Van Hook, MD; Sandee Ernst, MSW, LISW-S; Jennifer Boyers, BSN, RN; Lakisha Green, BSN, RN
Summary: Under diagnosed depression is a significant issue among pregnant women, particularly women of color. Untreated depression during pregnancy has been associated with poor outcomes for both mother and baby. Significant barriers to accessing mental health services often prevent women from receiving timely and appropriate care. Mental health provider and facility shortages compound the issue of providing timely and appropriate evaluation and treatment. Current options for treatment are limited to emergent/acute inpatient facilities or being placed on a “wait list”. The wait time for an evaluation appointment can be several weeks to months often resulting in poor attendance and compliance with treatment plans. This project evaluated the impact of interprofessional mental health case management in the context of a group care model with under-resourced pregnant women on accessing and utilizing mental health services. The interprofessional team included Certified Nurse Midwives, Licensed Independent Social Workers (counseling), registered nurse case managers, physicians, and mental health providers. Women attending antepartum group care sessions were screened at scheduled intervals for depressive symptoms, coping skills and perceived stress. Those women identified as "at-risk" for a mental health concern were case managed by an interprofessional care team which included on-site mental health counseling, external referral, and follow-up. Outcomes were assessed using a comparison group of women receiving traditional obstetric/antepartum care using standard (Intake and EPDS) identification and referral process.

**ES412 CDC's new guide, Planning and Implementing Screening and Brief Intervention for Risky Alcohol Use: A Step-by-Step Guide for Primary Care Practices**
Wed, July 1
2:15pm-3:15pm

CEUs: 0.1
Track: Clinical
Presented by: Lela McKnight-Eily, PhD; John C. Higgins-Biddle, PhD; Daniel W. Hungerford, DrPH; Megan R. Reynolds, MPH; Nancy E. Cheal, PhD; Mary Kate Weber, MPH; Elizabeth P. Dang, MPH; Joseph E. Sniezek, MD, MPH
Summary: This presentation will focus on CDC's new resource, "Planning and Implementing Screening and Brief Intervention for Risky Alcohol Use: a Step-by-Step Guide for Primary Care Practice". This guide was designed to help medical practices/practitioners make alcohol screening and brief counseling a routine part of their primary care environment. The presentation will describe the guide's steps and resources. The epidemiology of risky drinking and basic steps of alcohol screening and brief intervention (alcohol SBI) will be described.

**ES413 Changing the Face of Midwifery: Increasing Ethnic Diversity of Midwives by Mentoring Student Midwives of Color through an Innovative National Mentoring Program**
Wed, July 1
2:15pm-3:15pm
CEUs: 0.1
Track: Education
Presented by: Maria Valentin-Welch, CNM, MPH, FACNM; Felina Ortiz, CNM, DNP; Patricia Loftman, CNM, MS
Summary: The population of the United States (U.S.) is growing rapidly and becoming more ethnically diverse. Yet health disparities remain high for racial and ethnic minority populations. Contributing to disparities in health care in the U.S. is the fact that the nursing workforce, including certified nurse-midwives (CNMs) and certified midwives (CMs) is not growing in diversity at the same rate as the general population. Presently, there are approximately 2.8 million nurses nationally and the majority (75.4%) is white and female, with a mean age of 44.6 years. Similarly, CNMs and CMs are predominately white (91.2%) with a mean age of 50 years. Both nursing and midwifery education programs are constantly challenged to recruit and graduate ethnically diverse student nurses and SMs of color. Many barriers have been identified with few solutions posed. This educational session will present a synthesis of the literature regarding the issue of recruitment and retention of SMs of color, discuss previously successful interventions, and conclude with recommended solutions to address the issue of student retention and graduation. The Midwives of Color Committee (MOCC) of ACNM mentoring subcommittee will introduce a mentoring program designed to help reduce attrition in midwifery education programs at a national level. The outcomes and evaluation of the pilot offering of the MOCC mentoring program will be presented. Future plans to enhance the MOCC national mentoring program will be discussed.

