

ACNM Name Change Implications Task Force, 2014-2015

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**Name Change Implications Task Force (NCITF)
Report to the ACNM Board of Directors
September 2014**

Composition of the Task Force

Co-chairs:

Pat Burkhardt NY and Katie Lavery MI

Members:

Kathryn Osborne WI, Anna Michelle Napier PA, Julia Lange Kessler NY, Nancy Brannin NM, Sharon Holley TN, Michele Hegelson MA, Lily Dalke NY, Elaine Mielcarski NY

BOD Liaisons: Michael McCann GA, Katie Moriarty MI

Staff Liaison: Clare Lynam ACNM National Office

The Name Change Implications Task Force was charged by the ACNM BOD to explore the possibility of a name change through a year-long process of data gathering including clear delineation of internal and external implications while at the same time decreasing member emotion related to this topic.

After a preliminary phone call to begin the organization of the group on May 8th, the Task Force met for the first time during the Annual Meeting in Denver on May 15th to become acquainted and learn each other's views on the issue. The consensus after hearing everyone's view was that the group was balanced and willing to hear one another.

After a few weeks of electronic conversations during which members continued to express ideas and concerns after the Annual Meeting a work plan was developed and assignments given. The first focus was on the ACNM internally through a review and evaluation of the elements of the web site in order to discover how the College presents itself to its members and the public at large. The areas reviewed were those under the following web site buttons: About ACNM, About Midwives, National Structure, Awards, Honors and Scholarships, For Women, Professional Resources, and Advocacy.

On July 2nd the group met via conference call to talk about their findings from the internal review. All but 2 members participated in the call. All sent written reports on their reviews. These are attached.

Threads reflected in each of the reports include: surprise at amount, complexity and previously unknown information, CNM and CM viewed as identical in mostly all components, midwifery constitutes the language for the profession.

Specific idea gems from the the authors of component reports include:

About ACNM: Mission, Vision, etc, -I think the membership needs exposure to these documents and a history lesson on where they came from and how they evolved. Illustrating the democratic process and consensus building that occurred at the membership level to develop the mission, vision, goals, and priorities means we've already set a tone. These documents really set the foundation to change the name - DEPENDING

VERY MUCH on what the words like inclusivity and diversity and unification means to the college.

About Midwives – CNMs are defined as primary care providers under federal law. From website review unsure about CMs, but from what I can find it appears because CMs are not APRNs they do not fall under this federal legislation and therefore there may be some issues with reimbursement.

National Structure - It seems that in order to enact change, the initiative must first be carried up to the board for approval and then disseminated back down to the membership. This impedes direct communication between volunteer bodies and between members. It is also unclear to what degree the BOD is responsible for leading the organization vs to what degree they are responsible for responding to membership demands. All volunteer opportunities are open to all members, most references to midwives throughout the websites listed above were as CNMs/CMs, although certain pages referenced just CNMs

Honors, Awards and Scholarships - All references to type of midwife is inclusive of both CNM and CM. It is assumed that the awardee must be a member in good standing with ACNM but this is not clearly stated on all awards.... For the general membership it would be nice to have the Awards, Recognitions and Scholarships landing page provide a general oversight of all the subsections and offerings and a personalized invitation perhaps by the President to entice participation in the process.

OMOT - ACNM description: represents CNMs & CMs. Aim: redefine how women understand health care options available. Focus of campaign is not ACNM as organization, but midwifery as profession.

Professional Resources - the bulletins are consistent with who we are, what we believe and how we (could) practice.

Physiological Birth - There really is nothing in any of these documents that makes reference to types of midwives or that could be interpreted as exclusionary for any birth care provider who intended to use the documents. The consumer statement does provide information about how all midwives support normal birth, but it does so with a reference to the collaborative work among and between "healthcare professionals, policy makers, educators, researchers and of course women".

Advocacy - As seen under Advocacy ACNM as an organization references its members as "midwives" and the practice of its members as "midwifery." This holds true in its briefs, issues statements, tool kits, etc. Even when giving a descriptive preface to a resource guide the college uses the term "midwife" or "midwifery" as opposed to nurse-midwife or certified midwife. The ACNM's vocabulary to and for its members is midwife/midwifery.

Next immediate step of the NCITF is to review and determine how a name change would impact external organizations using the historical survey data from 2005, 2008 and 2011 including the organizations' lists. The task force requests that the Board identify what

financial resources would be available in order to create a budget for further work or if the Board prefers that we rely on the 2011 survey results and move on from there.

A second key activity for the task force is to engage the membership to consider who the ACNM is and what it stands for, i.e., to have the members think long and hard about their professional organization and what it means in their professional lives and then discuss their issues and concerns, possibly through the affiliate infrastructure.

Our plan of action at this point/timeline:

- Create a brief report re the Task Force goals and activities, with contact information for questions, to send to the chapter affiliates this month for use in fall affiliate activities.
- Finalize the report for the fall BOD meeting
- Submit an abbreviated version of the BOD report for publication in Quickening
- Complete one last piece of work on the internal organizational review to examine the information and content on the ACNM website to determine what the College stands for and what it represents in its own words. It is midwifery or nurse midwifery, it is midwives or nurse midwives?
- Begin work on evaluating the external impact of a name change:
 - Review the compiled lists from task force members and staff
 - Review the staff assessments already complete
 - Consider alternative sources of information
 - Consider additional external entities as needed
 - Determine additional info needed and resources available to gather/evaluate
- Continue Task Force interactions through base camp and email
- Plan a webinar to coincide with Midwifery Works (to provide potential opportunity for face to face discussion of attending task force members as we delve into more difficult subjects).

Task Force Member Reports

Internal evaluation and potential impact of name change within structure of organization

Overview: ACNM Mission, vision, core values, strategic goals, future focus, strategic priorities

Anna Napier

The mission, vision, core values, and strategic goals are clearly outlined on the ACNM website and are organized into 2 files - a Excel spreadsheet and a PowerPoint presentation that I found very helpful if anyone wanted to review it.

These elements (mission, vision, core values, strategic goals) guide decisions, efforts, the time and attention, of ACNM leadership. Also guides the direction of the college - topics to be addressed at conferences, formation of task forces, topics to be addressed/taught to students and built into midwifery curriculums.

Important updates to strategic planning:

Strategic goals are being revised and updated in an ongoing process. A leadership retreat in March of 2014 utilized a review of 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. MAIN Priorities from the March leadership retreat include:

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

Concepts to keep in mind and next steps

I was a surprised by the breadth and depth of the strategic goals, how they were developed, and how the new strategic priorities were elucidated through mind mapping. These goals were consensus based and influenced by member surveys, and reviewed and some generated this year at a leadership meeting.

What should we remind members about as we proceed and gather information? As we proceed, it is important to remember we are carrying a torch and working under the auspice of an organization that has chosen inclusiveness as a core value, describing it as "ACNM celebrates and supports a diverse midwifery profession. ACNM embraces those

prepared dually in nursing and midwifery and those prepared directly in midwifery.”

What more info do we need and how do we get it?

Diversity and inclusion is referenced as a priority for “leadership and staff” in Breedlove’s Spring 2014 article. What does the membership think? What does the membership believe diversity and inclusion means? PRACTICALLY - what does it look like? What words are they using? What is the membership’s vision of this?

How does this info match with what the ‘general midwife’ believes or knows?

Assuming this is the most common CNM in the college- the strategic goals, mission and vision, and strategic priorities are all well aligned with general midwife - because they are so broad and non specific. It’s when we develop palpable /visible changes (like a name change) is when the execution of the mission, vision, and goals becomes more controversial. There is nothing that stops a name change within these documents; there is also no implicit mandate or subtle suggestion to have a name change. It’s encouraging that we have freedom and range but also increases our work because of the documents are purposefully general.

What info does the general membership need?

I think they need exposure to these documents and a history lesson on where they came from and how they evolved. Illustrating the democratic process and consensus building that occurred at the membership level to develop the mission, vision, goals, and priorities means we’ve already set a tone. These documents to me, really set the foundation to change the name - DEPENDING VERY MUCH on what the words like inclusivity and diversity and unification means to the college.

ABOUT MIDWIVES

Sharon Holley

1. **Our philosophy of care** <http://www.midwife.org/Our-Philosophy-of-Care>
 - a. **Synopsis:** women have the right to ethical and equitable treatment that supports their dignity. Involving the woman in her own health care decisions also means giving her complete and accurate information (autonomy). The best model of care involves taking into account the individual's own life experiences, individualizing care, support that is compassionate, and use of therapeutic communication. We believe in the normalcy of lifecycle events and intervening only when necessary. Consultation, collaboration, and referral with other members of the healthcare team are done as needed. We value formal education, lifelong learning, and the development and application of research to guide ethical and competent midwifery practice. Leadership that promotes improving the health of women and children worldwide is foundational.

2. **Essential facts about midwives**

http://www.midwife.org/ACNM/files/ccLibraryFiles/FILENAME/000000004001/EssentialFactsAboutMidwives-2014_FINAL.pdf (updated March, 2014)

Synopsis:

- a. ACNM is the professional association in the U.S. representing certified CNMs and CMs. According to the AMC Board, there are 13,071 CNMs and 84 CMs. (fact sheet dated March, 2014).
 - i. This means the number of certified CNMs = 99.36%
 - ii. The number of certified CMs = 0.6%
- b. In 2012, CNMs/CMs attended 313,846 births. This was a small increase from 2011, despite a decrease in total US births. In 2012, CNMs/CMs attended 91.7% of all midwife attended births, 11.8% of all vaginal births, and 7.9% of total US births. (2012 is the most recent year for which final birth data are available from the National Center for Health Statistics).
 - i. So births by CNM/CMs are on the rise despite a drop in birth rates nationally.
- c. CNMs are licensed, independent health care providers with prescriptive authority in all 50 states, the District of Columbia, American Samoa, Guam, and Puerto Rico. CNMs are defined as primary care providers under federal law.
 - i. From website review unsure about CMs, but from what I can find it appears because CMs are not APRNs they do not fall under this federal legislation and therefore there may be some issues with reimbursement. But would need to find this out. State by state this may not be an issue.
 1. From the meeting, members explained that CMs are currently not listed as PCPs under federal law, but ACNM is working on this.
 - ii. Because CM are newer, CMs are currently authorized to practice in Delaware, Missouri, New Jersey, New York, and Rhode Island. CMs have prescriptive authority in New York.

- d. In 2012, 94.9% of CNM/CM-attended births occurred in hospitals, 2.6% occurred in freestanding birth centers, and 2.5% occurred in homes. More than 50% of CNMs/CMs list physician practices or hospitals/medical centers as their principal employers.
- e. Medicaid reimbursement for CNM/CM care is mandatory in all states, and is 100% of the physician fee schedule under the Medicare part B fee schedule. The majority of states also mandate private insurance reimbursement for midwifery services.
- f. Standards for education and certification in midwifery are identical for CNMs and CMs. The ACME is the official accrediting body for CNM/CM education programs. There are 39 ACME accredited midwifery education programs in the US. As of 2010, a graduate degree is required for entry to midwifery practice as a CNM/CM.
- g. Approximately 82% of CNMs have a master's degree. 4.8% of CNMs have doctoral degrees, the highest proportion of all APRN groups.
 - i. Not sure about CMs from the website review, however this was explained on the meeting as the first group graduated with a certificate and now graduates of CM programs will have to have a graduate degree.

3. Scope of Practice (basic, expanded, variety/styles)

- a. Services provided
 - i. CNMs/CMs are primary care providers who provide primary healthcare services for women from adolescence through menopause as well as newborn care through the first 28 days of life. They also can provide treatment for STIs to male partners. Midwives provide initial and ongoing comprehensive assessment, diagnosis and treatment. They conduct physical examinations; prescribe medications including controlled substances and contraceptive methods; admit, manage and discharge patients; order and interpret laboratory and diagnostic tests and order the use of medical devices.
- b. Educational standards
 - i. CNMs are educated in two disciplines: midwifery and nursing. CMs are educated in the discipline of midwifery. They both earn graduate degrees from ACME accredited programs and must pass the certification exam by AMCB.
 - ii. CNMs and CMs must demonstrate that they meet the Core Competencies for Basic Midwifery Practice of ACNM upon completion of their midwifery education programs and must practice in accordance with ACNM Standards for the Practice of Midwifery. ACNM competencies and standards are consistent with or exceed the global competencies and standards for the practice of midwifery as defined by the ICM. To maintain the designation of CNM or CM, midwives must be recertified every 5 years through AMCB and must meet specific continuing education requirements.

National Structure
Lily Dalke
July 26, 2014

1. VOLUNTEERS

a. Divisions:

i. 4 divisions each subdivided into sections:

1. Education: 6 sections

- a. basic competency,
- b. preceptor development & support,
- c. continuing education approval,
- d. online educational resource development,
- e. policy,
- f. student issues

2. Standards & Practice: 7 sections

- a. clinical practice,
- b. clinical standards & documents,
- c. home birth,
- d. quality improvement,
- e. professional liability,
- f. business,
- g. health information technology

3. Research: 4 sections

- a. research advisory,
- b. research dissemination,
- c. networking,
- d. data & information management

4. Global health: 4 sections

- a. research,
- b. communications,
- c. education,
- d. data & information management

- ii. Minutes: none, possibly available upon request from section leaders
- iii. Focus & priorities: varies by division, some have stated mission while others just have a description of activities
- iv. Resources to general midwife:

1. Organizational chart showing divisions and sections:

<http://www.midwife.org/ACNM/files/ccLibraryFiles/Filename/0000003271/ACNM%20Volunteer%20Chart%20-%20DivComm%20-%20July%202013.pdf>

2. Leadership list with names & contact info for each division & section chair:

http://www.midwife.org/acnm/files/ccLibraryFiles/FILENAME/0000004270/Key-Contacts_Volunteer-Leadership-and-Staff_Updated-July-2014-Final.pdf

3. Overview description of divisions: <http://www.midwife.org/An-Overview-of-ACNM-Divisions-and-Committees>

4. Each division has a webpage on <http://www.midwife.org/Divisions-and-Sections> with, at a minimum, names of leaders and contact

information. Some also have links to resources related to the division's work.

- b. Committees:
 - i. 13 committees:
 - 1. archives,
 - 2. awards,
 - 3. bylaws,
 - 4. CAMP,
 - 5. ethics,
 - 6. executive,
 - 7. financial advisory,
 - 8. government affairs,
 - 9. midwives of color,
 - 10. midwives political action,
 - 11. nominating,
 - 12. program,
 - 13. personnel
 - ii. Minutes: none, possibly available upon request from committee chairs
 - iii. Focus & priorities: varies by committee
 - iv. Resources to general midwife: brief description of each committee, name & contact info for chair at <http://www.midwife.org/Committees>
- c. Task Forces:
 - i. Only 3 task forces are listed on <http://www.midwife.org/Taskforces>
 - 1. Midwifery Workforce
 - 2. Physiologic Birth Strategic Initiative
 - 3. Diversification and Inclusion Task Force
 - ii. There are at least 2 other task forces I am aware of that are not listed here – Name Change Implications Task Force and Gender Bias Task Force
 - iii. Minutes: none, possibly available upon request
 - iv. Each of the 3 listed task forces have a description of focus & priorities
 - v. Resources to general midwife: name & contact info for chair
- d. Caucuses:
 - i. 7 caucuses:
 - 1. Midwives Teaching Nurses
 - 2. Midwives Teaching Midwives
 - 3. Midwives in Support of Life
 - 4. Medical Education
 - 5. Friends of Midwives of Color committee and ethnic diversity
 - 6. Disaster Preparedness and Response
 - 7. Reproductive Health and Abortion
 - ii. Minutes: only available online for the Medical Education Caucus, possibly available for other caucuses upon request from chairs
 - iii. Focus & priorities: varies by committee
 - iv. Resources to general midwife:
 - 1. brief description of each caucus, name & contact info for chair at <http://www.midwife.org/Caucuses>.
 - 2. Each caucus has a listserv.
 - 3. Some list resource links on their webpage.
 - 4. All meet just once/year at the annual meeting.
- e. Regions:

- i. 7 numbered regions each with a BOD rep;
 - ii. each region represents 7-8 entities (states or services)
 - iii. each region has its own affiliate with an independent structure of volunteers.
 - iv. Minutes: possibly available upon request from region rep or affiliate leaders
 - v. Focus and priorities: varies by region/state
 - vi. Resources to general midwife:
 - 1. <http://www.midwife.org/Regions> lists the states in each region, name & contact info for regional rep
 - 2. <http://www.midwife.org/State-Affiliate-Map> links to list of each state affiliate's leaders, contact information, affiliate website, and dues structure
2. BOARD OF DIRECTORS
- a. 13 members: 4 executive members, 7 regional reps, one student rep, and one foundation liaison. All are CNMs.
 - b. Four face-to-face board meetings/year
 - c. Majority of Board Meeting discussions are held in open session, which ACNM members are welcome to attend
 - d. Minutes: All BOD open session minutes available to members through the website – very brief, mostly “information only” reports:
<http://www.midwife.org/index.asp?bid=535&RequestBinary=True#>
 - e. Focus and priorities: Not explicitly stated anywhere, can be inferred from documents such as this report:
<http://www.midwife.org/ACNM/files/ccLibraryFiles/Filename/000000002406/Leadership%20in%20Action.pdf>
 - f. Resources to general midwife:
 - i. List of board members with contact info: <http://www.midwife.org/Board-of-Directors>
 - ii. meeting schedule/consent agenda/open session packet/presentations from most recent meeting: <http://www.midwife.org/Board-Meetings>
 - iii. Information on elections: <http://www.midwife.org/ACNM-Elections>
 - iv. ACNM Governance Policies: <http://www.midwife.org/ACNM-Governance-Policies>
 - v. Bylaws: <http://www.midwife.org/Bylaws>
3. OFFICE STAFF: 41 individuals
- a. CEO manages 7 branches consisting of 37 employees total:
 - i. communications,
 - ii. advocacy and government affairs,
 - iii. membership,
 - iv. professional practice & health policy,
 - v. finance, meetings & continuing education,
 - vi. global outreach ,
 - vii. JMWH
 - b. Each branch has its own director/VP/manager
 - c. ACME and ACNM foundation are managed separately; each has a team of two.
 - d. Minutes: None
 - e. Focus and priorities: Not stated, but presume that they are responsible to carrying out BOD's focus & priorities
 - f. Resources to general midwife:

- i. organizational chart: <http://www.midwife.org/acnm/files/ccLibraryFiles/Filename/000000004125/ACNM-National-Office-Staff-Org-Chart-April2014.pdf>
- ii. list of all employees with contact info: <http://www.midwife.org/acnm/files/ccLibraryFiles/Filename/000000004126/ACNM-National-Office-Staff-List-April2014.pdf>
- iii. bios with photos for many employees: <http://www.midwife.org/Contact-Us>

DISCUSSION

What surprised me most is how enormous & complex our volunteer structure is. And yet, our decision-making structure is extremely hierarchical. While our nuts & bolts work is done in a grassroots fashion – divisions & sections keep the main work of the organization moving forward, task forces, committees, and caucuses address the needs & interests of almost every member – the actual decision-making is all done by the BOD. Everyone reports to the BOD for approval, which is efficient and helps to centralize the work, but it means that there is no formal horizontal communication ACROSS volunteer bodies. The BOD minutes refer to receiving a large number of reports, but nowhere are those reports available to the membership, and as far as I know the reports are not shared between volunteer bodies. It seems that in order to enact change, the initiative must first be carried up to the board for approval and then disseminated back down to the membership. This impedes direct communication between volunteer bodies and between members. It is also unclear to what degree the BOD is responsible for leading the organization vs to what degree they are responsible for responding to membership demands.

All volunteer opportunities are open to all members, most references to midwives throughout the websites listed above were as CNMs/CMs, although certain pages referenced just CNMs (most likely an unintentional omission easily remedied by emailing Fausto Miranda).

The lack of CMs on the BOD makes me wonder about whether or not this viewpoint is adequately understood/supported/championed by the BOD. Lack of diversity in other ways (racial, years of midwifery experience, etc.) on the BOD has been brought up at many annual meetings. It may not be possible to represent all viewpoints on the BOD through physical representation. Given how much decision-making power they have, though, I wonder what role this “CNM monopoly” ☺ will have on the ultimate name change outcome.

One strength of our structure as it is currently laid out is that it is easy to identify contacts – so if we simply want to ask for feedback about the potential impact of a name change on the work of a particular division or committee, it would be easy to send out a survey or to arrange a conversation.

Michelle Hegelson

Awards, Recognitions and Scholarships

- **Source and classifications of awards:**
 - **ACNM**
 - **ACNM Fellowship**
 - **ACNM Foundation**
 - **JMWH**

ACNM Awards

- **With Woman for a Lifetime Commendation:** all midwifery services and educational programs that have provided care to women and families eligible for one silver or one gold
 - Silver at least 10 years
 - Gold > 20 years
 - All CNM/CM members of the practice must be a member in good standing of ACNM
- **Midwifing Midwives for a Lifetime Commendation:** all midwifery educational programs that have educated midwife students

Premier Awards: awarded yearly and has a deadline for submission

- **Hattie Henschmeyer Award:** exceptional CNM/CM outstanding contributions or distinguished service
 - At least 10 years of experience
- **Kitty Ernst Award:** relatively new CNM/CM demonstrated innovative and creative endeavors
 - Less than 10 years of experience

Additional Awards: not necessarily awarded yearly and may be more than one recipient in a year

- **Distinctive Service Award:** recognize a CNM/CM or other professional for an unusual and exemplary effort in the field of community service, innovation in midwifery practice, education, or research
- **Media Award:** media event, a book, a film, an expression of art that presented midwifery in an accurate and positive manner
- **Public Policy Award:** legislative, regulatory, health policy that furthers profession of midwifery
- **Outstanding Preceptor Award:** outstanding qualities of leadership and teaching
- **Exemplary Partner Organization Award:** organization that has aided midwifery
- **Exemplary Affiliate Award:** demonstrates one; effective communication/organization, tackled difficult project, engaged members to effect legislative change, represents ACNM Vision, Mission and Values
 - Nominated by Regional Reps and National Office

Other

- **Louis M. Hellman Midwifery Partnership Award:** national award of recognition to an obstetrician/gynecologist who has been a champion/supporter of midwifery practice
 - Joint award given by
 - ACNM
 - ACNM Foundation
 - Midwifery Business Network

Nomination submissions are on line for the following:

- Distinctive Service Award
- Exemplary Affiliate Award
- Exemplary Partner Organization Award
- Hattie Henschmeyer Award
- Kitty Ernst Award
- Media Award
- Outstanding Preceptor Award
- Public Policy Award

Once nominated additional documents for a candidate may be submitted to webmanager@acnm.org

Nomination application on line and downloaded, completed packet submitted to Lisa Paine, CNM, DrPH, FACNM, Executive Director, ACNM Foundation, Inc.

- Louis M. Hellman Midwifery Partnership Award

ACNM Fellowship

Established in 1994, BOG consisting of Chair, Vice Chair, Treasurer and Secretary and Regional Chairs 1-7, Governors at large

To date 204 inductees, up to 10 fellows per year

All ACNM presidents and Hatties granted *distinguished fellowship*

Honored fellows up to four granted by BOG each year outstanding achievement and career spanning over 4 decades, this category retired in 2004

- **Fellows at Large** bestowed to those who have demonstrated leadership, clinical excellence, outstanding scholarship, and professional achievement, ACNM member for 5 consecutive years
 - Application with criteria downloaded from web site, requires a current FACNM sponsor, application fee \$50.00
 - Once notified of election, a written acceptance is returned by the stipulated date along with a 150-200 word professional biography and a portrait photograph for publicity purposes. A \$125 induction fee made payable to ACNM/FACNM must also be remitted at that time.
 - Induction ceremony at the ACNM Business Meeting
 - Once inducted, may use FACNM after your name
 - Application to Fellowship will be limited to three times over the lifetime of a applicant.

Document drafts for review: links do not work bring you to the ACNM home page

- Operational policies for the FACNM BOG
- 2008 ACNM Bylaws; Article XV, Council of Fellows
- Annual Duties of the BOG

ACNM Foundation

Recognition Awards/Honors

- **Dorothea M Lang Award:** foundations most prestigious award, for unsung heroes in midwifery
- **Therese Dondero Award:** lectureship since 1986 to keep alive midwifery goals and ideas
- **Louis M. Hellman Midwifery Partnership Award:** recognition of an obstetrician/gynecologist who has been a champion/supporter of midwifery practice
- **A.C.N.M. Foundation Staff Appreciation Award:** small monetary award to a staff of ACNM exemplifying Foundation's mission of excellence in midwifery
- **A.C.N.M. Foundation Excellence in Teaching Award:** non-monetary recognition to one teacher for every education program (accredited), nominated by students
- **Clinical Stars Award:** non-monetary recognition is given in honor of midwives in clinical practice for 25 or more years who are members of ACNM. Nominations are made by ACNM affiliates and local groups of midwives

Scholarships (Basic Midwifery and Graduate Education)

- **Midwives of Color-Watson Midwifery Student Scholarship:** student midwives of color judged on academic excellence, financial need and leadership potential criteria, aimed at increasing diversity
- **GlaxoSmithKline - TUMS Calcium for Life Consumer Health Care Scholarship:** given to support midwifery students' education expenses
- **Edith B. Wonnell CNM Scholarship:** student midwives who intend to work in an out-of-hospital setting – birth center or home birth - upon graduation
- **A.C.N.M. Foundation Memorial Scholarship:** The scholarship is given by the ACNM Foundation Board (as funding allows) in memory of those for whom memorial donation have been given in the previous year
- **A.C.N.M. Foundation Fellowship for Graduate Education:** enrolled in doctoral or post-doctoral studies to pursue graduate education and research. Initiated and funded for 10 years by Ortho-McNeil Pharmaceutical, more recently funding has come from The Teresa Marsico Endowed Scholarship. If Marsico funding is used priority is to be given to minority students
- **Sandy Woods Scholarship for Advanced Study:** for Midwives of Color enrolled in doctoral education

Other Student Opportunities

- **Varney Participant Award:** enables student midwives to attend and participate in the ACNM Annual Meeting under the mentorship of an established leader in the field of midwifery
- **Midwifery Legacy Project and Awards:** given to SNMs who participate in the Midwifery Legacy Project (meet and interview an elder midwife and record her/his story). Three awards are given annually to recognize excellence for students who submit an essay about what they learned from the midwife they interviewed and how their listening to the senior midwife may influence their midwifery career.

Global Health Awards

- **The Jeanne Raisler International Award For Midwifery:** intended to encourage midwives to become involved in global projects
- **Bonnie Westenberg Pedersen International Midwife Award:** given to an international midwife who displays leadership, vision and significant contributions to the profession of midwifery and international reproductive health, particularly in developing countries

Leadership, Research and Special Initiatives

- **W. Newton Long Award:** fund projects which relate to the advancement of midwifery, research, promotion of midwifery, development of new services
- **A.C.N.M Leadership Development Award:** to improve leadership skills in business management and marketing of midwifery practices. CNMs/CMs are eligible to apply. The award is a monetary grant to help cover the costs of attending the Midwifery Business Network (MBN) meeting.
- **A.C.N.M. Foundation Community Awards:** small grants are intended to support community projects that are designed or created to promote excellence in health care for women, infants and families worldwide. This award is ideal for midwives caring for underserved populations, retired midwives, and community activists
- **Deanne R. Williams Public Policy Fellowship:** was established in honor of former ACNM executive director Deanne Williams' long and distinguished career in midwifery and public policy. Funding for the first award, which led to the 2010 white paper entitled: "Positioning Midwifery in Health System Reform: A Policy Review" was augmented with funds from The Teresa Marsico Memorial Fund.

JMWH Awards

Journal of Midwifery and Women's Health Best Paper of the Year Award
ACNM Best Book of Year Award

Summary:

I found the information on Awards, Recognitions and Scholarships on the ACNM web site to be fairly straightforward. The information can be found on the ACNM home page under the sub heading of About ACNM and then under Honors, Awards and Scholarships. This area could be updated making navigating easier and I found some of the information outdated. In general though, by clicking the hyperlinks you can find what you may be looking for. I

definitely feel that each award should have historical information on the origin of the award which I found to be lacking throughout this section. Some awards have more information than others. Most awards are given annually, and instructions on how to apply can be found in the description of the award. Some are for recognition only and others include a monetary award. Most of the awards have nomination deadlines. All references to type of midwife is inclusive of both CNM and CM. It is assumed that the awardee must be a member in good standing with ACNM but this is not clearly stated on all awards. There is a link with a list of current and past award winners by year.

Until doing this review I had not known the process of how to become a fellow of the College. Members who are interested may apply, there is a fee and you need letters of support and a sponsor. Applications are being accepted now for 2015. The timetable on this site needs to be updated otherwise I found the area about this recognition was the most informative.

I think in general the notion of honors and awards can be intimidating. For the general membership it would be nice to have the Awards, Recognitions and Scholarships landing page provide a general oversight of all the subsections and offerings and a personalized invitation perhaps by the President to entice participation in the process.

Our Moment of Truth and Find a Midwife
Nancy Brannin

SUMMARY:

OMOT Mission is stated clearly:

http://ourmomentoftruth.midwife.org/OMOT_OurMission

The purpose of *Our Moment of Truth*™ is to improve women's health and maternity care in the United States by re-introducing midwives and midwifery care as important options that should be the norm for women's health care services.

Throughout the site, the focus is on empowering women to make their own health care choices and find providers who will give the kind of care and information they really want. Midwifery is presented as the #1 option. There is a great deal of specific coaching on asking questions of providers to ascertain whether they fit the woman's individual goals and values.

ACNM description: represents CNMs & CMs. Aim: redefine how women understand health care options available.

Focus of campaign is not ACNM as organization, but midwifery as profession.

PUBLIC SITE: 4 tabs:

Mission: Make midwives the norm, Why Midwives? Why OMOT?, Get Involved, ACNM

Pledge: Your Health Promise – taking responsibility for making informed decisions

Get Involved:

Members-only toolkit is first (maybe this should be toward the bottom, since this is a consumer site?)

Public Awareness Toolkit:

4 pages of sample Facebook posts & Tweets (couple of typos)

Pitch email – for members – again, maybe this should be on the members-only side

Article template – mislabeled as web site language – to pitch OMOT: fine for non-midwifery organization to use

OMOT Fact Sheet – geared toward Affiliates, per title, but really could be used by others

Read & Share Stories:

Stories about midwifery care, pivotal moments

Sidebar sections: (printable)

What is a Midwife?

Definition includes advanced education, forward-thinking, individualization of care, partnership

Midwifery practice scope

Types of midwives – emphasizes equivalence of CNM & CM preparation

Our Role as Midwives: personalized, broad scope, multiple settings, judicious intervention

Is a Midwife Right for You?: Questions to ask a provider, with emphasis on training/licensure, personalized care, insurance coverage. Link to quiz DOESN'T WORK!

Choosing a Midwife: "Choosing your women's health care provider" – importance, very specific questions to ask, links to Find a Midwife and ACOG site (QUESTION: does ACOG have a link to our site?)

Understanding Women's Health Care Choices: (FAQ section)

2012 survey results, myths: education, working w physicians, full scope of care, prescribing, able to care for high risk, pain relief in labor, birth settings, Link to Normal, Healthy Childbirth, links to Evidence-Based Practice, to Childbirth Connection definitions of midwives (CM def seems weak), partner role, ins coverage (CNMs only), how to get involved, link to Promise, MyMidwife.org.

Midwives and You:

Finding Your Women's Healthcare Provider:

Questions, scope, partnership, special type of care

Midwives - lifetime providers in care:

Midwifery Care for Teens, Midwifery Care for Adults (emphasis on primary care), Midwifery Care during Menopause & Aging, Completing the Circle of Care (lifespan, all women in family), resources

General Health Care:

Health Promotion, Disease Prevention: primary care

Pregnancy: Preparing for pregnancy, becoming pregnant, achieving a healthy pregnancy, care during labor and birth, midwifery and childbirth procedures (ability to intervene, availability of collaboration, VBAC), resources

Support after birth: breastfeeding, finding a peds provider, resources

OMOT Resources:

Supermom vaccine info, Survey results on birth control and perceptions of care during pregnancy & birth, toolkits and list serve links.

Also handouts:

Normal, Healthy Childbirth for Women & Families:

Describes overuse of interventions, definition of normal labor & birth, advantages, disruptive factors, emphasis on partnership with "provider," birth site qualities. Midwives are presented as leaders of a team of various society stakeholders to support normal birth. (This is a well-done document!)

OMOT Fact Sheet: focus is on empowering women to get what they want – midwives are the providers who offer this - making midwifery an “important option,” and the full scope of midwifery care.

Essential Facts about Midwives: presents CMs and CNMs as explicitly “equivalent,” emphasizes independent practice, prescriptions, work for hospitals & physicians, reproductive care, Medicaid/Medicare/insurance coverage, “education and certification in midwifery.” The ending facts only address CNM education levels.

Women’s Health Information:

Definition of midwife, services provided by CNMs & CMs, types of midwives, safety, pain relief options, insurance, resources, gaps between care women want & what they’re getting, introduction of OMOT.

What You Need to Know About Getting Insurance Coverage: for the person newly seeking insurance. Info on insurance, ACA requirements, women’s care specifics, including necessity to contact plans directly to find out about midwifery coverage (which was supposed to be required, BTW)

Find a Midwife:

Search for a practice by state, city, or zip code.

Only lists practice, not individual midwives. Could not find a way to locate a specific midwife outside of the members-only directory.

MEMBERS-ONLY TOOLKITS:

Part 1: OMOT Community Launch Documents:

This section is targeted toward members, including affiliate leaders, midwifery practices, and education programs, to guide them in producing and launching a local media campaign to support midwifery in their communities.

It also includes the consumer handouts on Normal Labor & Birth, Essential Facts about Midwives, Women’s Health & the OMOT campaign (see above).

Local Launch Guide:

Overview of OMOT

List of local OMOT launch resources

List of Talk with a Midwife resources

Timeline

Press Release & email: emphasize women not getting the elements they say they want from providers, and midwives as an answer.

Reporter script: presents OMOT as a women’s health campaign. Initial focus is on women not getting services they want or info they need. Follow-up focus is on quality maternity care & lower costs. A story includes what midwives do, deciding on “fit”, and how to access midwifery care.

Social Media Posts:

OMOT described as awareness campaign encouraging women to be active participants, compare what they're getting with what they want, and have important conversations with providers; also describes what midwives can do.

Our Moment of Truth Template Web Site Language posts:

Headline/Banner + language for a web site, including links

Improve women's health & maternity care by re-introducing midwives as norm, in partnership w women.

Pledge & Story options

Part 2: OMOT *Talk With a Midwife* Documents:

12 documents for creating an ongoing Talk with a Midwife series to build on the initial OMOT launch, including:

Guide to Community Relationship Building:

Detailed overview of Talk with a Midwife audiences, potential partners, timing, steps, and tips

Community leader introduction email template: to seek partners:

Pitch email for media: cover email for press release

Press release template: specifically for Talk with a Midwife

Talk with a Midwife PowerPoint: customizable presentation geared toward adults, including notes

Myths, examples of women midwives can care for & services, definition, CNMs & CMs, CPMs, & doulas (good idea), questions to ask in choosing a provider, gaps between desired and actual care, midwives as the answer, OMOT, resources

Talk with a Midwife PowerPoint for teens:

Old woodcut vs. modern photos of (young) midwives, lifespan care, education, practice settings, teamwork, lots of examples of when she might see a midwife, what makes midwives special, how to get an appointment, payment, what a visit is like, elements of a health history & exam, confidentiality, anatomy, tests, infections . . . ends with encouragement to take the Pledge. Long presentation – might want to customize to the audience or divide it up. Has a warm feel.

Social Media posts: for Facebook & Twitter

Web site language specific to Talk with a Midwife

Thank you email to organizations: for community leader partners

Affiliate Implementation Timeline: 12 week implementation guide with materials to use that week

	Brief presentation	Priorities	Previously Unknown Elements	Important Points for Members	Add to Practice?	Represents Midwives In that....	Impact on ACNM Community	What we need to know
<p>Clinical Bulletins: *AUB/DUB *VBAC *Homebirth *Endometrial Biopsy *Fetal monitoring *Oral Intake during labor</p>	<p>There are six evidence based clinical bulletins posted on the ACNM website.</p>	<p>Evidence based practice for midwives and the midwifery approach. These bulletins PRESERVE, with science, the midwifery model.</p>	<p>The clinical bulletin topics are carefully chosen to represent the PRACTICE of midwifery.</p>	<p>MWs are not always in agreement with the ACOG policies. We have our own body of research. *MWs can withdraw care if pts. make an unsafe decision.</p>	<p>Absolutely. The research supports the midwifery approach to numerous issues.</p>	<p>It is our midwifery interpretation of the evidence.</p>	<p>They provide the evidence to support midwifery practice, thus empowers midwives to create change.</p>	<p>Future investigations. How our research interprets other health providers all.</p>
<p>Position Statements: JLK definition: Position statements clarify core values of the ACNM.</p>	<p>There are 52 position statements. Topics range from Addiction to Violence. It includes homebirth, induction of labor, etc. Clinical issues as well as professional issues are included in the PS.</p>	<p>Clarify what we hold dear even if (or perhaps if the OB model is so off base that it is harming women and infants. (ie. Induction of labor)</p>	<p>Midwifery Certification does NOT eliminate or diss the CPM. We invoke LACE when it suits us (grand-mothering MWs with BS degrees). We also invoke AACN when choosing faculty requirements (obviously there is a</p>	<p>The backing of the college via a published statement can support changes needed in the profession. (ie the elimination of the WPA.)</p>	<p>Definitely. See previous box & the ability to "teach" midwives.</p>	<p>Our core values (normal physiologic birth) as we grow and change are expressed in the position statements.</p>	<p>Again, the backing of one's professional organization is important for legislative endeavors and practice issues.</p>	<p>Some have been re since 2010. Do we still represent us? Is this policy making their re Does it BOD de change</p>

			strong identification since most educational programs are housed in RN schools.					
Patient Safety and Quality Improvement	ACNM has a number of publications concerning pt. safety and quality improvement. Most recently in Birth Tools. 2011 joint statement, "Quality Patient Care in Labor and Delivery: A Call to Action" with ACOG and others re: the importance of quality maternity care.	Focus: Woman-Centered: (respect) Safe: (least amount of harm) Effective: (EBP) Timely: (no long waits but not based on provider convenience) Equitable: Same care for every woman. Physiologic Birth	PDCA Cycle: Plan – Action plan Do- implement Check- collect data Act- analyze and act for improvement. Monitor periodically.	Normal physiologic birth is our priority, our charge to protect, & the space we hold for women.	YES!	It should be the reality of what we do at all times!	Impact on membership: While this is what we do (or should do), it is an uphill, up mountain, up Pike's Peak to make it happen in the hospital setting.	I don't think these people will be changed by a name change. Changing a name will change beliefs and make us safe.
Workforce Resources	SALARY: Survey has not been done since 2010 and there was little change since 2007.	Keep midwives informed and employers too!	No change between 2007 and 2010!!	No everyone responds~500 midwives.	It may add to practice if it is redone in 2014...we are overdue.	...it reveals salaries.	Sustainable vs. Non-Sustainable You can love do something until the cows come home but you have to keep food on the table. We not only love what we do, we are usually well	Has it changed in the last few years. I college its name the CNM paid less

							compensate d.	
	CORE DATA: Collected in 2011- mostly demographics, education, where you work and how much you work.	Where and how much we work, as well as where we are located.	The results of the core data were not released on the web site.	The info is collected every few years.	It doesn't add to practice but may add to the profession on the whole.	It takes the temperature of the profession.	It reveals workforce gaps in health care/midwifery coverage.	The res
	LIABILITY: Describes types of liability Coverage and educational materials	Education and understanding. Support if in a lawsuit, risk reduction	There are quite a few resources!	READ before you begin your first job!	Yes~!!!	Works to provide liability coverage and inform given suit driven health care system.	The more midwives are sued the greater the premiums.	Any other options midwives just the comparators endorse ACNM.