**ES414 "I know my midwifery practice has low cesarean delivery rates - but how can I prove it?!" How to accurately attribute and capture midwifery outcomes in collaborative practice.**
Wed, July 1
2:15pm-3:15pm
CEUs: 0.1
Track: Midwifery Matters – Public Perception
Presented by: Maria Freytsis, CNM, MPH; Leslie Cragin, CNM, PhD; Amy Romano, CNM, MSN
Summary: How do we measure the effect of midwifery on women and newborns in our collaborative practices? This presentation will provide guidance on implementation of new clinical and attribution concepts to empower midwives and midwifery advocates with robust and accurate data on midwifery care processes and outcomes. Research has demonstrated that midwifery care is associated with fewer interventions, higher patient satisfaction, and increased cost-effectiveness. However, individual midwifery practices working in collaborative arrangements with other maternity care providers struggle to collect and report key data due to multiple factors. These may include inadequate data collection systems and team models of care in which it is difficult to identify which births are "midwifery births." At the same time, healthcare reform is causing a shift to performance-based payment systems with increasing requirements for quality, performance and cost-effectiveness reporting by providers to maximize reimbursement. Two recent projects will

improve the ability to compare “apples to apples” and support reporting requirements and data-driven improvement initiatives. The multi-stakeholder ReVITALize project is an effort to standardize terminology used in clinical documentation and data reporting in maternity care. In 2014, ACNM lead the development of additional data definitions that focus on identifying when midwifery care occurred, defining ways in which midwives collaborate with other providers, and capturing critical aspects of care such as care coordination and continuity.

**ES415- ICM Format (*This new format clusters similar presentations together within the usual 60 minute time frame. The time will be divided between 2-3 presentations with a 10 minute Q&A period at the end. A moderator will be assigned to each cluster to help ensure that each presentation is afforded the appropriate time.)***
Wed, July 1
3:30pm-4:30pm
CEUs: 0.1
Track: Clinical

**Mind-Body preconception education: A promising practice to reduce racial and ethnic perinatal health disparity**
Presented by: Heather Clarke, DNP
Summary: African American women are 2.5 times more likely to give birth to a low-birth- weight or very low-birth-weight infant. In 2010, the national rate of neonatal intensive care (NICU) admissions was 12:100 live births, a 30% increase from 1981. Preterm births and low birth weights babies are the leading contributors to newborn death in the NICU. These babies are at greater risk for SIDS, developmental delays, and multiple short and long- term physical and psychological conditions. According to the institute of medicine the cost borne by the nation in 2010 from preterm birth was $26.2 billion dollars. The CDC, IOM and MOD are among many who recommend intervention during the preconception period. High levels of cumulative stress, building to allostatic loads and triggering epigenetic changes over the course of a lifetime, are cited as major contributors leading to delayed fetal growth and the onset of preterm birth. Current evidence suggests that racism is the root cause of persistent stress within the African American community. Mind-body medicine techniques have are proven promising practices in helping patients to decrease their automatic stress responses and instead substitute the “relaxation response”. The resultant effect is a down regulation of the hypothalamus-pituitary-adrenal axis and improved resiliency. Unfortunately AA women are less likely to ask for or receive preconception counseling or education. This presentation will introduce the scientific evidence and promote the promising practice of culturally relevant mind-body preconception education to African American women at risk for poor birth outcomes. This practice is expected increase the number of African American women who will receive preconception education and learn techniques to reduce their levels of stress and improve resiliency. That outcome should result in decreased rates of preterm and low-birth-weight infants among African American women and a narrowing of racial and ethnic health disparities.

**From Stressed Out to Blissed Out: Mindfulness and the Pregnant Woman**
Presented by: Laurie Jurkiewicz, CNM, MS; Rebekah Kaplan, CNM, MS
Summary: Perinatal stress has been implicated in a myriad of obstetric complications, poor birth outcomes and well as effecting fetal and childhood development. Mindfulness has been well studied and has shown to reduce stress. Clinical research has shown mindfulness to be helpful for chronic pain, depression,and anxiety. Mindfulness has been brought into many settings as an intervention to decrease stress and increase overall well-being. The midwives at San Francisco General Hospital have been using mindfulness in their CenteringPregnancy© groups for the past 4 years and will share their experience.