Physiologic Birth Strategic Initiative
Kathryn Osborne

Builds on the *Supporting Healthy and Normal Physiologic Childbirth* framework - provides tools to assist all birth providers, women, policy makers and payers to avoid overuse of interventions and support normal birth.

- **Supporting Healthy and Normal Physiologic Childbirth: A Consensus Statement by ACNM, MANA and NACPM:** This consensus statement was written by the three major midwifery organizations in the US and is written not only for all types of maternity care providers...types of midwives are not mentioned in the document (rather, it reviews the principles of normal birth).
- **BirthTools.org:** A stand-alone website that provides tools for consumers, policy makers and birth care providers
- **Consumer Statement – What You Need to Know about Normal Healthy Childbirth –** Downloadable document for consumers with important information about normal birth. This document provides wonderful information for consumers and is, for the most part, not exclusively about birth care providers. The document concludes with a general statement about midwives (all midwives) and the way in which midwives support normal birth.

All of the elements of the Physiologic Birth Strategic Initiative are written from the standpoint of the philosophy of ACNM....our belief in normal birth, in women's ability to give birth normally, and in women's ability to make informed decisions. There really is nothing in any of these documents that makes reference to types of midwives or that could be interpreted as exclusionary for any birth care provider who intended to use the documents. The consumer statement does provide information about how all midwives support normal birth, but it does so with a reference to the collaborative work among and between "healthcare professionals, policy makers, educators, researchers and of course women".

ADVOCACY

Elaine Mielcarski

The ACNM is an autonomous, nonprofit organization that is designed to further the profession of midwifery, represent the interest of its members and advance the health and wellbeing of women and newborns. You can see those principles at work clearly through its advocacy roles. I will reference the web site but this holds true in its other publications.

The advocacy work of our college is enormous and tremendously helpful for career advancement, relocation, legislative lobbying, grassroots activity and advancing professional awareness. The advocacy site contains within it an issues area, a state resource center, grassroots advocacy and toolkits and resources. The issues area gives membership a breakdown of state practice authority, regulatory board composition, degree requirements, privileges, credentialing, Medicare and Medicaid reimbursement, workforce issues as well as a breakdown of the Affordable Care Act with resource links. Those who are considering a new position can find a state by state list of laws and regulations governing midwifery practice. It contains links to Clinical privileging and medical staff provisions in state law, resources on hospital credentialing and medical staff privileging and conditions of participation for Medicare plus regulatory text containing hospital conditions for medical staff participation for Medicare, Medicaid coverage (including reimbursement). Other areas under issues are out of hospital birth with resource and reference packets covering the spectrum, liability reform, CM credential and a CPM summary with links to MANA, NACPM information as well as a comparison of CNM, CM, and CPM education, certification, licensure and scope of practice. The history and future of the US MERA joint project is provided with the list of ACME, ACNM, AMCB, MEAC, MANA, NACPM, and NARM partner organization participating. It's August 13 executive summary includes the ICM essential documents that describe the "Three Pillars" of midwifery (education, regulation, association) built on the foundation of ICM Essential Competencies for Basic Midwifery and the ICM Definition of a Midwife.

The state resource center has a state fact sheet link and a link for state by state guidance- both for members only.

Grassroots Advocacy has links to GAC, Midwives-PAC, Take Action Now!, and ACNM advocacy tools to support members in our public policy efforts. There are resources here for development of data, talking points, communication of national policy issues and letter writing. The Advocacy Tool kits and Resources give a crisis communication guide for affiliates, plus Our Moment of Truth toolkit and Marketing tools. All of this is an immense advancement and member advantage from the time in the 1980's when we lobbied for the NY State Midwifery Practice Bill.

As seen under Advocacy ACNM as an organization references its members as "midwives" and the practice of its members as "midwifery." This holds true in its briefs, issues statements, tool kits, etc. Even when giving a descriptive preface to a resource guide the college uses the term "midwife" or "midwifery" as opposed to nurse-midwife or certified midwife. The ACNM's vocabulary to and for its members is midwife/midwifery. In one

background statement by the ACNM a nurse-midwife is listed as educated in two professions, the profession of nursing and the profession of midwifery. ACNM's language changes to CNM/CM in official documents/position statements focused towards other principles. The use of midwifery or midwife changes to something other, outside of our organization or when our organization is not a ruling majority. An example of that is language used in the state laws and regulations under which midwives practice. When reporting out state by state regulatory requirements under Advocacy, ACNM relates the legal language of each state where our unique identity as midwives has become obscure in some state legislative and regulatory language and in state boards that regulate our practice without requirement to have a midwife on the board.

NCITF Report to ACNM Board of Directors – December 2014

The Task Force met via conference call on October 16, 2014. The group determined that they needed to pursue more member involvement in the process since there has been little response to the information sent out in the 2 most recent Quickening publications. To improve contact with the members, the group agreed to participate with affiliate leaders in the scheduled December webinar in order to convey information and engage in conversation. As preparation for the webinar we will clarify the rationale for considering a name change and describe the purpose of the task force and a name change. Reasons elicited for a name change (agreed upon that these are the various reasons that different supporters who wish to or change the name): to differentiate Midwifery from Nursing; to foster the recognition of midwifery as identified by the College to be a distinct, viable, independent profession; to be consistent globally with a name; to be inclusive of CMs; to increase brand ownership of the concept of Midwifery; to open the door for potential other sources of funding/education that do not rely on nursing. The concept of a member survey is still under discussion.

Information about the Task Force will be developed and added to the ACNM website before the December Board meeting.

In the current quarter the task force reviewed the Staff Report on the Name Change idea and will discuss it in more detail during the meeting scheduled for November 10, 2014. As a result of the meeting the group decided to accept the staff's invitation to learn more about their perspectives and findings. The task force will also consider its work in conjunction with the vision, mission and core values as described in the ACNM strategic plan.

Further thought and planning are needed in the consideration of contacting important external groups to gain their feedback about the ACNM's name and possible changes to it. Should the group decide to make these contacts, a prioritized list of organizations of critical importance to the College will be determined. The script will be developed composed of questions to ask and concepts to explore as well as a planned format and approach process for information gathering. A request for guidance from the Board on this step will be made.

As it is almost the end of the year the group agreed on the need to create a time-line for all activities in order to meet our final report deadline of May 1, 2015. Short term steps are: continue evaluation of external implications/staff analysis (prior to board meeting in December); disseminate general info to affiliate leadership for dec 10th webinar; get input from affiliate leadership (including their info/input from their local members); get input from membership directly if necessary; start assimilating impressions of implications- 'pros and cons of a name change or not'.

The group has been exploring video mechanics for meeting rather than just audio conference calls. We will trial a second one for the November 10th meeting.

Name Change Implications Task Force Quarterly Report – February 2015

Submitted by: Co-Chairs, Pat Burkhardt and Katie Lavery

Members: Anna Michelle Napier, Elaine Mielcarski, Julia Lange Kessler, Kathryn Osborne, Lily Dalke, Michele Helgeson, Nancy Brannin, Sharon Holley

BOD Liaisons: Katie Moriarty, Michael McCann

Staff liaison: Clare Lynam

Introduction

Since the last report to the BOD, the Task Force developed the timeline for its activities through the months leading up to the Annual Meeting in June in order to meet required deadlines. In addition, in response to feedback from the Board, the task force created 2 workgroups to advance the work needed to complete the tasks of membership views and key external organizations' opinions re our evaluation of the implications of a name change which would drop nurse from the name.

Timeline

The Task Force developed the timeline for the remainder of their work (Appendix 1), some aspects with definite completion dates and others with targeted time frames. In addition to the workgroup's timelines, the future work will focus on education of the members, both before and during the annual meeting and information and events for the Annual Meeting. The two main reports, based on the completion of the work will be ready as follows: mid-year and final, will be completed by mid February and late May respectively.

Workgroup Reports

Internal Review Workgroup: ACNM members' views

The Internal Review Workgroup solicited information through the Affiliate communications network and garnered many responses from both individuals and affiliates. We compiled these responses into a total of 8 documents from which we extrapolated the 'pearls of implications' embedded in them. Overall there were strong feelings manifested as well as concrete concerns regarding the implications of not having nurse in the name. Members of the work group identified factual threads from the responses (Appendix 2), which were summarized for each document (Appendix 3).

Major themes occurring in the responses centered around the following topics:

Identity/Rationale for considering a name change, Credentialing, Licensure: Law and Regulations, Education: nursing or midwifery, not professional if not built on nursing, Credibility from Nursing, Credibility from midwifery, Inclusiveness, Membership in ACNM concerns: confusion re membership and credentials, Impact on External orgs as well as the public, Financial cost.

Most of the responses focus on the individual, not the profession. There was also a consistent ignorance by many members about the educational process, knowledge and skills of CMs. Many equaled them to CPMs, rather than to CNMs. The concept of 'pre-midwifery' gained from means other than nursing is totally not understood.

Two statements worth noting were: "Name must reflect credibility, authority and professionalism" and "Why, after 59 years of ACNM existence is the profession of nurse-midwifery still not well established?"

Many voiced their belief that nursing gave midwives credibility while their greater numbers furthered our efforts. Others indicated that being connected to nursing in the name of our professional organization added to the confusion of whether we are nurses or midwives and contributed to midwifery's invisibility.

External Review Workgroup: External Organization Surveys

The External Review Workgroup was formed to evaluate which organizations we were most concerned about, what information we wanted from them regarding the implications of a name change, and how to best elicit that information without generating undue concerns. We have compiled a large list of external organizations and potential contact people within those organizations. We have also been working on a series of questions which will be converted into a set of surveys and sent out to these organizations via survey monkey. This is taking longer (and more energy) than anticipated. We are taking the time needed to review and really evaluate the questions so as to be as neutral as possible in our questions so we elicit true information, and not lead the participants one way or another.

Next steps include finalizing and prioritizing the questions, organizations, contacts and methods. The staff will then review, critique, and modify, plus adding or changing contacts as needed based on the organizations established connections and the staff knowledge and experience. We do hope to have surveys out in February, and returned for compilation/evaluation early March. If possible, an unofficial overview will be available by the time of the March Board meeting.

Communication with members

One of our task force responsibilities is to communicate our findings (including our methods, assumptions, process and evaluations) with the membership of the college, for the purposes of education, transparency and engagement.

We participated in an Affiliate Connections webinar in December, where we were able to discuss the task force, our plans and goals, and to engage the affiliates in sharing opinion and questions with the task force. We received many responses in many forms. A great many were focused on emotional response; some included thoughts about possible implications or impact of a name change. These served both to inform us, and to open lines of communication

with the membership. We believe the consensus is that we have abundant information and feedback from the membership at this time from this process, and do not need to seek further input.

We still need to focus on sharing information outward with the members. We plan to continue our *Quickening* articles with updates and education about our process and next steps. We are also considering an education blast via email with the entire membership.

In addition to these methods, we hope to provide multiple opportunities for further information at the annual meeting. We are planning an educational flyer for their welcome bags, identifiers for the task force members so we are clearly available for questions, space in “Everything ACNM” in the exhibit hall, and an open forum for education and discussion about the task force, and our outcomes regarding *implications* of a name change.

Communication with Board and Staff

NCIFT leadership participated in a conference call with Board leadership in December regarding the direction and progress of the task force. This served to reinforce the focus and goals of the task force, and we shared the summary with the task force as a whole. The task force also received and reviewed an extensive report from the ACNM staff covering previous efforts, information and evaluations/recommendations regarding a name change. There are some questions regarding this reports assumptions and data which a group of our task force is committed to exploring further with the staff. We have had excellent support from all of the staff members, plus our two Board liaisons.

Next steps

Our work groups will continue their efforts; we will continue to share info with the membership and the Board to increase transparency and engagement; and we will develop a plan for addressing the NCITF findings at the annual meeting, and sharing that information throughout the membership.

**Name Change Implications Task Force:
Master Calendar of Major Activities & Timing
February 10, 2015**

1. Outreach to external orgs:

Status: In progress. Will review initial data on conference call on Jan 30. Nancy is organizing and compiling information and committee members are engaged. Next steps are to finalize list of questions, get feedback from staff on questions and orgs, survey monkey will then go out, and after in comes back, answers must be analyzed.

Deadline for next steps:

Feb 11 – complete draft of survey questions

Mid February – distribute survey by Survey Monkey

Feb 25 – compile results

2. Analysis of internal/member/affiliate feedback:

Status: Task force members are reviewing and analyzing data collected from affiliate surveys/responses. Will review initial evaluation on Jan. 30th call.

Deadline for next steps:

Feb 13 – compile responses and summaries into documents to add to BOD report

Feb 25 – define member education components with appropriate foundational documents

3. Questions for Staff on their Staff Report:

Status: Some task force members indicated they had concerns or wanted follow-up info after the report. Next steps will be to identify the staff members who can address TF members' voiced concerns. A conference call will be arranged to discuss these questions.

Deadline for next steps: No later than end of February

4. Mid-year Task Force report:

Status: Would the Dec webinar with the affiliates count towards that? Can we post a mid-year update on our new web page? Would our next report to the Board work, or could we modify the Board report to be a member mid-year update?

Deadline for next steps:

Feb 18 – Combination of the Task Force's response to the December BOD report in January and content from the February BOD report

5. Education of the members:

Status: Many members do not understand the impact of changing the name or leaving it as it is. Both work groups will have essential information to share with the members, and we need to figure out a methodology and time frame to do that before and during the Annual Meeting.

Options:

- 1) Maybe create a report to send to all members via the affiliate leader listserv, posting on the NCITF web page, and more fulsome *Quickening* article.
- 2) Also could create a dialogue with members as the By Laws committee did for the Bylaws process. This could be a combination of Katie's Q & A with additional elements from both the internal and external reviews.
- 3) This second communication with all members would serve 2 purposes: clarification and feedback re their voiced issues and concerns, as well as demonstration of the TF's work. The basic question is: do we want to just relay info to the members, or do we still want some dialogue once they receive more focused information?

Note 1: One critical element of our conversations as a TF is: should a name change be a member decision or a leadership decision or both? The BOD raised the question about the process (i.e. start with a motion at an annual meeting) to determine whether it is the appropriate way to change the name. That needs to be answered or at least raised for further consideration. In addition, how or would it affect our Bylaws?

Note 2: Here is the March 2014 Board charge: Amendment to Change Organization Name, (Source: C. Swentek). Action: In response to a member motion brought to the Bylaws Committee, and in conversation with the maker of the motion (that rescinded their motion) and Bylaws Committee Chair, the Board charged the President to form a Task Force to explore implications of a possible association name change. The Task Force will be chaired by Pat Burkhart. Additional members will be solicited from the general membership in order to provide diverse viewpoints. Two BOD members and 1 ACNM Staff will also be appointed.

Deadline for next steps:

6. March Board meeting: Dates are March 13, 14 and 15. Task force report due for their packet by Feb. 13th

Status: We will need to write this after our call Jan. 30th. It should include: a brief introductory statement, plus reports from each of the subcommittees on their status, the internal review compilations, plus this timeline (as it is adjusted during the Friday call). We need to decide whether we want to (if the Board wants us to) present a forum or update at the Annual Meeting.

Deadline for next steps: Feb 13

7. Content due for spring Quickening: March 2. Pub comes out in mid-April.

Status: Our content in spring Quickening should be task force accomplishments and recommendations prior to the annual meeting. If our content/recommendations are not yet ready, we could use it as general info with a direct link to the website where the full report to membership could get posted.

Deadline for next steps: Done for March; Deadline for next one???

8. June Annual Meeting Dates: June 25-July 1

Status: Discuss a possible formal report to membership. Should we do a presentation on the work of the task force? It could turn into a discussion forum (which could be good, bad or both). We could provide the summary report to the entire population in attendance (1-2 pages, in their registration packets?) with reference to the link for the full report? Can we release this to the membership without it being approved by the Board first? Should we do a summary report, perhaps a presentation about the process, and refer to a "soon to be released" full report after the Board sees it and we make any additions/revisions?

Deadline for next steps:

Planned Open Forum (1 hour) to focus on members' education re name change implications

Mar – determine what info to put where for members ' education

NCITF information booth in "Everything ACNM"???

??? April ??? - completed 2 sided info sheet for conference bags

May 1 -Forum content and format determined

May – decide on Identifying 'gimmick' for task force members at Annual Meeting

9. Final document due to Board in May/early June:

Status: We will need a major document (process, pros, cons, all the data collected, ways we compiled/evaluated it, and possibly recommendations from the task force for a process, decision, further info needed, etc) plus a summary document. Both need to be to the Board in MAY, most likely. That means we have FEBRUARY, MARCH APRIL AND PART OF MAY to finish the work and get the report written.

Deadline for next steps:

May 15 – to be completed

10. Task Force calls between now and June 25:

Status: Identify dates so members know what to expect. How about calls twice a month, with concrete expectations for getting things done in between?

Deadline for next steps:

Feb 25 – next call

Mar, Apr, May & June – twice a month

11. Decluttering Basecamp:

Status: Could assign labels to topic areas so you can search by labels. Only the originator of a message can archive it.

Deadline for next steps:

Now and moving forward

Summaries of All Response Documents

#1

Elements in responses

Identity

- I like being a nurse practitioner. It does, and should, set us apart from other midwives
- The foundation of holistic complete primary care is where nurse midwifery begins
- The professional designation of nurse midwife serves me and perhaps the College better professionally
- ACNM has members who are nurses, midwives and both.
- For midwives who want to be just midwives and provide only maternity care, the CM or CPM credential is fine; for midwives who want to be primary care providers and provide broad based non-maternity-centered care, in addition to maternity care, the CNM credential is more appropriate
- Changing the name of our organization changes our identity
- CNMs are an entirely different role that stand for a completely different space within the medical system. As we continue to grow in numbers as CNMs, and gain more exposure to the public, that "nurse" in CNM gives the public a sense of trust and credibility
- Why are non nurse-midwives valued as less than nurse-midwives?
- Being associated as "midwives" does not lessen the work or experience or history many midwives have as nurses.
- Our county is the only one who adds the nurse in the title while many county's do have midwives who are also nurses.
- Nursing is one of the most valuable professions on this earth no one should ever take that away from anyone. Midwifery is another valuable profession on this earth that everyone should respect as a stand alone profession
- I'm guessing the European countries where midwives practice and are respected have one type of midwife versus all different types of midwives. That is why I believe CNMs should get midwife out of the
- The majority of the healthcare and general public communities don't know what a midwife is; the response I get 99.9% of the time when telling someone I am a certified nurse midwife is "oh, you deliver babies at home"
- CNMs as much as we would like to think differently are still a fringe health care provider

Reason for considering a change

- Denies all the purpose of nurse midwifery education
- What problems do we solve with the name change
- No one is exploring taking Nurse out of CNM. It is ACNM name change. Not the credential.
- ACNM has for over 20 years endorsed the CM as equivalent to the CNM
- ACNM opting to include a non-nurse pathway to midwifery was wrong in my opinion (then and now) and now to even be discussing a name change is ridiculous
- What is the benefit of the name change? Why is it necessary and what advantage does it offer?

Credential issue v profession issue

- Different types of midwives (CPM, CM, CNM) and we are not all created equal
- The credential CNM tends to exclude the CM (a PA who did cnm training), but they are the minority, and should probably pursue PA routes for full recognition
- The public at large and the administrative employees at hospitals (where the bulk of CNM births happen) will be too confused at this time.
- Think carefully of the national consequences of muddling the waters in changing our name
- If you change CNM to CM it will bring the end to how far we have come
- It's difficult enough to explain the differences between the different levels of midwives
- We have fought long and hard to be nurse-midwives in the US
- Too confusing to the public, legislators and MDs
- CMs started to be trained somewhere around 1996 right? There are only 3 states where they are recognized. I know here in New Jersey they are recognized but cannot prescribe medication. Seems like a very long time for this not to be nationally recognized.
- ACNM should be working diligently to establish midwifery (CNM) as a profession in the US since that is the type of midwife that was decided upon when it became an organization.

Licensure; law, regulations

- Most States only recognize CNMs, not CMs

Credibility from nursing

- The fact that we are a NURSE midwife is key to that differentiation.
- The power of nursing is our strongest statement
- Educational level standards are approaching approval of doctorate programs, somehow there should be recognition for those higher degrees
- The only thing that holds us apart is the "nurse" - makes us more professional
- I'm proud to be a nurse-midwife, I don't want to be just a midwife.
- Every other advanced practice nurse has NURSE in its title (Nurse Practitioner, Nurse Anesthetist, Clinical Nurse Specialist).

Credibility from midwifery

- The profession of midwifery deserves an organization to champion for midwifery
- CNM differentiates us as a professional, regulated role and distances us from (not home birth but) a long history of bad press/rhetoric surrounding the legitimacy of lay/CPM/or at worst untrained midwives.

Membership concerns

- The college represents CNM's specifically
- It was a mistake adding midwives without nursing back grounds to start with
- Will nursing schools lose funds for their midwifery programs
- Concerned we would be taken less seriously, and we need to stay strong through these growth spurts. It would not benefit us but it could hurt us. **Cause confusion**
- If we become Certified Midwives, it is possible that that will be interpreted that we are less than the Certified Professional Midwife

Impact on external organizations

- It could affect the perception of our professionalism/knowledge from other providers that we work with, specifically the OB's.
- As an organization, we are known for our expertise and standards, we will lose that with the medical professionals, insurance companies, pharmacies, etc

Cost

- Costly to change a name for a small minority of CMs
-

Miscellaneous

- I am concerned now that with this DNP requirement, we are going to impede that goal even further. Can't tell you how many nurses are threatened by the idea of having to get a DNP - and the costs involved with it - before they can become a CNM. I have say I would think that most people who had shelled out 100K (under and post graduate costs nowadays) or faced loans of, as well as years of study to get their license, would not be thrilled with the idea that they have the same generic name that someone without having made those efforts gets....

#2

Identity

Our identity would be gone

Advance Practice Nurses or midwives?

How to define various types of midwives

What would we lose by not being APRNs?

Standards for practice, education

Should not fall under the jurisdiction of nursing; licensure

College in the name shows comprehensive and authoritative role of the governing organization

Reason for considering a change

What are we trying to achieve with a name change

what would be the benefit of separating ourselves from this nurse and nursing positive imaging, even if only in the name of an organization?

what is the benefit of the name change? Why is it necessary and what advantage does it offer?

The powers that be at our college are once again looking to change the name of ACNM to "College of Midwives".

It is an effort to unite LM, CNM, CM, and maybe the attendant of an unattended birth.....

What problems do we solve with the name change?

Credential issue v profession issue

take a serious look at the credential. Currently only a fraction of the organization's members are CMs

**Organization name change not credential; named after the profession not the professionals
CNM/CM are identical midwives**

I don't believe in a million years that Oklahoma would accept the practice of CMs and I don't want to muddy the waters

Why, after 59 years of ACNM existence is the profession of nurse-midwifery still not well established? Changing the name of ACNM shouldn't even be an issue. CMs shouldn't be an issue for ACNM; the organization should never have gotten involved with such nonsense.

changing the name of our organization changes our identity **Is the name change about CMs or is it about the reality of US midwifery?**

No one is exploring taking Nurse out of CNM. It is ACNM name change. Not the credential. To change from nurse midwives to midwives would be inherently confusing. Our documents and professional activities primarily surround the scope of practice/issues/role for CNMs and CMs, but not CPMs, licensed midwives, lay midwives, etc

An umbrella organization for all midwives would create a lack of focus on CNMs that would be detrimental to our profession.

As our college is the space where we gain credibility, authority, and professionalism, it is of essence that its name be reflective of that.

I believe CNMs should get midwife out of the title. All it does is confuse people.

Licensure; law, regulations

Changing state regulations

Opening rules and regs fear

Most States only recognize CNMs, not CMs.

Credibility from nursing

ACNM and the nurse in the name give creditability to the profession

More midwife than nurse; 2 aspects of the profession; lesser provider if org not seen as a nursing org

The only thing that holds us apart is the ³nurse² - makes us more professional

Credibility from midwifery

Drop nurse from name of ACNM; drop nurse from credentials; implement midwifery licensing boards

More inclusive of the wider midwifery community, membership contingent on min level of ed and cert

Growth and recognition by the public of our profession of Advanced Practice Midwifery is good for ALL of us.

rebrand midwifery in this country and a name change is an important step in that direction.

the double whammy of supervision by medicine and reliance exclusively on nursing for legitimacy have both done significant harm to the growth of midwifery.

we are practicing midwifery, whatever our background. I do not believe my nursing degree makes me a better midwife than a CM, or that CMs have less knowledge than I do about midwifery.

Membership concerns

Confusion re membership categories that would include lay midwives; Would gain new members CPM

a name change that would not be inclusive of all midwives could cause more division and confusion between CNMs and CPMs

Cause confusion

Confuse colleagues and the public
the CNM name change

Impact on external organizations

Would it affect our relationship with ACOG?

Do not want CNMs associated with CPMs

what effect this would have with the public, legislators, insurers, other healthcare professionals, etc

whether they (TNA) would continue to support CNMs if the “nursing” portion of the name were removed

we will lose that with the medical professionals, insurance companies, pharmacies, etc. with whom we collaborate

Cost

if there is a name change, that you have the \$\$ resources afterwards to change everything, and to educate and inform a multitude of people and organizations as to why and what it's new/updated name represents.

Cost concerns; want info

Miscellaneous

The unity of all midwives

Don't change

Keep the name the same/leave it alone

Name change not necessary; it has served us well so far

#3

Changing mechanics in law: ACC -> AMCB; accreditation by ACNM -> ACME

More consistent globally

Credibility from Midwifery

Embraces knowledge specific to midwifery

Easier independent practice for midwives

Credibility from Nursing

strength of recognition

Name confusion

CPMs and CNMs

Public relations

Licensure and Education

Immediate need to restructure state regulatory boards

Restructure educational institutions

Economic impact – institutions requiring nursing background

ACNM is not a credentialing body so name change doesn't affect credentialing, privileging, licensing etc.

Name change is about the College

Affiliate changes: paper work hassle

#4

IDENTITY

- **Rhode Island:** What will be impact on CPMs who have not graduated from a MEAC accredited program and cannot obtain a midwifery licensed in RI? Name change premature until US MERA reaches consensus in defining midwifery practice in the US, and resolving the issue of CPM training (PEP vs MEAC accredited). Would a name change evolve to include CPMs in our professional org?
- **Hawai'i:** WHO are we? Professional Midwives. I hope that the College will represent MIDWIFERY. I am grateful to be a Nurse..., but, people sometimes CHANGE their Profession, and I became a Midwife.
- **Kentucky:** There is agreement that a name change would be inclusive, but are we going to be the professional organization for everyone?
- **Pennsylvania:** Name change is important step toward rebranding midwifery. Changing the name of the ACNM to accurately broadcast an independent midwifery profession does not change the fact that many of us are proud of our education in nursing, sociology, lactation consulting, women's studies, business, law, etc, etc, etc. The time to be proud of who we are as midwives has arrived.
- **Unknown state:** We are nurse practitioners. Advanced Nurse Practitioners.
- **Unknown state:** We are advanced practice nurses by licensure, recognition and history.

ROLES OF ACNM and AMCB / CREDENTIALING

- **Hawai'i:** The College represents PROFESSIONALS, Educated through various pathways in the care of WOMEN, Their Babies, Their Families, Certified that each have met the SAME STANDARDS of Care.
- **Unknown state:** In 2005 the name of the organization who does the testing/grants our certification changed to American Midwifery Certification Board – it does not say nurse-midwifery! A change of the professional organization name would not be an issue on those documents.
- **Unknown state:** Not all schools were accredited by ACME and not all midwives sat for board exams administered by the ACMB. Would the certification of those who are not ACMB certified be affected by a name change?
- **Unknown state:** AMCB owns all of our certificates; we all are now required to re-certify with AMCB. We should all be using new AMCB certificates in terms of credentialing and licensure, so name change is not an issue.

- **Unknown state:** It IS confusing that as the profession of midwifery grows and changes, so does the complexity of the names of our credential, our credentialing body, our professional organization, our educational program certifying organization, our licensure etc. The national discussion in advanced practice nursing about "LACE: is helpful to me in keeping it straight: Licensure, Accreditation, Certification, Education, although it omits Professional organization, which is what ACNM is; maybe we should be "PLACE"!!
- **Pennsylvania:** It would be fantastic if all CNMs were members of ACNM, but in fact just over half of us are, because it is not required. AMCB and ACME are not administered by ACNM. Imagine you are an RN, and AWHONN changed its name to, say, Association of Maternity and Newborn Nurses, and just kept on doing what it's doing. It would be like that.

LICENSURE; LAW & REGULATIONS

- **Maine:** We are currently working on a bill with the CPMs to become licensed and the CRNAs are lobbying to open the Practice Act to make it congruent with the Consensus Document giving them independent practice and prescriptive privileges. A name change could make both of those more difficult at this time.
- **Wisconsin:** We also are working on new legislation with NPs, CRNAs, and CNS which would eliminate the CNM current language of "collaborative agreement" among other barriers to having independent admitting privileges.
- **Rhode Island:** Since Rhode Island is one of the few states a CM can obtain a license to practice, we are in the process of moving forward to remove the word "nurse" from our statute to be as inclusive as possible and remove any and all barriers for CM licensure and practice within our state. We also do not come under the Board of Nursing and have a separate Board of Midwifery who recently updated our RI Rules and Regulations for Midwifery practice. This document outlines the specific differences and requirements for licensure for a CNM, CM, and CPM in RI.
- **Virginia:** Currently states (West Virginia & Massachusetts in 2014) are having legislative success in removing restrictions from their practice. The promotion of the Consensus Model from the National Council of State Boards of Nursing, which promotes the removal of restrictions on APRN practice has been helpful in achieving this and at some point in the future may be very helpful to Va CNMs.
- **Virginia:** Our state regulations state that our scope of practice is the "Standards for the Practice of Nurse-Midwifery defined by the American College of Nurse-Midwives" (and does not contain language that refers to an equivalent or subsequent organization. I would assume, then, that we would have to have this portion of regs amended if ACNM name change were to occur.
- **Unknown state:** ACNM sets the professional standards. And in some states the statute or regulations mention that midwives are held to ACNM standards. Sometimes it also includes a successor organization and sometimes not. That is the area where a name change might cause some difficulty.

CREDIBILITY FROM NURSING

- **Wisconsin:** ACNM has a "brand" that says: Professional, educated, accountable etc. This brand is also associated with the excellence known of Marquette University which offers a masters degree for midwifery. CPMs may legally practice in the state of Wisconsin. I

often hear among professionals the current differentiation between the groups is the “nurse” in ACNM.

- **Unknown state:** We are often not recognized as colleagues with our Physician peers. I have worked in practice arenas where the midwives were not included in Medical staff meetings or allowed privy to many changes that affected their practice until they were implemented without being asked for input at any level. This was not the case for CRNA's or ANP's in the same setting. Difference in how we are perceived is also demonstrated by compensation. Other advanced practitioners, like CRNA's for example, can make 3 times what even the highest paid midwives make- despite having the same education, and often less nursing experience.
- **Unknown state:** I'm proud to be a nurse first and now CNM. I feel that the N in ACNM give us creditability that ensures we have had specialized training in 2 fields. In my area of the state we struggle to be consider a safe provider anyway. So I feel keeping nurse in names has many pros. Cons to changing name is losing that identity for the public organizations and women that we serve .

IMPACT ON EXTERNAL ORGS / LEGISLATORS / PUBLIC

- **Kentucky:** Despite this "not" being about our credentials, a professional organization name change can/will muddy the waters further. We are currently working diligently to change legislative language to decrease practice barriers in KY. There is much confusion regarding midwifery roles and we are constantly educating the public and legislators of the differences. Yes...we could say "we are still the same organization with a different name...but now we are changing our tune and saying "we" midwives are all the same. At this time, we are not. CPMs are not legal in KY. As we work to decrease the confusion, this could impact the roads we have traveled.
- **Wisconsin:** A name change of ACNM would be confusing and interfere with relationships we have with our physician and nurse colleagues. I have recently been attending ACOG meeting and they have verbalized concerns that future legislation would create an opportunity for licensed midwives in our state to have admitting privileges which ACOG would be against. This is a beginning relationship and I think a name change would potentially alienate this group. A name change would require educating peers, legislative representatives, physicians, at a time when I would like to see our energy put in the near future legislation.
- **Rhode Island:** changes to remove “nurse” from statute were met with NO opposition from our physician colleagues so we do not anticipate any issues.
- **Hawai'i:** Negative reaction from Nursing and Medicine. (what's new?). The "establishment" will need lots of RE-EDUCATION...Some of the Public will too, but not near as much. Keeping “nurse” makes half of the ‘establishment’ happy.
- **Unknown state:** We are still having problems with recognition and understanding of our roles. This would only add to poor understanding and acceptance of midwifery. Please do not change the name.
- **Unknown state:** Consumers are often confused about what it is that we do. Some of the first questions that I am asked when introduced to a new patient, who does not know what a nurse midwife does, is either, "So what exactly is it that you do? or Oh, do you deliver in the home". While this is not a bad thing, it necessitates a discussion of the varying levels of individuals who practice midwifery.

- **Unknown state:** IT is confusing enough for the public regarding entry level into practice for an RN- we have been debating this topic as long as i have been an RN. (Over 35 years). We only serve to confuse more with a name change regarding advanced practice.

COST

- **Maine:** In addition there would be the expense of changing bank accounts, handouts, posters etc. that we already have and use. Spending money on what the change would entail is not a good use of our resources - we are a large state but very small CNM numbers and therefore money to spend.
- **Wisconsin:** WI like other states would have to spend time and money involved with a name change for banks, paper, etc.
- **Rhode Island:** With so many states needing assistance with their midwifery practice laws and so many midwives still experiencing major barriers to practice, wouldn't the ACNM's financial resources be better utilized for these issues first?
- **Kentucky:** Expense - Changing logo, letter head, legal changes in some instances

MISCELLANEOUS

- I don't think we have to fear this name change as much as we think. For example, the consensus model recognizes the Accreditation Commission for Midwifery Education as the accrediting body for nurse-midwives and the American Midwifery Certification Board as the national accreditor of nurse-midwives. Neither of these organizations has the name nurse in it. The Journal of Midwifery and Women's Health (no nurse in the title) attracts a variety of professionals in addition to midwives, including nurses, to publish in it. Our NPI numbers already identify us as Advanced Practice Midwives.
- I think the double whammy of supervision by medicine and reliance exclusively on nursing for legitimacy have both done significant harm to the growth of midwifery.
- The benefits of changing the name are increased Honesty & Inclusion. We take other "degreed" people and shove them through school so they can become a CN M....We take non-nurse Professional MWs who take the ACNM exam... ????
- Midwives are often not taken seriously or recognized for the contributions we make and I view this as a result of the internal conflict that brings the insane idea of trying to fix something that is not broken, over and over again.
- I would like to see more time spent on getting a nationwide registration for midwives of all types --like nurses. Then we can change our name if we want.

#5

Themes:

Financial implications
 Policy implications (state or national)
 Professional implications
 Feelings of ties to nursing (pro / con)
 Various titles in midwifery
 Public & consumer implications (recognition)
 Feeling this name change is being led by a small vocal group

Notes from the comments:

(Minnesota) from Affiliate board not whole affiliate)

Paperwork

Bylaws change, articles of incorporation, new Tax ID, change website and FB information, new checks

Time

Changes would take time to implement (cost)

What it would not impact: licesure in MN state, credentialing at jobs

(New Hampshire) affiliate)

Potential impact on regulation (separate boards for APRNs vs. CPMs), affiliate name change, by-laws changes, incorporation paperwork, checking accounts, tax ID number.

References to ACNM standards in the Board of Nursing “Clinical Practice Advisories” would need to be addressed

(New Jersey) affiliate)

CMs practice in this state, CNMs do not practice as APRNs. CNMs, CMs, and CPMs are regulated by the Board of Medical Examiners which has a Midwifery Liaison Committee. This MLC has CNMs, CMs, CPMs, and physicians.

Cost/economic concerns both in time and dollars: checking accounts, incorporation paperwork, affiliate banner, poster display. Questions raised about if this is where our money should be spent.

Professional and consumer recognition, however other organizations have had name changes with minimal impact. May be some lack of public recognition of our professional organization anyway.

May be time to move away from the association with nursing and move toward emphasis on “advanced degree” preparation at the master’s level. (They noted that some CPMs & lay midwives have a nursing background).

(Rhode Island) affiliate)

Currently they are working to remove the requirement of the word “nurse” from statute to be inclusive and remove barriers for CM licensure and practice. Do not come under BON, have a separate Board of Midwifery. The Board of Midwifery recently updated the RI rules and regs for midwifery practice (CNMs, CMs, CPMs).

Question: will the name change evolve to include CPMs in our professional organization, and would this be a good or bad thing?