**ES416 Reducing the Stigma: Midwives ‘Coming Out’ about Mental Illness**
Wed, July 1
3:30pm-4:30pm
CEUs: 0.1
Track: Miscellaneous
Presented by: Lisa Paine, CNM, DrPH; Linda Daniels, PsyD; Francie E. Likis, DrPH, NP, CNM, FACNM, FAAN; Frances T. Thacher, CNM, MS, FACNM; Ellen Cohen, CNM

Summary: Elimination of the stigma surrounding those with mental health issues is long overdue. Conscious and unconscious stereotyping plagues the mentally ill and magnifies their suffering, as well as that of their family members and friends. Yet, despite the personal and professional risks, midwives have begun to come forward about their own mental health diagnoses or those of their loved ones. These midwives have taken a powerful, courageous stand to diminish the stigma of mental illness by sharing their inspirational and instructional personal experiences. In so doing, they also challenge fellow professionals meet their professional responsibility by joining the struggle to understand mental illness, eradicate stigmatization and place mental conditions on par with medical illnesses. A panel of midwives who have been public about their own, a parent's or child's mental illness will be moderated by an internationally known clinical psychologist and trauma expert. The moderator will first provide background information about consequences of stigma endured by the mentally ill and vicarious stigma experienced by others as well as the historical context for the current "call to action." Thereafter, she will facilitate a moving and insightful discussion among panelist as they share their various perspectives, personal and professional. The session will end with a brief summary of the ongoing activities of the A.C.N.M. Foundation to diminish mental illness stigmatization -- for midwives and the women in their care. As a result, midwives will be better able to meet their professional responsibility to reduce fear and stigma; to accept the many faces of mental illness; and to do their part as clinicians, educators and advocates to help those who are suffering with mental illness to get the care they need and deserve. Midwives will also understand the importance of supporting members of their "midwife family" who are stigmatized because of mental illness.

**ES417 Maternal Mortality is on the Rise in the United States: What Midwives Need to Know and Do!**
Wed, July 1
3:30pm-4:30pm
CEUs: 0.1
Track: Clinical
Presented by: Suzan Ulrich, DrPH, CNM, FACNM
Summary: This presentation will describe the disturbing trend of increasing maternal mortality in the United States since 1999. The US along with only eight other countries have rising maternal mortality rates while all other countries are seeing major declines in maternal mortality rates.The US has dropped to 60th in the world for maternal mortality. The reasons for this upturn in maternal mortality in the US are complex both medically and socially. These complex reasons will be explored in this presentation. The CDC and state maternal mortality review boards are focusing on improved surveillance of maternal mortality, discernment of causation, and determining system wide solutions. Midwives need to be aware of this alarming trend and this presentation will help them learn how to be key players to stop this tragic loss of mothers.

**ES419- ICM Format (*This new format clusters similar presentations together within the usual 60 minute time frame. The time will be divided between 2-3 presentations with a 10 minute Q&A period at the end. A moderator will be assigned to each cluster to help ensure that each presentation is afforded the appropriate time.)***
Wed, July 1
3:30pm-4:30pm
CEUs: 0.1 Rx: 1
Track: Clinical
**Fertility and Family Planning: the science and methodology of fertility awareness based methods of family planning**
Presented by: Marguerite Duane, MD, MHA; Sara Shaffer, CNM
Summary: Fertility is a normal, healthy physiologic state. Women's hormonal cycles determine the fertile window when a couple could become pregnant. An understanding of the cycle and recognition of the external signs that determine each phase has led to the development of more environmentally friendly and effective forms of family planning, that may also provide important information about a woman's gynecologic health. Despite these advances, there is limited information about fertility awareness based methods (FABMs) being taught in nursing, midwifery or medical school

programs and the majority of health professionals are trained to approach fertility as a disease state. By the end of this presentation, participants will be able to describe the scientific basis for different types of FABMs and discuss the evidence supporting the effectiveness of these methods, when used by couples to either avoid or achieve pregnancy. Participants will also learn how to help women and/or couples evaluate which method may be best for them.

**"Natural" Treatments in Pregnancy and Childbirth: Physiologic Support or Unnecessary Intervention?**

Presented by: Janelle Komorowski, CNM, MS, DNP

Summary: Midwives, as the guardians of normal birth, must be experts in evidence-based physiologic support for pregnancy and childbirth. Compared to physicians, midwives report more frequent use of what they consider to be "natural" interventions in pregnancy and childbirth. Yet many of those interventions lack evidence for their use, and evidence for some commonly used interventions indicates potential for harm. This presentation will review commonly used "natural" interventions, and examine the support--or lack of support--for their use.