Financial impact: many states need assistance with their midwifery practice laws, midwives experiencing barriers to practice, perhaps ACNMs financial resources would be better utilized for these issues.

(New Mexico) affiliate)

Expense

Name change is representative of a small vocal group and is not representing the larger body of midwives

(Idaho) affiliate)

“same concerns as New Mexico”

(Maine) affiliate)

Mixed reviews to name change. Currently working on a bill with CPMs to become licensed and CRNAs ae lobbying to open the Practice Act to make it congruent with the Consensus Document giving them independent practice and prescriptive privileges. A name change would make these both more difficult at this time.

Expense: bank accounts, handouts, posters.
Expense would not be a good use of resources for the state.

(Individual member)

Potential for loss of “respect” in hospital setting if nurse is taken out of the name
Financial cost and “hassle”
Potential for credentialing issues

(Individual member)

Taking “nurse” out of the title = loss of the public perception of science that nursing brings to midwifery, as well as trust
(brand) identity

(Uniformed Services Affiliate member)

Political impact

(Individual member)

Feeling of “divorce” from APRNs in nursing, creating a distance further polarizing us between midwifery and nursing.

Nurse-midwife is a protected title where as “midwife” is not
Name change more inclusive of CM credential

(Individual member)

Linking with nursing maintains credibility

(Individual member)

Short term: showing ACNM supports equally CNMs and CMs, some confusion in the public and with members, possible disharmony of membership, large input of time, energy, and money to change documents, literature, letterhead, and press releases. Possible communication delays with organizations that do not recognize the new name.

Long term: Positive long-term implications (didn't specify)

(Individual member)

Name change will take away from the nurse training that brings added skill/insight to women's care.

Medical professionals will remain confused about what our body of knowledge, training, and scope of practice is.

The non-nurse midwives organization should become a subsidiary of ACNM, both working together.

(Individual member)

Would be more inclusive of those without a nursing background, perhaps encouraging more to join. Improve recognition for CMs in legislation and state regulations.

Cost of change is a negative.

(Individual member)

Agrees with New Mexico that name change is representative of small vocal group not representing larger body of midwives.

#6 & 7

Identity

I feel that US midwives are currently seen as types of nurses and not as an independent profession. I chose a CM program because I see nursing and midwifery as different, sister professions. I think midwifery should not be viewed as an "add-on" to nursing but as a profession of its own right. And I want to be recognized and able to provide quality,

comprehensive, full-spectrum care to women not because I have a nursing education but because I am educated as a midwife.

Not ALL midwives are nurses, and those who are not nurses have achieved equal training, education, and certification (in the case of CMs). I think that a name change would help encourage a shift in understanding midwifery as separate from nursing in both the public sector as well as in health care facilities (especially important for those who employ midwives). I think this would impact understanding and encourage recognition of the CM credential. I would hope that this would, consequently, open up access to CM midwifery education.

Education: nursing or midwifery

want to leave nurse in; makes you a better midwife

Lends additional confusion on the educational preparation of midwife types.

Certain education programs may be affected adversely, although I see no problem with having a Midwifery Program in a School of Nursing.

More education programs, similar to SUNY Downstate's own, educating midwives without nursing first, could be developed.

The doctoral program being developed at Downstate would be more readily supported and funded by authorities.

People trust you know more because you are a nurse; too much confusion about midwives

The nursing profession may stimulate controversy and division;

Credibility of midwifery

If, in addition, my professional organization were to make formal its commitment to inclusiveness in the form of the name change, it would be more confirmation that I am on the right track, not to mention a critical (historic even?) strategic move in the very real health worker shortage crisis at hand, here and around the globe.

The name change would serve, for me, as further evidence that the organization's outlook is truly global, forward-thinking and most importantly, woman-centered results-oriented. History illustrates for us that inclusiveness, while messy, is worth the trouble.

We could clarify our role and scope of responsibilities more easily to hospital administrators, physicians and other health authorities.

Inclusivity

The opportunity to expand the midwifery workforce and provide midwifery care to a larger number of women was created by the American College of Nurse-Midwives when it endorsed CM certification. Unfortunately, the name of the organization does not support this endorsement--in fact, it works against it. I find it difficult to explain to our SMs (student midwives--those who will be eligible for certification as CMs) how the organization that we claim represents them appears to exclude them. I find it difficult to lobby for midwifery and to explain to legislators why we are lobbying for CMs and CNMs on behalf of an organization that seems to

represent only nurse-midwives. In short, the name is exclusionary and confusing. Exclusion is rarely, if ever, good. Confusion is rarely, if ever, good. Changing the name to be inclusive can only afford additional opportunities for growth in the profession and the organization. I see no down-sides.

Confusion re membership/credential

Lay midwives don't deserve to be lumped in with CNMs

The impression of all-inclusivity of different types of midwives.

An additional implication would be how cms would feel excluded - though their number are small, i believe that track was developed to quickly feel a need for a very small region of the usa.

I would say negative because the question would always be what midwife type?

Just attracting clients

Confuse outside organizations and the public

Would confuse the public and the medical profession

I think the greatest challenge/conflict will come from confusion with NARM and the CPM credential. By saying that we are a national organization of midwives, do we need to clarify that we represent AMCB-certified midwives only?

I do not see this as merger, and if it was, then i would probably not renew membership as an active midwife.

Licensure/regulatory issues

The Kansas Nursing Statutes and Regulations do not name ACNM in the language.

The Regulations for Birth Centers definition of Certified Nurse-midwife says " is currently certified by ACNM or the AMCB". So, there does not appear to be any legislative implications.

I like the work that the task force is doing to standardize education for non-nurse midwives - maybe once that is in place along with certification and licensing for all non-cnms, then maybe a name change.

Miscellaneous

The profession is fractured and hard to understand from the outside

Women need more and better care, fast!

Definitely to take time to really consider this - like 2-3 years. Solicit other professional organizations and their views/impression should acnm change their name.

Positive outcomes: In theory, this should bring about unity among midwives. It should also be helpful in changing the perceptions of midwives for our clients, potential clients, future clients, families, etc. Avoidance of further confusion about who we are and what we do is essential to grow the profession.

Society is ready for the ACNM to change the name.

Women, especially need clarity and a name change would accomplish greater understanding of our role.

Negative outcomes: From what I have seen/experienced, discussions about this topic have not brought us together and have actually highlighted our differences, primarily when it comes to how strongly each individual values their nursing education/experience.

I am in support of the name change. I believe it is the right thing to do. Sadly, I feel that until the CM credential expands into other states, even simply having this discussion nationally will create more divisiveness than unity which should be our primary goal.

I would hate to see the ACNM divided or splintered over this issue. Although I think if the change is handled properly in a positive manner, this should not happen.

Michigan, Hawai'i and Pennsylvania

Nursing creditability

...distinguishes us from others with less education and preparation

...gives us trust and recognition

Identification as APNs makes us appear 'safer'. Physicians respect us more

Seeking to dissociate ourselves from the most trusted profession, nursing, is poorly considered.

We need to make our foundation in nursing known as we are attracting patients.

It had the word nurse in it which clearly shows a degree in nursing.

Training in nursing enhances our practice as midwives.

We will not gain ground within the medical community if we remove our "nursing" component!!

Name change will affect our respect as an organization

Nurses are the most trusted profession according to surveys.

Identity

Our professional title includes that word Nurse and it should continue to be used in our professional association.

I like advertising as a nurse because it identifies a focus and interest in care to prospective patients and employers.

I think cm should not be linked with acnm and strongly opposed the change years ago.

I am grateful to be a Nurse..., but, people sometimes CHANGE their Profession, and I became a Midwife

WHO are we? Professional Midwives.

I hope that the College will represent MIDWIFERY

Professional Midwifery, as defined by the American College of Midwifery.....says a whole lot

we identify more as midwives than as nurses and our name should reflect this global solidarity – and not perpetuate the falsehood that we are some 'sub group' of nursing

I feel that our professional organization would reflect a stronger, more unified profession if the name states Midwifery (only) in its title. We could then finally be done with divisiveness. Taking NURSE out of the ACNM's title shows a solid and unequivocal acceptance of the equivalent nature of CM and CNM

Midwifery Credibility

Nursing and midwifery are both part of the heritage of most certified through AMCB. Not all are nurses

I wish it had been the name from the beginning. I don't think you need to be a nurse to be a great midwife.

We/the public need to know what organization represents professionally educated and professionally practicing midwives

It's more in line with international bodies and those of other countries.

Professional Confusion

We are advanced practice nurses and should be recognized as such and our organization should continue to reflect that

Negative impact on current efforts to pass legislation for APNs

Again, it negates the role of the advanced practice nurse

Education confusion

Education is different for CMs compared to CNMs

differentiate the amount of training and clinical knowledge invested in education to include the nurse aspect

the ongoing confusion between lay-midwives and certified midwives is a deterrent to supporting a name change at this time.

students who in MI are nurses who learn the specialty practice (within nursing) of midwifery??

It states in the title that we are a group of NURSE midwives. This is a lot different than CMs

I believe that the title nurse-midwife insinuates a lack of advanced degree education to those who are unfamiliar with nurse-midwives. I believe that name change would help clarify this. I am PROUD to be a nurse but I believe this misunderstanding about skill level of a midwife to those who know nothing about midwives is a hurdle if advancing the midwife profession.

The return to midwifery as a product of higher education instead of a traineeship was led by nurse leaders.

continuing to maintain the "Nurse" part of our name seems completely wrong, outdated, and discriminatory. Many midwives are not nurses but they are still full-fledged midwives

Membership

There are fundamental differences between CMs, CPMs, and CNMs.

The time is now to be inclusive of professional midwives

Will not differentiate from other midwives

It labels everyone as the same. It is unclear.

Public and other professional confusion

will add MORE confusion to the current confusion about who CNMs are.

Still a huge misunderstanding in the community about what a midwife is and does, including where she delivers.

*The "establishment" and the public will need lots of **RE-EDUCATION**.....*

Costs

Name change for affiliate – annoying but not expensive and we would do this again if necessary

ACNM Board of Directors Quarterly Report

Name: Name Change Implications Task Force

Reporting period: March – May 2015

List Section Chairs/Committee Members:

Co-Chairs: Katie Lavery, Pat Burkhardt

Members: Lily Dalke, Kathryn Osborne, Michele Helgeson, Nancy Brannin, Sharon Holley, Ana Michelle Napier, Julia Lange Kessler, Elaine Mielkarski

Board Representatives: Michael McCann, Katie Moriarty

Staff: Clare Lynam

Division/Committee/Task Force Activities:

- Conference calls: The Task Force has met via conference calls twice monthly since the last report on the following dates: March 13 & 26, April 8 & 24, May 13 & 26.
- Other Activities:
 - Two surveys were done:
 - The first was to 25 selected external organizations to which 15 (16) responded for a return rate of 60% (one organization responded twice, both answers are included in this review, will be assessed more specifically as we go forward and in the final report).
 1. A principle finding (Q6) in the survey was that 62% (10) indicated that the name(s) would not matter nor hinder productive collaboration; 25% (4) indicated the name would matter.
 2. In the questions regarding impact of the name on reputation (Q1), practice authority (Q2), and midwifery education (Q3), and commitment to quality practice, the respondents indicated a preference for our current name.
 3. Regarding commitment to quality practice (Q4), either name was considered to have the same impact: current name 37% (6), either name 50% (8), example name 12% (2).
 4. When asked which name most clearly identifies our members (Q5), the opinions were very close, 7 to 6 about the current or example name.
 5. (Q8) 43% (7) felt the change would be negative; 37% (6) felt it would be positive, 18% (3) were uncertain or neither positive nor negative.
 6. 50% (8) felt that our current association with nursing (Q7) is positive, with 25% (4) considering it negative and 18% (3) neither.
 7. Copies of the list of selected organizations, survey form, summary of results and respondent comments are attached.
 - The second survey was to ACNM members and focused on how individuals identified themselves professionally and in relation to the ACNM. The responses numbered approximately 2,300, a response rate of about 35%. The main findings of the survey were:

ACNM Board of Directors Quarterly Report

1. When given a spectrum of choices from nurse to midwife with varying degrees in between and including nurse-midwife, the vast majority (97%) associated their professional identity with varieties of the word “midwife” over ‘nurse/APN’ *alone* (2.1%). 16% chose “midwife” *alone*. Other responses included:
 1. “primarily a nurse/APN but also a midwife” 2%
 2. “both midwife and a nurse/APN equally,” 14%
 3. “primarily a midwife but also a nurse” 19%
 4. “midwife” 16%
 5. “Nurse-Midwife” 42%
 6. “Advanced Practice Midwife” 4%
2. When asked to choose one word to describe their professional identity, the respondents chose:
 1. Nurse 6.4%
 2. Midwife 78%
 3. Neither 15%
3. 60% said having the word nurse in the name is positive
4. 75% prefer to retain the word nurse in our organizational name, including 22% who want to retain nurse while adding something which recognizes our CM members.
5. 66% indicated ACNM should not allocate resources to separate from nursing at this time
 - There are an abundance of free text comments to be evaluated.
 - We are in the process of evaluating the demographics of the survey respondents to the demographics of the college; we have a broad age range represented, and 49 states plus DC (no responses seen from Hawaii, NY was the highest responding state with 235)
 - Copies of the survey form and complete findings are attached.
- Preparation for the Annual Meeting:
 - Educational content for members based on December leadership survey findings is being created in addition to strategies for disseminating this information. Conference bags will contain a one page, 2-sided document addressing and educating about the most frequently stated concerns and misconceptions of what a name change would entail. In addition, a more detailed and in depth document will be made available to the membership through the open forums at the annual meeting, plus on line on the NCITF / ACNM webpage.
 - Informational topics include History of CNMs, History of CMs, Equivalence of the CM Credential, Cost projections of a Name Change, and What a Name Change Would/Would NOT Impact. We may also address ‘why’ the NCITF was formed and review the survey results.
 - The structure, process and agenda for the two Open Forums are being developed. The task force determined that it is critical (regardless of name change) for the issues of CM qualifications to be addressed, as this was a recurring theme in the questions surrounding name change discussions.

ACNM Board of Directors Quarterly Report

- Identifiers have been chosen for NCITF members to wear during annual meeting so members can easily identify us for questions and concerns.

Division/Committee/Task Force Charges from BOD

If you have questions about items please contact the ACNM Vice President or Lorrie Kaplan at the ACNM National Office, 240-485-1810 or lkaplan@acnm.org.

<u>Charge:</u> Evaluate the implications of potential organizational name change	
<u>Date Assigned:</u> June 2104	<u>Date Due:</u>
<u>Status :</u> in process	

Name Change Implications Task Force: June 2015 Summary of Activities and Findings

These materials are products of the Task Force for informational purposes and are not official documents of ACNM.

At the 2014 Annual Meeting of the American College of Nurse-Midwives, a task force was convened to examine the implications of changing the name of the College. The charge of the Task Force was to assess the IMPLICATIONS of a name change. Members should be assured that the Name Change Implications Task Force (NCITF) is made up of members with multiple viewpoints on the matter, and as a result there have been many robust discussions. As a group, **the NCITF has not taken a position on whether or not to change the name; we have simply compiled information about the implications associated with a name change.** The purpose of this document is to provide a **summary of the key findings** of the Task Force. For the full discussion, please see www.midwife.org/Name-Change-Implications-Task-Force, attend the NCITF open forums, or come to our booth in the exhibit hall. The forums are scheduled for June 28 from 11:45-12:45p and June 29 from 5-6p. Check the Final Program for location.

Documents: The task force did an extensive review of the ACNM web site, internal and external documents, mission and vision statements, and use of the terms “midwife” versus “nurse-midwife” throughout our public space, including Our Moment of Truth. We found that the College has moved its language to the term “midwife” to incorporate the roles of both the CNM and CM equally.

Survey of External Organizations: 25 organizations were queried, 15 responded: 62% indicated the name(s) would not matter nor hinder productive collaboration (Q6); 25% indicated the name would matter. In the questions regarding impact of the name on reputation (Q1), practice authority (Q2), and midwifery education (Q3), the respondents indicated a preference for our current name. Regarding commitment to quality practice (Q4), either name was considered to have the same impact. When asked which name most clearly identifies our members (Q5), the opinions were very close, 7 to 6 respectively about the current or example name. 43% felt the name change would be negative, 37% felt it would be positive (Q8).

Member Survey: This was sent to all members, and focused on how individuals identified themselves professionally and in relation to the ACNM. We received approximately 2300 responses, a response rate of 35%.

1. When asked to identify their perception of their professional identity:
 - 1 “primarily a nurse/APN but also a midwife” 2%
 - 2 “both midwife and a nurse/APN equally,” 14%
 - 3 “primarily a midwife but also a nurse” 19%
 - 4 “midwife” 16%
 - 5 “Nurse-Midwife” 42%
 - 6 “Advanced Practice Midwife” 4%
 - 7 “nurse/APN alone” 2%
2. When asked to choose one word to describe their professional identity, the respondents chose “midwife” over “nurse” (78% to 6%). Nurse-midwife was not an option.
3. 60% said having the word “nurse” in the ACNM name is positive.
4. 75% prefer to retain the word “nurse” in our organizational name, including 22% who want to retain nurse while adding something which recognizes our CM members.

Financial Costs: The Task Force gathered data from multiple sources and developed a rough name change cost estimate of \$680,000. These costs include launching the new brand, printing, social media, legal expenses, a project manager, modifying computer systems, and staff costs, as well as costs to ACNM affiliates. Additionally ACNM has worked especially hard to build our brand and increase our visibility and name recognition in recent years. Much of this was through the development of the Our Moment of Truth campaign, which is branded under ACNM’s name.

Name Change Implications Task Force: June 2015 Summary of Activities and Findings

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(continued from other side)

Management believes that ACNM can still achieve a return on some, but not all of these investments if there is a name change. Costs would vary based on WHAT we changed the name to, and the timeline of that change. Also, ensuring a successful name change would require focus across the national and affiliate organizations.

Certified Midwife role and history of the credential: Due to the increased demand for midwifery care, and the concern that some states were seeking to delegate midwifery practice to other providers, ACNM members approved a motion during the 1994 ACNM Annual Meeting requesting that the ACNM Board of Directors establish mechanisms to accredit 'non-nurse' midwifery education programs and work with the ACNM Certification Council (ACC) to establish a mechanism to certify midwives who were not also nurses. By 1996, ACNM had established criteria by which to accredit midwifery education programs for non-nurses, and had determined that graduates of these programs would be required to pass the same certification exam that nurse-midwives were required to take. Many nurse-midwives came through nursing just to 'step stone' to midwifery; some have never practiced as a nurse. Others practiced as a nurse prior to midwifery. ACNM and the states who license CMs recognize that there are two equivalent, nationally board certified pathways to the profession of midwifery

ALL Certified Midwives (CMs):

- have the identical ACME-accredited *midwifery* education as CNMs
- passed the same *AMCB certification exam* as the CNM (aka the boards)
- are educationally prepared to have the identical scope of practice as CNMs
- can bill the same as a CNM in states where they are licensed (3rd party and Medicaid)
- practice in and out of hospitals, in the same percentages as CNMs
- are recertified every five years through the same process as CNMs
- are educationally prepared to prescribe medications identically to CNMs

Historical Name information: Organized midwifery has existed in our country since the early 1900s. We were most prominent as part of the Frontier Nursing Service, and organized the **Kentucky State Association of Midwives**. Eventually, the graduates of the Frontier program were given the title **Certified Midwife**. In the 1940s, this organization changed its name to the **American Association of Nurse-Midwives**. Other nurse-midwives at that time sought representation within a national nursing organization, resulting in the **Nurse Midwifery section of the National Organization for Public Health Nursing**, which was later absorbed into the ANA and NLN. These organizations were too broad, leading to reorganization **in 1955 as the American College of Nurse-Midwifery**. This organization merged with the **American Association of Nurse-Midwives** to become the **American College of Nurse-Midwives (ACNM) in 1969**.

Impact Statement: If the name of the college were to change (by membership vote), only the name would change. The name we use is only an identifier; all other elements of the college would remain the same. A name change would **NOT IMPACT: Membership** (CNMs, CMs, students, friends of the college); **Certification** (AMCB is a separate organization); **Educational accreditation** (ACME is part of ACNM's corporate structure but is administratively and fiscally autonomous). A name change **MIGHT IMPACT** (in some states but not others): **Licensure** (states provide licensure based on established criteria, not based on the name of the professional trade organization. However, if the American College of Nurse-Midwives is referenced in statute or regulation/administrative rule, these would need to be updated in those states if a name change occurred).

Name Change Implications Task Force: Assessment/Impact of a Name Change

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Responses from the December 2014 internal affiliate leadership survey of ACNM members revealed numerous misperceptions and errors about what a change in name would mean. The name of our organization triggers many varied emotional responses. What we are focusing on in this assessment are the REAL things which may happen due to a name change.

Membership: The ACNM is an organization whose members are CNMs, CMs, friends of the College and students of ACME accredited programs. If the name were to be changed, *only the name* is changed. All other elements of the College would remain the same, including membership eligibility and the categories of membership. A name change does not open the College up to other midwives who do not meet the eligibility criteria for membership. These can be changed only through due process as indicated in the by-laws, and have nothing to do with the name of the organization.

Certification: The American Midwifery Certification Board (AMCB) is the certifying body for CNMs/CMs and is a distinct and separate organization from ACNM. The name ACNM uses will not affect their work, nor would it impact who could or could not be certified.

Accreditation: The Accreditation Commission for Midwifery Education (ACME) is the accrediting body for education programs whose graduates are eligible to take the AMCB certification exam. Their work likewise is not affected by the name of ACNM.

Licensure type and process: Each state has control over how professionals are licensed within their borders. Since most states license midwives based on their certification credential and education, a change in the trade organization's name will not affect licensure parameters since certification and education remain the same. If state statutory or regulatory language or administrative rules specifically name ACNM, individual state affiliates may need to update that language through legislative change if a name change happens.

A name change, depending on the change, could impact **the image** conveyed by the name. This is an important concept, with strong opinions and opposing views. We have heard many comments about the "credibility issue" regarding "nurse" in our name. In some regions, "nurse" is a strong positive, associated with trust, competence and strength; removing "nurse" would cloud the preparation and credibility issues and decrease confidence and independence, with consumers and other providers. In other regions, "nurse" is a strong negative, associated with subservience to other providers and dependent practice; removing "nurse" would enhance credibility and imply strength and independence, with a focus on the consumers' needs instead of the "medical system."

Generally, if nurse were taken out of the name, it would more clearly convey a midwifery organization in accord with the other organizations related to ACNM for accreditation (ACME), certification (AMCB) and publication (JMWH). Having a name that is clearly midwifery also makes us congruent with the vast majority of international midwifery organizations. Creating an identifiable "midwifery" organization could separate us from nursing and propel us on an independent provider pathway.

Conversely, removing nurse from the name of our organization could create a rift with nursing, and impact our participation in many states' legislative efforts toward independent practice as APRNs. It could have a negative impact on our collateral work towards women's health legislation and inclusion in mainstream collaborations for health care progress.

These concepts are complex, and sometimes oppositional. They reflect the primary concerns within the membership regarding a name change; some are strongly in favor, others are strongly opposed. There are many unanswered questions in this realm which would need further discussion, if it were determined that a name change is desired, in order to satisfactorily address the needs and concerns of all the members, regardless of the name change decision.

Name Change Implications Task Force: Review of ACNM Internal Documents

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One of the first steps the Task Force took was to look at how ACNM represented itself to its members and to the public. Members of the task force did a review of the major components of the ACNM website and the contents therein with the following results.

Mission, Vision, etc. -The membership needs exposure to these documents and a history lesson on where they came from and how they evolved. Illustrating the democratic process and consensus building that occurred at the membership level to develop the mission, vision, goals, and priorities means we've already set a tone. These documents really set the foundation to change the name - DEPENDING VERY MUCH on what the words like inclusivity and diversity and unification mean to the college.

About Midwives – CNMs are defined as primary care providers under federal law. From website review, unsure about CMs, but from what I can find it appears because CMs are not APRNs, they do not fall under this federal legislation and therefore there may be some issues with reimbursement.

National Structure - It seems that in order to enact change, the initiative must first be carried up to the board for approval and then disseminated back down to the membership. This impedes direct communication between volunteer bodies and between members. It is also unclear to what degree the BOD is responsible for leading the organization versus to what degree they are responsible for responding to membership demands. All volunteer opportunities are open to all members; most references to midwives throughout the websites listed above were as CNMs/CMs, although certain pages referenced just CNMs.

Honors, Awards and Scholarships - All references to type of midwife are inclusive of both CNM and CM. It is assumed that the awardee must be a member in good standing with ACNM but this is not clearly stated on all awards. For the general membership, it would be nice to have the Awards, Recognitions and Scholarships landing page provide a general oversight of all the subsections and offerings and a personalized invitation perhaps by the President to entice participation in the process.

OMOT - ACNM description: represents CNMs & CMs. Aim: redefine how women understand health care options available. Focus of campaign is not ACNM as organization, but midwifery as profession.

Professional Resources - The bulletins are consistent with who we are, what we believe and how we (could) practice. Physiological Birth - There really is nothing in any of these documents that makes reference to types of midwives or that could be interpreted as exclusionary for any birth care provider who intended to use the documents. The consumer statement does provide information about how all midwives support normal birth, but it does so with a reference to the collaborative work among and between "healthcare professionals, policy makers, educators, researchers and of course women."

Advocacy - As seen under Advocacy, ACNM as an organization references its members as "midwives" and the practice of its members as "midwifery." This holds true in its briefs, issues statements, tool kits, etc. Even when giving a descriptive preface to a resource guide, the college uses the term "midwife" or "midwifery" as opposed to nurse-midwife or certified midwife. The ACNM's vocabulary to and for its members is midwife/midwifery.

**Name Change Implications Task Force: International Confederation of Midwives
(ICM) members and Global Perspectives**

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The international picture of midwives and their associations is an important context for us in the United States to know and consider as we look at the name of the ACNM and its place in the broader world of midwifery. Currently, there are 3 US midwifery organizations who belong to the ICM: the *American College of Nurse-Midwives*, the *Midwives Alliance of North America*, and the *National Association of Certified Professional Midwives*.

The ICM consists of 116 autonomous member associations. A review of those with names (N=114) and a tally of how they present themselves resulted in the following information: The majority of midwifery associations name themselves as midwifery or midwives (N=80, 70%). The remainder (N=34, 30%) are described as: midwifery in a nursing organization (N=2), nursing organization with midwifery (N=8), Obstetrics (N=7), both nurses and midwives (N=9), nurse midwife (N=2) and a few that could not be translated (N=6). Words used to describe the midwifery groups of various nursing organizations include: chapter, section, division, association, society and affiliate. The nurse-midwife named organizations are the US and Sri Lanka.

Despite maternity care outcomes in the US being dismal when compared to other industrialized countries, the US is still seen as a standard setter by many people around the globe, and thus, a model to be emulated. Whether we like it, or deserve it or not, this is the reality. And it is a tremendous responsibility. We do not live in a vacuum. The name of our organization has real implications worldwide, and needs to be carefully considered within a global perspective.

Name Change Implications Task Force: What are CMs and Where Did the Credential Come From?

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and are not official documents of ACNM.*

During the past three decades, the demand for nurse-midwives and midwifery care has continued to grow. By 1994, ACNM members became concerned that several states were investigating a means by which to delegate midwifery practice to individuals without “appropriate or standardized educational preparation or credentialing” (Varney, 1995). In response to these concerns, a motion was put forth during the business meeting of the 1994 ACNM Annual Meeting requesting that the ACNM Board of Directors establish mechanisms to accredit non-nurse midwifery education programs and work with the ACNM Certification Council (ACC) to establish a mechanism to certify midwives who were not also nurses. The recommended credential put forth in the proposal for these midwives was ACC Certified Midwife or CM (Varney).

By 1996, the ACNM Division of Accreditation had established a set of criteria by which to accredit midwifery education programs for non-nurses and had determined that graduates of these programs would be required to pass the same certification exam (administered by ACC) that nurse-midwives were required to take (Roberts, 1996). By the end of the year SUNY Downstate, the first midwifery program for non-nurses accredited by ACNM, began admitting students with a bachelor’s degree in something other than nursing (SUNY Downstate, 2015).

Many nurse-midwives (21%) used nursing just as a stepping stone to midwifery and may never have practiced as a nurse (Ulrich, 2009). Some CNMs practiced as a nurse prior to hearing the call to midwifery. Regardless of the reasons midwives chose midwifery or the path they took to get there, it is important to understand the many things that CNMs and CMs have in common. ALL CMs:

- have the identical ACME accredited *midwifery* education as CNMs
- passed the same *AMCB certification exam* as CNMs (aka-the boards)
- have the identical scope of practice by education
- can bill the same as a CNM (3rd party and Medicaid)
- practice in hospitals, in the same percentage as a CNMs
- practice OOH, in the same percentage as a CNMs
- are recertified every five years just like CNMs
- are educated to prescribe medications identically to CNMs

ALL CNMs and CMs practice according to the Standards for the Practice of Midwifery established by ACNM. ACNM encourages its state affiliates to support licensure of CMs in every state as a factor in the advancement of midwifery in the US (ACNM, 2015).

REFERENCES: American College of Nurse-Midwives (ACNM). (2013) *Midwifery education trends report 2013*. Available at http://www.midwife.org/ACNM/files/ccLibraryFiles/FILENAME/000000003743/ACNM_MidwiferyEdTrend-2013-013114.pdf. Accessed June 1, 2015. SUNY Downstate. (2015). *The history of the midwifery education program*. Retrieved from <http://www.downstate.edu/CHRP/midwifery/history.html> Ulrich S. (2009). Applicants to a nurse-midwifery education program disclose factors that influence their career choice. *Journal of Midwifery & Women’s Health*, 54(2):127–132. Varney, H. (1995). An update on the credentialing of midwives by the ACNM. *Journal of Nurse-Midwifery*, 40(3), 290-296.

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Name Change Implications Task Force: What are CMs and Where Did the Credential Come From?

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A Brief History of Midwifery Licensure in New York

The modernization of midwifery licensure in New York began with passage of Article 140 of the New York State Professional Midwifery Practice Act in 1992. Several factors between 1982 and 1985 contributed to the legislative movement to codify the practice of midwifery into an independent, licensed profession; create a non-nursing “direct” pathway to an equivalently educated midwife; and establish a Board of Midwifery in the DOE.

In 1982, the medical society successfully rescinded the hospital privileges of a midwifery practice and threatened more due to the lack of independent state licensure that established the scope of midwifery practice. A crucial shortage of nurses and obstetric care providers existed. CNM positions remained unfilled. Outside of NY City, CNMs were frequently denied hospital privileges. A former senior state senator’s chief counsel and lobbyist advised NY ACNM Chapters and Upstate legislative chair that midwives could not legally become an independent profession if an appearance of membership in another (nursing) profession existed. The assertion was that legislators would consider giving broad, independent practice authority to midwives, but would not consider it for the larger nursing profession. Region II, ACNM chapters were advised to use the terms “midwife” and “midwifery” in legislative bills if independent practice authority and admitting privileges were desired. Two CNMs, a past ACNM president and the Upstate legislative chair with broad knowledge of European Direct Entry midwifery could speak to the education and safety of non-nurse midwives.

From 1985, all bill drafts allowed health professionals (such as PTs, RTs, PAs, chiropractors etc.) a direct formal academic pathway to midwifery. The NY Department of Health’s 1988 exhaustive Bell Committee Report on the Education and Recruitment of Midwives revealed:

- Midwives had played a major role since 1950 providing AP and IP services in NYC.
- 56 documented unfilled, funded midwife positions with a projection of 90 without solution
- PCAP requests for an additional 200 with a current supply of only 322 CNMs statewide
- A parallel decline in applicants to nursing programs with significant decline in nurse applicants to midwifery programs to the point that within 10 years those programs had difficulty recruiting qualified candidates to fill their quota
- OB/GYNs leaving obstetrics and sub specializing at alarming rates
- In 1988 in the US the supply of graduating nurse-midwives could not fill the demand
- Direct Entry core curriculum in Europe includes all required health skills (including nursing skills) without formal nursing training
- England reinstated a Direct Entry pathway in response to a similar midwifery provider need

The DOH Bell committee’s recommendations to Governor Cuomo included the development of Direct Entry programs; a statewide professional midwifery exam; support “The Professional Midwife Act” and publicize Midwifery as a Profession. In 1992, the NY State Legislature passed the Professional Midwifery Practice Act, which allowed the development of the CM educational pathway and licensure in New York. Since that time, all credentialed midwives in New York are considered Licensed Midwives and use the abbreviation LM, either in addition to or instead of their CNM or CM or CPM. New York has the highest number of CMs practicing in their state.

Name Change Implications Task Force: ACNM Membership Survey, 2015

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Q1: Which of the following responses best describes your perception of your professional identity?

Nurse/Advanced Practice Nurse (APN)	2.14%	50
Primarily a nurse/APN, but also a midwife	2.01%	47
Both a midwife and a nurse/APN equally	13.92%	325
Primarily a midwife but also a nurse/APN	19.53%	456
Midwife	15.85%	370
Nurse-Midwife	42.27%	987
Advanced Practice Midwife	4.28%	100
Total		2,335

Q2: If you could use only one word to describe your professional identity, which would you choose?

Nurse	6.45%	149
Midwife	78.18	1,806
Neither	15.37	355
Total		2,310

Q3: Which profession best describes what our organization represents?

Nursing/Advanced Practice Nursing (APN)	0.86%	20
Primarily Nursing/APN, but also Midwifery	0.43%	10
Midwifery and Nursing/APN equally	8.45%	197
Primarily Midwifery but also Nursing/APN	18.15%	423
Midwifery	20.94%	488
Nurse-Midwifery	41.44%	966
Advanced Practice Midwifery	9.74%	227
Total		2,331

Q4: Please check the response that best describes your views about having the word "nurse" in the name of our professional organization (ACNM).

At this time, I believe that having the word "nurse" in our organization's name is negative and it weakens our organization.	11.77%	265
At this time, I believe that having the word "nurse" in our organization's name is positive and it strengthens our organization.	60.83%	1,370
At this time, I believe that having the word "nurse" in our organization's name is neither negative nor positive.	23.53%	530
No opinion/not sure.	3.86%	87
Total		2,252

Q5: Please choose the one option that best represents your thoughts.

At this time, I believe it would be best to maintain the word nurse in the name of our organization.	53.78%	1,194
At this time, I believe it would be best to remove the word nurse from the name of our organization.	24.77%	550
At this time, I believe it would be best to maintain the word nurse in the name of our organization, and add something to the name to reflect that our membership includes Certified Midwives	21.44%	476
Total		2,220

Q6: Beyond examining the implications of the word "nurse" in our name, should ACNM allocate resources and formulate a plan to separate our profession from nursing at this time?

Yes	17.16%	389
No	66.56%	1,509
No opinion/not sure	16.28%	369
Total		2,267

Q7: Are there any future events or changes that you can envision that would change your answer to Q5 and Q6?

Yes	12.95%	290
No	54.27%	1,215
Not sure/no opinion	32.78%	734
Total		2,239

Q9: Please tell us what range your age falls into.

Under 30	6.18%	139
30-40	20.49%	461
41-50	16.58%	373
51-60	30.84%	694
61 and older	25.91%	583
Total		2,250

Range of response numbers among questions: 2220 (Q5) 2335 (Q1); State respondents: AL-6, AK-26, AZ-54, AR-4, CA-153, CO-59, CT-48, DC-10, DE-4, FL-83, GA-61, IA-24, ID-9, IL-87, IN-26, KA-31, KY-22, LA-8, MA-71, ME-21, MD-50, MI-85, MN-59, MI-6, MS-21, MO-4, NC-84, ND-2, NE-11, NV-7, NH-18, NJ-37, NM-45, NY-235, OH-56, OK-13, OR-49, PA-68, RI-13, SC-22, SD-3, TN-28, TX-80, UT-36, VA-73, VT-12, WA-111, WV-23, WI-27, WY-4, other-20

Name Change Implications Task Force: June 2015, Summary of Financial Implications

These materials are products of the Task Force for informational purposes and are not official documents of ACNM.

Background on the Task Force

At the 2014 Annual Meeting of the American College of Nurse-Midwives, a task force was convened to examine the implications of changing the name of the College. The charge of the Task Force was to assess the IMPLICATIONS of a name change; *our aim was NOT to determine whether we should or should not change the name of the College.* Members should be assured that the Name Change Implications Task Force (NCITF) is made up of members with multiple viewpoints on the matter, and as a result, there have been many robust discussions. **As a group, the NCITF has not taken a position on whether or not to change the name; we have simply compiled information about the potential implications associated with either a name change, or with keeping the name the same.**

One of the key areas of concern we heard from the membership was concern about the potential financial impact of a name change. We know that it will cost money to make the changes needed if we decide to use a new name for the organization. We have developed a cost estimate for that change based on information from the national office staff, previous cost analyses, and comparative data. These cost estimates are exactly that – estimates. The amount of money the college (the members) would need to spend would vary based on many factors. If the name were changed to a similar name which would not require as much study, work and marketing, it would cost less. If the name chosen was significantly different from our current name, including the need for an acronym change, legal fees, a new logo and more, it would be much more expensive. The timing of the change would also impact the cost; if we decided to change the name but did it incrementally over the course of years, it would theoretically be less expensive, as we could change documents, alter marketing strategy and promote the name gradually as we progressed. Our best estimate of fixed costs is \$682,000 (see chart for details).

Another aspect of ‘cost analysis’ is the perspective of what it might be costing the organization to NOT change the name. This is not measurable in financial terms, and there are membership, satisfaction, engagement and marketing issues with both concepts, *changing the name or remaining with the same name.* These soft costs are not easily measurable, but do bear thinking about. They are significant factors in the choice of whether to change the name. They are, however, beyond the scope of this financial document.

National Office Staff Cost Overview

Prior to embarking on a name change it is essential that an organization identify the potential costs associated with changing the name; it is also essential to identify potential costs associated with delaying a name change or choosing not to change the name. The National Office has conducted several cost analyses over the years, all understandably vague: no one can know absolutely how much it will cost. The Task Force has reviewed the most recently conducted staff cost analysis with the understanding that there are many variables that could impact **actual** costs and that each of the costs described below are estimates based on expert opinion. The NCITF has agreed that if there is a name change it would be important to conduct a formal assessment of potential names and to maintain ongoing communication with members and external organizations during the process in order clearly explain why a name change was needed, why the particular name was chosen, and to minimize any possible negative implications.

(over)

Name Change Implications Task Force: June 2015, Summary of Financial Implications

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According to the most recently conducted cost analysis, financial costs associated with an organizational name change fall into 3 areas: 1) Fixed costs; 2) Staff time/resources; and 3) Sunk costs/opportunity costs.

Estimated Fixed Costs:

Item	Estimated Costs
1. PR related costs -- Possible key components	
Research: national survey, in-depth interviews, online focus group, possible revision of mission and vision statements	\$300,000
Brand redesign: Name options, logo concepts, etc.	
Web redesign: www.midwife.org to showcase and promote new name, and possible changes to www.OurMomentofTruth.com ; includes 6 mos. of overall web support	
Launch of new brand: internally to members and externally to key stakeholders	
Post launch survey: to determine effectiveness of new brand	
Legal expenses	\$12,000-\$20,000
Known changes to association management system	\$3,000
Costs to affiliates (not likely paid for by national funds)	\$13,500
Project manager over 3 years, could scale back after year 1	\$200,000
Hard/Fixed Costs Subtotal	Approx. \$532,000
2. Staff time/resources:	
Communications Department Staff and Executive Office Staff	\$150,000
Staff Time/Resources Subtotal	\$150,000

Not included in the above:

Signs, letterhead, business cards, and any collateral materials (development and printing)	TBD
Staff time to communicate the new name to external stakeholders (particularly in Advocacy and Government Affairs)	TBD
Staff time to amend ACNM documents	TBD

3. **Sunk Costs and Opportunity Costs:** ACNM has worked especially hard to build our brand and increase our visibility and name recognition in recent years. We identify specific strategic priorities, and in some cases, allocate strategic funding to projects of priority to the organization above and beyond our operational budget. This includes work on our organizational branding, alignment, and public relations through the work of a PR firm and dedicated staff time. Much of this work was completed in 2011 and 2012 through the development of the ***Our Moment of Truth*** campaign, which is executed/branded under ACNM’s name and therefore tied to ACNM as an organization. We would have to readjust communications to tie the campaign to the new name. Management believes that ACNM can still achieve a return on some, but not all of these investments that have already been made, if there is a name change.

Name Change Implications Task Force: Elements Summarized from Responses Through Affiliate Listserv Process

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In December, the NCITF approached the affiliate leaders via a webinar. Subsequently, we had a great deal of communication with members through the Affiliate listserv, resulting in a variety of responses from across the country. Some responses were organized by state; many were individual responses with no direct state link. We used the information gathered to direct our data collection and focus the member education from the task force. We have compiled this listing of concept threads culled from responses.

Much commentary came from how members see themselves and questions about the rationale for considering a name change. Most comments and concerns focused on the individual, not the profession. Some stated the value of inclusiveness, or the critical need to include all our members in a name that currently does not do that. Others felt that the CM was a ‘failed experiment’ and the College should get rid of the credential.

There was much confusion and concern regarding what would be affected by a name change:

Credentialing: CNM, CM, CPM confusion

Licensure: potential impact on Laws and Regulations

Education: nursing or midwifery, ‘not professional if not built on nursing’

The basis for ACNM credibility was often mentioned. Many felt our credibility came through our overt connection to nursing. Others felt that we had gained our own credibility over the years as midwives and need to stand alone.

Many members voiced concern that by changing the name, the College would immediately become the trade organization for all midwives irrespective of their education or certification.

Members manifested concern and asked questions about the potential impact on external organizations to whom the College relates for midwifery and the business of the ACNM. Those areas were funding from HHS, ties with ACOG as well as with nursing organizations. Additionally some voiced concern regarding a potential negative impact on the US MERA current process.

Many raised the concern about the financial cost of a name change process, and they voiced concerns about losing focus on other priorities within the College.

Many showed misunderstanding and ignorance of the CM credential and the identical midwifery education with CNMs and often compared it to the CPM credential.

Quotable quotes or extrapolation from members:

“Name must reflect credibility, authority and professionalism”

“There is such a big difference in education”

“Why, after 59 years of ACNM existence is the profession of nurse-midwifery still not well established?”

The NCITF then took these repeated concept threads and investigated them, leading to surveys, evaluations, and ultimately the information presented to the membership at the annual meeting. We based our work on the questions and concerns of the members.

Name Change Implications Task Force: External Review of Potential Impact of Name Change

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External Organization Surveys: The External Review Workgroup was formed to evaluate which organizations we were most concerned about, what information we wanted from them regarding the implications of a name change, and how to best elicit that information without generating undue concerns. We compiled a large list of external organizations and potential contact people within those organizations, and whittled it down to 25 critical groups. We worked to draft neutral questions to elicit the information that would be usable for the College. The questionnaire was evaluated by national office staff prior to distribution to the outside organizations via survey monkey. 15 (16) responded for a return rate of 60% (one organization responded twice, both answers are included in this review, will be assessed more specifically as we go forward and in the final report). Out of the 15 organizations who responded, 6 were midwifery organizations, 4 were nursing societies. Two medical groups, 1 consumer group and 3 listed as “other” responded. No federal agency replied.

1. (Q6) A principle finding in the survey was that 62% (10) indicated that the name(s) would not matter nor hinder productive collaboration; 25% (4) indicated the name would matter.
2. In the questions regarding impact of the name on reputation (Q1), obtaining full practice authority (Q2), and effective midwifery education (Q3), the respondents indicated a preference for our current name.
3. (Q4) Regarding communicating commitment to quality and safe, evidence based practice, either name was considered to have the same impact: current name 37% (6), either name 50% (8), example name 12% (2).
4. (Q5) When asked which name most clearly identifies our members, the opinions were very close, 7 to 6 about the current or example name (3 indicated no difference/no opinion).
5. (Q8) 43% (7) felt the change would be negative; 37% (6) felt it would be positive, 18% (3) were uncertain or neither positive nor negative.
6. (Q7) 50% (8) felt that our current association with nursing is positive, with 25% (4) considering it neither and 18% (3) negative.
7. Written comments varied, and reflected many of the opinions we hear within the College: paraphrased: “We are not yet widely recognized by the public... aligning with nursing provides more support to our profession.” -- “New name is more accurate -- more midwife, less nursing.” -- “New name better fits an organization of CNMs and CMs... the public may view the word "nurse" as suggesting someone who is "less" qualified to be a full scope primary provider of care for healthy women.” -- “Dropping "nurse" in our name will associate us with the CPMs. In our state that would most definitely hinder legislative efforts.” -- “Nurse has many good connotations; ‘just midwife’ does not and does not separate you from lay midwives.” -- “Changing the name is not about relationships or reputation with colleagues, stakeholders or the public because we will not change our individual professional titles or qualifications. It also opens up the possibility that our organization will one day represent ALL midwives in America and enable us to speak with one voice.” -- “A midwife is a midwife.” -- “It would be a more inclusive name for midwives in general and bring more unity and a larger voice to your advocacy efforts.” -- “Because your foundation is built on nursing and you don't want to lose that because nursing is at the core of ACNM's existence.” -- “Despite being a change to an inclusive name, it would only benefit the limited number of CMs.” -- “A name change to American College of Midwives without a change in membership category would only increase the confusion.” -- “I think the US badly needs an American College of Midwifery. However, the time for such a change would be when such an organization would be ready to admit and represent all midwives meeting ICM educational standards and those appropriately grandmothers in. I think it would be wrong, misleading, and potentially divisive to embrace the more inclusive name without being more inclusive in membership. Given how complex midwifery is in this country, the simplified name and more unified midwifery profession would overall be a big plus, and it is important to head in this direction. The ACNM brand is well known and widely respected across the health care system and can serve well until an ACM could truly serve as an umbrella organization for all midwives holding nationally recognized midwifery credentials and meeting ICM standards. Moving away from the "nursing" identity in the short term -- before ACOG, ACNM and others are ready to truly embrace the CPM credential -- could be a liability and create further confusion.”

Name Change Implications Task Force: Looking Back Before Looking Forward: Some Thoughts on the Evolution of Our Professional Name

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Early in the 20th century, there was great debate on what to do about the practice of midwifery, leading to campaigns and statements from prominent physicians opposing the education and licensing of midwives. Then there were others who recognized the importance in training midwives to aid in the prevention of infant and maternal mortality. Dr. Fred Taussig of St Louis said in 1914, "...the nurse midwife will, I believe, prove to be the most sympathetic, the most economical and the most efficient agent in the case of normal confinements."

In 1928, the first organization was initiated by nurse-midwives working at Frontier Nursing Service. It was called the **Kentucky State Association of Midwives, Incorporated**; by 1938 there were 44 members. In 1940, the Frontier Graduate School of Midwifery formally began accepting only graduate registered nurses with experience in district nursing; graduates were entitled to use the initials **CM** to designate that they were **Certified Midwives**. In October 1941 this group changed their name to the **American Association of Nurse-Midwives (AANM)**; by 1942, 76 nurses had responded. The central office of the AANM was in Hyden, Ky and Mrs Breckinridge was its president.

Other nurse midwives at that time believed they should be represented in a national nursing organization, which resulted in the **Nurse Midwifery section of the National Organization for Public Health Nursing** in 1944. Helene Fisk, RN, CNM, was named Chairman of the Section and Hattie Hemschemeyer, RN, CNM became the Vice Chairman. The purpose of this new section was to interpret the aims of nurse midwives to members of the medical and nursing professions, to study and set standards for training and practice and investigate need for nurses trained in midwifery with the goal to promote maternal and infant health. In the 1950s, "when there was a general reorganization of the national nursing organizations, the NOPHN was absorbed into the American Nurses' Association (ANA) and the National League for Nursing (NLN), and there was no provision within these organizations for a recognizable entity of nurse-midwives... the concerns of this council were simply too broad to serve as a forum or voice for nurse-midwifery. Ironically, even though nurse-midwives were in positions of leadership in maternal-child nursing educational, professional, and federal organizations pertaining to health care, they were usually not thought of as being nurse-midwives."⁴ In 1954, the midwives formed the Committee on Organization under the direction of Sister Theophane Shoemaker. They believed that the identity of nurse-midwives could not be maintained in the existing situation. In May 1955, The Committee on Organization voted unanimously to proceed with the formation of the American College of Nurse-Midwifery; Hattie Hemschemeyer was the first President. In 1956 both the American College of Nurse-Midwifery and the American Association of Nurse-Midwives were accepted in the International Confederation of Midwives (ICM). In 1969, the **American Association of Nurse-Midwives (AANM)** merged with the American College of Nurse-Midwifery (ACNM) to form the **American College of Nurse-Midwives (ACNM)**.⁵

Our history is important to honor and remember, especially at a point in time when we find ourselves in a rapidly changing healthcare environment. We have been known by many names including Certified Midwife, Certified Nurse-Midwife, and most recently advanced practice nurse, and advanced practice midwife. We have expanded our roles from delivering babies to providing family centered and primary healthcare. We will be addressing fundamental ideas surrounding professional identity and assessing the name of our professional organization for now and into the future. By acknowledging our history, respecting others opinions, and remaining open to possibilities, we will embark on the next chapter in our journey together.

⁴. ACNM web site URL: <http://www.midwife.org/Our-History>

⁵. ACNM web site URL: <http://www.midwife.org/index.asp?bid=89>

Name Change Impact

- Need for update of ACNM references in state statutes and regulations
- Affiliates required to re-file paperwork in their states
- Incur costs for at least 3 years
- Web site, Materials, Documents
- Credibility with/without "Nurse"
- Actual costs

Impact Unknown

Name Change No Impact

- Membership requirements
- Certification requirements
- Educational pathways
- Relationships with policy partners
- Our Moment of Truth* and web content promoting midwifery

Midwifery Organization Names

Nurse-Midwives:	2/114
Nurses & Midwives	25/114
Midwives only:	87/114

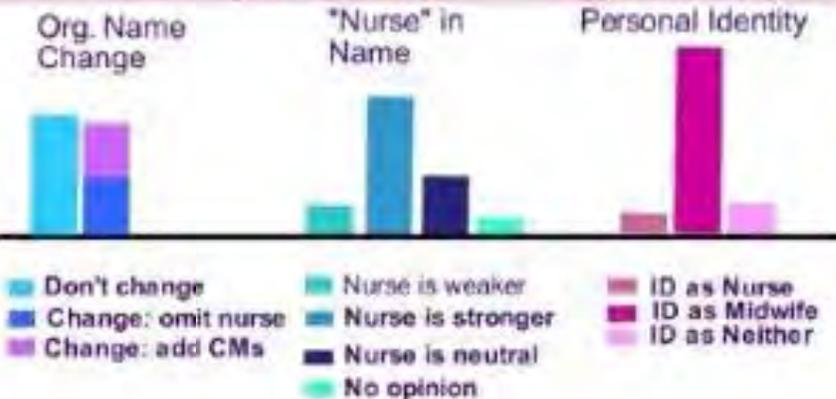


Around the World



Source: International Confederation of Midwives (ICM)

Member Professional Identity Survey Results



Potential Costs of Name Change



Costs of No Name Change: \$\$, global unity, midwifery recognition ??

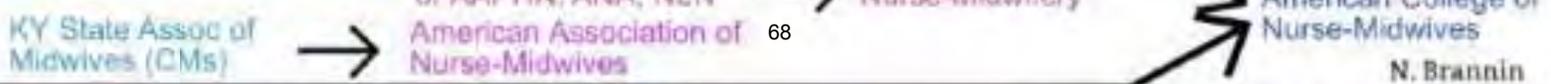
Midwifery courses: classes alongside SNMs Recertification process AMCB certification exam



Scope of practice preparation % with Membership in ACNM % hospital and out-of-hospital practice

Medicaid & 3rd party billing ability where they are licensed

History of our Name



Notes from 6-28-15 open forum

1. Introduction on how we came to be: started at Denver 2014 ACNM Annual Meeting. Member of task force named. Activities that the NCITF has done over the year reviewed. Reviewed infographic. Rules for discussion reviewed.
2. Question: why is there not a note that a positive impact is to offer the “inclusion” of CMs into the college not listed?
3. Please compare and contrast when the analysis was done 5 yrs ago with what NCITF found. Also, commented they didn’t feel the number of respondents was high and therefore does this mean most people in the college don’t care if the name changes?
 - a. The Jones PA analysis showed different results than ACNM analysis results and was part of the review the NCITF
4. Who wrote the survey? Felt this wasn’t well written as there were leading questions. Person felt the answers didn’t really get at what she felt was important. Will we be looking at what the people we serve have to say?
 - a. NCITF
 - b. Jones PA analysis did include customers and results.
5. Pointing out the bylaws change that is going to be brought up in the business meeting; will limit how often the conversation about a name change can happen.
6. Comment made about changing the name related to current vision and mission statements for ACNM. Related it to inclusivity and equality to matching the international definition of “midwife”.
7. Comment related to questions and being mindful of diversification.
8. Passionate conversations within one affiliate: issue of diversification felt marginalized. Concerned that we will marginalize a group that is small.
9. Nurse educator: average student loan for SNMs to graduate is about 70-75,000 dollars. Consider the cost of requiring to be a nurse first to enter the profession. This also limits minorities entering the profession. Consider indirect costs to education.
10. What is driving the name change is recognizing our profession. It isn’t just based on inclusivity. The name change is driven by naming the profession.
11. Adding to the cost of master’s program, the programs that are doing away with MSN and requiring going through to the DNP = higher cost and longer time.
 - a. As long as we are tied to nursing they will tell us how to educate our midwives
12. Asking a process question: what is the process, what is the timeline, and when does it go to the board?
 - a. Task force presents to the board at this meeting, though we have yet to pull together a final summary. But the board will ultimately decide if they will move forward with a membership vote for a name change.
13. Comment related to nursing background vs. non-nursing background and feeling there is a vast difference. Commented also that the CM credential was done before the name change was done and perhaps the lesson is that it should have been first.
14. Against the name change, is a CNM and proud of it. But if we are going to change our name for inclusivity then she suggests make the new name American College of Nurse-Midwives and Midwives, or American College of Midwifery to be inclusive.
15. Acknowledging the impact of leaving nursing may impact legislative issues in various states.

- a. This is an unknown, though there is strong feeling about it in the survey comments
- 16. Related experience in New York State with regard to midwifery (CM/CNMs) and scope of practice issues. Midwifery is represented, not just nursing.
- 17. As a foreign trained midwife, when looking for midwifery education to practice she found she had to go through nursing first even though she had done a refresher course and she was already a midwife, she had to do this to be “on par with everyone else”. Found it difficult to find midwifery education in the country that met her needs.
- 18. Asked about CPMs and claiming the title of midwifery and how that would be received? Especially in relation to MERA.
 - a. We polled them but only got two responses but from the same organization. No other organizations responded. Does that mean they are neutral?
- 19. Comment: Britain system allowed alternative educational routes. Points out that in the history in the U.S. that midwifery the elimination of lay midwifery had routes in racism.

Notes from 6-29-15 open forum

1. Review of timeline for NCITF, and review of how the group was balanced. Explained the processes used. Reviewed the infographic & survey results as well as written comments.
2. Recognition of the work of the Task Force. Taken aback by the cost of changing the name. Would like to say that now may not be the time to change the name especially given the current work with MERA. We may end up needing to change the name once again once we are done with the MERA conversation. Also mentioning that in MI using the nurse avenue has been a strategy used for scope of practice discussions.
3. Taking out “nurse” from the name discounts her identity as an APN who chooses to focus in midwifery. Feels nurse identity gives strength to who we are. Also we are fighting for full scope practice in many states we are doing this with other nurses. Aligning with nursing organizations on that work is important.
4. Asking if the reason for this look at the name change is to be inclusive of CMs? Responded that this task force was to bring about the information to make an informed decision. How many CMs are there? Less than a hundred. As for CNMs there are more than a hundred. How often does this come up at meetings? At least every year for the last 25 yrs.
 - a. Response that this is about identity
5. Comment regarding CM identity more in alignment with midwifery rather than nursing. That all her colleagues (including CNMs) are known as “the midwives”.
6. Comments about CM program vs. CNM program: no difference in educational courses or certification pass rates. Feels she thinks that the greatest problem of the fear of CM, but it is unfounded.
7. Credibility about keeping nurse in our name. Now is not the time to change the name.
8. 1995 SUNY downstate created the CM program, fully accredited by ACME 1996. Full membership in ACNM followed. Certification process is identical. JMWH CNM/CMs practice comparable. All ACNM official documents present CNM/CMs as equals.
9. It is the time to change the name after hearing how CNM and CM credentials are equal. Nursing isn’t working together. ACA is going to change the face of everything as there will be an increasing need for midwives.
10. Can relate to the fear expressed. But at this meeting we are getting the message that this will mean radical change but the idea that it may be freeing and allow us to develop in ways we can’t even imagine. We are close to that 10% tipping point that was discussed (in the opening meeting). We can be a unified force of midwives in this country.
11. Please list the positives of changing the name on the final summary. We are at the tipping point. The cost is money well spent (to change the name). When we look at everything there is not the word “nurse”. It’s not the matter of exclusion for those who are CNMs. We are a professional organization for and of midwives and the practice of midwifery.
12. Trying to exclude CMs in the name is similar to previous history of keeping other groups out of the organization. And finally nurses are not seen as autonomous like midwives are.
13. Program director who educates CNMs and CMs, has been a chapter chair. Working on prescriptive authority and to get CMs recognized in the state of PA.
14. Returning to our routes as CMs. Many women want to become midwives but don’t want to go back to nursing school.

15. Doesn't think this is the best way to spend money. Feels there are lots of midwives who don't want to change the name.
16. If we remove the word "nurse" this doesn't mean CNMs are not included. We are all in it if we become the American College of Midwives.
17. Have we looked at funding streams yet? Nursing is an educational funding concern to evaluate. If we divide ourselves we are not going to win but if we work together we will. Not sure if this is the year to change the name, but feels eventually the name will change.
18. President for CPMs: relates the ICM definition of "midwife". ICM feels that you cannot do the role of nursing or midwifery at the same time. You do one or the other. Unify as midwives and we are at the tipping point.
19. Expresses thanks for the education about CMs. Expresses how confused the public is about midwifery. Hopes one day there will be one big organization for midwifery. People don't care if there is the word nurse or not, they just know the word midwife.
20. Cost and point of view of the membership seemed to impact the survey results and the information presented by the task force. It indicates there needs to be more education among us about the CM education and practice.
21. Nurse-midwife describes our educational background, not what we practice. We practice midwifery.
22. If you practice midwifery call yourself a midwife. If you want to practice as a nurse, call yourself a nurse. Internationally they are talking about midwives in other organizations. Midwifery is a profession. If you educate yourself in another discipline you are not going to call yourself a nurse-midwife-chiropractor. You would be a chiropractor. Our name (ACNM) is historical but we have to say who we are and be proud of what we are.

NAME CHANGE IMPLICATIONS TASK FORCE
FINAL REPORT
October 2015

INTRODUCTION:

During the 2014 Annual Meeting of ACNM, the Name Change Implications Task Force was charged with evaluating the implications of an organizational name change. While at the time we recognized that this would be a daunting task, we were all surprised at just how challenging it has proven to be.

Our group consists of 12 appointed members plus 2 Board Liaisons and one staff member, representing a small slice of the ACNM population. Our first task was to evaluate the makeup of our group, because if ACNM members did not believe that all the various positions on the matter were well represented, all our efforts would be deemed biased and wasted. We determined by an internal group vote that we were evenly divided as pro-name change, anti-name change, and undecided. We had a healthy mixture of CMs and CNMs with diverse educational and practice backgrounds. Our group's makeup does not reflect the college's regional diversity nor its ratio of CMs to CNMs. Despite these limitations, we feel that our mix of members was appropriate, very effective at making a wide range of opinions heard, and adept at addressing the concerns of the membership as a whole.

PROCESS:

We quickly discovered how multifaceted our evaluation would need to be, covering potential impacts on ACNM finances, brand identification, education, credentialing, licensure, funding, politics, legislative action, APRN independence, and relationships with our various national and local partners, including US-MERA work. We collected information on these topics through internal (membership) and external (outside organization) surveys, staff input, task force evaluation of ACNM's websites, and much discussion.

Within the task force, we wrestled with the words "nurse," "midwife," and "nurse-midwife," particularly the positive and negative associations with the word "nurse." We identified knowledge gaps in our group as well as within the ACNM membership regarding CM education and scope of practice, the huge range of practice and legal environments in different states, and the perceived inclusion of ALL midwives (including CPMs) if we remove the word nurse.

With the information gathered, we created in depth reports for ACNM's Board of Directors and our membership that are included as addenda to this report, and will be posted on the ACNM website.

MEMBER SURVEY and DISCUSSIONS:

Task force members drafted questions and conducted a member survey using SurveyMonkey. The surveys were our amateur attempts at obtaining information, and task force members do not agree on the validity of our findings. We received approximately 2300 responses, which represents approximately 35% of our membership. The most thought-provoking findings were:

- 53.78% of respondents believe at this time it would be best to maintain the current name;
- 21.44% believe at this time it would be best to retain the word nurse while adding language that reflects our CM membership;
- 24.77% believe at this time it would be best to remove the word nurse from the title; and
- 60.83% believe that at this time, having the word nurse in the title is positive and it strengthens our organization.

In a discussion on the ACNM affiliate leader listserv, many participants were also opposed to changing the name.

The lists below summarize many of the opinions expressed by proponents and opponents of a name change in our task force discussions, member survey, listserv discussions, and in-person discussions at the 60th annual meeting.

<u>Proponents of a name change believe that changing the current name:</u>	<u>Opponents of a name change believe that retaining the current name:</u>
Highlights autonomous, advanced practice midwifery, decreases perception of midwives as second-class/dependent providers, i.e. ‘just a nurse’; changing the name could alter the perceived scope of practice for the better	Avoids confusion between advanced practice CNM/CMs and other types of midwives; nursing is associated with credibility and perception of competence; changing the name could alter the perceived scope of practice for the worse
Avoids confusion because current name implies that all members are nurses and that nursing is a requirement to practice as a midwife	Reduces confusion about who the ACNM represents: while membership eligibility would not change with a name change, perception of who we represent and what our mission is would become more confusing/unclear
Brings our organization into alignment with the names of associated midwifery organizations that do not have the word nurse in their name: ACME, AMCB, JMWH, ICM. Also aligns ACNM with most global midwifery organizations.	Avoids potential animosity or distrust from other types of midwives who think we are trying to take over the name “midwife”- particularly at a time of sensitive US MERA discussions
Clarifies an <u>alliance with</u> nursing versus <u>belonging to</u> nursing	Prevents animosity from the nursing community about us “breaking away”

Matches the brand (autonomous, advanced practice midwifery) we have been promoting on OMOT and our web site and official documents; increases visibility of midwifery, opportunities for marketing/PR	Supports current successful marketing and public relations strategies
Is less expensive now as it will only get more expensive the longer we wait	Avoids costly and unnecessary communications plan development and rollout at a time we could be spending our limited resources in other important areas of the College
Reduces discord within the college – includes and unites all members, helps CMs feel like “full members,” increases CM credibility, potential to retain/attract more CM members	Reduces discord within the college - membership surveys indicate a majority of members do not want the name changed
Identifies midwifery as an independent, autonomous profession – helpful in legislative work	Reduces legislative difficulties as the current name is well known and respected, maintains the APRN autonomous practice efforts we are currently involved with
Creates the validity to request a category of “Midwife” for funding from government agencies to achieve a specific carve out for CNM and CM education programs	Maintains educational funding associated with nursing
Creates the potential to correct the obscure status of midwifery in state licensing and regulation	Avoids the need to alter references to nurse-midwife in practice guidelines, legislation, and other documents; avoids confusion and concern among our regulating bodies
Better reflects the feelings of members who are not, or who do not identify as nurses	Continues ACNM support for the nursing background of most of our membership
Adds potential for new members who feel a sense of belonging in an inclusive professional organization	Avoids potential loss of membership if it is perceived that the membership qualifications have changed or those who identify strongly with their nursing background feel subjugated
Increases educational opportunities for those who want to be midwives without being nurses	Conveys that nursing is vital to midwifery practice and should continue to be the gold standard for entry to practice
Should happen now during a time of nationwide health care transition	Avoids a perceived separation from nursing which may make us invisible on the new healthcare landscape

FEEDBACK FROM THE ACNM 60TH ANNUAL MEETING:

At the 60th annual meeting, task force members wore identifying scarves throughout the meeting so members could approach them with questions or concerns. We staffed a booth in the exhibit hall to offer members as many opportunities to interact with us as possible. We also moderated two discussion sessions/open forums where ACNM members asked questions, reviewed our reports, and shared their opinions. Unfortunately, these meetings were not well attended due to many factors (conflict with other offerings, apathy about the topic, active desire to avoid the discussions, perception of uncertain purpose of the forums, and no continued education credit offered for participation). Member comments, which were consistent with the comments received during the survey (described above), were recorded during these forums and are attached as addenda.

One takeaway from our work at the annual meeting was that an important benefit of a name change would be the increased perception of inclusion and legitimacy of our CM members. While we identified this benefit during our task force discussions, we neglected to identify it in our reports. Depending on what is chosen as the new name (if ACNM decides to change their name), this could be a primary positive outcome of a name change.

We also identified members who view this line of discussion as divisive and detrimental to the college as an organization, and feel that we have talked the subject to death. Some feel we should kill the discussion and maintain the status quo without expending any more energy, time and money on this. Others feel that it's time to make the name change happen, that we are missing our opportunity as a name change will only get more expensive over time, and that it's a necessary step for progress in our organization and our place in the health care world.

CONCLUSION:

One of our most significant findings was that many in our group and the wider ACNM membership believed a name change would be a catalyst for other larger scale changes, which clarifies why this is such a loaded topic for many of our members. We recognized that many of the opinions regarding a name change, on both sides of the argument, are based on incorrect assumptions about the actual impact of a name change.

Another important finding is that there is no consensus among the membership regarding a name change. Among those who do want to change the name, there is no consensus about what that name should be. However, indicating a preference for a new name (beyond including the word “nurse”) was not part of any questions asked by the Task Force during this process. Among those who do not want a name change, there is no agreement about WHY - and much associated confusion about the CM credential, role and function within our profession. Our members do not

understand the true implications of a name change, and members on both sides of the debate overestimate AND under estimate its potential impact.

RECOMMENDATIONS:

The ACNM is a midwifery organization that advocates for autonomous, full scope midwifery practice for those who meet ACNM educational and certification criteria. ACNM's mission, vision and core values statements, the OMOT campaign content, and all recent documents published by our organization use the language of "midwifery" and "midwife." This language is also used by ACNM's professional journal, its accrediting body (ACME), its certification agency (AMCB), and all other midwifery organizations in the U.S.

ACNM also has deep historical and current ties with nursing, and a majority of our members are nurses in addition to being midwives. Reflecting these facts, the federal government, national agencies, and most state governments use the language of "nurse-midwifery." Midwifery education, as indicated by the ACNM through ACME, is largely in the hands of nursing. These facts profoundly impact funding for midwifery education, legislative and practice elements, and reimbursement for services.

Whether or not ACNM changes its name today, our profession has been deeply rooted in nursing, and many midwives also see our profession as now being independent from nursing. While ACNM members may disagree about what our professional identity currently is, we do agree that we all want a future where autonomous midwifery is the gold standard for women's health care.

Some of us believe that our relationship with nursing restricts our ability to advance autonomous midwifery, while others believe that nursing relationships are fundamental to advancing our profession (i.e. APRN drive for independent practice through our nursing alliances). Much of this difference of opinion can be attributed to the dramatically different practice and legislative environments across the country. A name that feels like a liability in one state may be an asset in another. It is also due to different philosophies of how change can and should happen, and on what timeline. We have opportunities to explore many paths, and perhaps a blended path is going to be best, recognizing multiple ways to reach the same criteria for practice.

Through our investigation, our task force came to realize that "it IS just a name change." Regardless of our college's name, our organization will remain the same internally: our membership, our beliefs, our credentials and educational requirements, our mission of caring for women, and our goals for the future will all still be the same, regardless of our name.

If we change our name, the majority of ACNM members will still be educated primarily in schools of nursing, although more programs outside nursing are in process. Many midwives will still be associated with nursing, as APRNs and as nursing educators. We will most likely still be eligible for nursing funding, although in today's restricted funding environment midwifery program funding is more difficult to obtain. We will still be regulated (mostly) by boards of nursing. We will still need to pursue pathways to licensing CMs in more states, as name change does not alter authority to practice. We can still call ourselves "CNM" and "nurse-midwife" if we choose. We will still maintain a strong alliance with ACOG, AWHONN, and our other health care colleagues. We may have to work at these things, we may have to alter our efforts or our public relations, but we will continue to be who we are, regardless of the name.

If we keep the name, we will still need to pursue pathways to licensing CMs in most states. We will still work towards increasing the opportunities for midwifery programs that do not require nursing, so that midwifery continues to attract well-qualified candidates who are not nurses, while still supporting our existing 'nursing to midwifery' paths. We will still represent both CMs and CNMs, in legislation, education, funding and regulation issues. We will continue to work towards autonomous midwifery for all who meet our criteria. We will still strive to be the best providers, and the answer to our women's health care needs throughout the country. We will meet the standards of the ACNM and be certified by the AMCB regardless of our organization name.

In our surveys and discussions, many members indicated that the name needs to change eventually, but not now. As a task force, we feel similarly: that changing the name now would be putting the cart before the horse. We identified so many knowledge gaps in members' understanding of CM education and scope of practice, and misunderstandings about what a name change would actually accomplish, that even those of us who are most passionate about name change must admit that significant educational work must take place to lay the groundwork before a name change can be realistically attempted. Even those of us who are most wedded to the current name must admit that we as the membership need to better understand our CM colleagues, support alternative entry points into our profession, and fortify the funding for midwifery education both within and independent from nursing – even if the name never changes.

In many ways, the debate over name change is the symptom of a deeper problem of miscommunication and misunderstanding among our membership and the public. We recommend that the college undertake the following action steps over the course of the next 2-3 years, in order to better unify the membership and move this conversation forward:

1. Create a plan to educate the membership and general public about the CM credential.

The CM credential is one of our stumbling blocks and also great opportunities. The creation of a

direct pathway to midwifery which meets ACNM, ACME and AMCB standards is a demonstration that midwifery is a stand-alone profession and can be separate from nursing. It also allows for other professionals to become midwives without going through a third professional education to get there. CMs complete identical midwifery training to CNMs. The only difference is that they are not required to complete nursing training prior to midwifery school – instead they learn basic skills like IV placement, blood draws, wound care, etc. as an extra course in midwifery school. CMs must meet the same midwifery standards, take the same exams, and complete the same clinical rotations as CNMs. CMs and CNMs take the same AMCB certification exam. Despite existing for 23 years, the CM credential continues to be poorly understood within the college and struggles - inaccurately - with perceived ‘second class’ status among our member midwives. Working to resolve this confusion and useless discrimination will reduce resistance to a name change, and also increase organizational buy-in from CMs.

2. Develop an educational campaign for members and associated organizations about what a name change does and doesn’t mean. Promote consistent and persistent dialogue among members about what a name change would do, what it would NOT do, and in what ways changing the name would truly impact members’ daily practice. It might be useful to do small “sound bites” of information in *Quickening* on different issues that members have raised, both pro and con, in an effort to educate and desensitize members on both sides of the issue. We know that name change will not lead to the realization of most of the fears nor the hopes of our members.

3. Conduct a survey to determine if there is a specific alternative name that has the support of a majority of members. Much of the vagaries of our discussion and findings can be attributed to the fact that we did not have a specific name to work with. With a specific name, discussion will be more focused and realistic, with fewer unknowns. A name that keeps the word “nurse” and adds something to include non-nurse midwives will likely garner greater membership support at this time than a name that removes the word “nurse” entirely. Determining whether or not the word “nurse” would be retained in the new name could alter the conversations dramatically, from “no way, never” to “I don’t really see why, but if we have to go ahead” if the name still contains the word nurse. Possibilities brainstormed in our group were: American College of Certified Nurse Midwives and Certified Midwives, American College of Advanced Practice Midwives, American College of Midwifery. The survey could include a write-in option to collect more ideas. A survey like this both reassures those attached to “nurse” in our organization name that they may not have to give it up, and those who want to remove “nurse” that we are taking a step in that direction.

4. Create a plan to distinguish between CNMs/CMs and midwives who are not licensed or regulated. The confusion about midwifery credentials deepens when we consider midwives who are neither CNMs nor CMs, especially in states where these midwives are not licensed or

regulated, nor meet the minimum standards of midwifery according to the ICM. CNMs in many of these states use the term “nurse-midwife” as shorthand to distinguish their advanced education and scope of practice from that of other midwives. With the work of US-MERA, there is hope that non-CNM/CM midwives in our country will raise their standards and seek appropriate licensure and regulation. However, there is a tremendous knowledge deficit about education and credentialing requirements for different types of midwives among our membership, as well as among legislators, hospital administrators, and our colleagues in the medical community. There is great fear that changing our name will associate us with non-regulated midwives, and risk our credibility by association. Some task force members believe the term “advanced practice midwife” holds potential as shorthand to distinguish between CNMs/CMs and other midwives. Others believe that this term should not be introduced, as it adds another layer of confusing nomenclature. The college should determine preferred language, and engage in concerted outreach in states where credibility is a main concern to promote this language among key players, with the focus on ensuring that both the CNM and CM credentials remain respected. Addressing this fear will reduce resistance to a name change, and promote inclusive language that will benefit the college even if the name doesn’t change.

5. Continue efforts to establish midwifery as an independent profession. The College has to devise a plan, both short and long term, for having midwifery recognized by both federal government and national agencies. Strategies need to ensure that the federal government understands and recognizes, in its taxonomy for funding, legislative and practice elements, that midwifery can be separate from nursing. The challenge inherent in devising a plan for licensing midwives appropriately and adequately in 50 states, while huge, will also be facilitated by the state affiliate infrastructure, which will need good guidance and strong leadership. There are states in which autonomous advanced practice midwifery already exists, which can be used as models to follow.

6. Budget for name-change related costs. While we have not come to an agreement about details of cost, there are potential real and significant expenses to the college whether we change our name or not. Changing the name will incur costs in public relations/marketing, membership education, outreach to partner organizations, legislative fixes, and diverted staff time from other projects. NOT changing the name involves costs in lost opportunity, and increased costs later on if we decide to change our name in the future. Either way, the college should create a line in the budget to accommodate current and potential future name-change-related expenses.

7. Accept that there is a potential for membership to shift. While we have no quantifiable data regarding potential loss of members, the task force recognizes that members on both sides of the name change debate have threatened to abandon their ACNM membership – some say they will leave if we don’t change the name and some say they will leave if we do. We don’t really know if any of these threats will come to fruition but this potential loss of membership is worth

mentioning. There also exists the possibility that the college will attract more members if it is able to unify its membership through the steps outlined above.

8. Explore and create groundwork for a valid survey mechanism to determine the will of the membership. Once the above steps have been completed, ideally there will be less fear about a name change and also more realistic expectations about what a name change might accomplish. When the college is better positioned to consider it again, we will want to know the true majority opinion, not only the feelings of the vocal minorities. A response from only a third of our members (as with our survey) is not enough to confidently state that we “know” what the members want. It is crucial that the College use a credible, legitimate, professional survey mechanism with the ability to capture valid and reliable information about the will of the members relative to changing the name. This will likely take time to create.

OTHER AREAS MERITING INVESTIGATION

There are still areas that we touched on only partially or not at all, and may or may not be impacted by an organizational name change:

- impact of different name options
- potential damage to the CMs by not changing the name
- concept of ‘separation’ from nursing
- impact on alliances with ACOG and OBs, especially as employers
- faculty roles remaining within nursing structures
- association with APRN legislation and licensure requirements and benefits;
- insurance industry perspectives on reimbursement of services for those licensed as Advanced Practice Nurses, members of a nursing organization than they view members of a midwifery organization, identified as independent midwives?
- national hospital associations and CEOs thoughts on granting full medical staff privileges to the spectrum of APN’s as opposed to a single, independent midwifery professional, or whether our organizational name would have any impact on this.
- impact of name change on creating a midwifery organizational umbrella and CM educational opportunity for PAs who in growing numbers are requesting and are being granted the ability to perform deliveries?
- would the implication of not changing the name allow a void in the impending work force shortage to be filled with yet another professional group rather than positioning the ACNM to meet the needs of women?
- does the existing mechanism in the By Laws even realistically allow for a name change since the proportion of members who need to participate in that vote is much higher than we have been able to get for recent elections and by laws votes?

ACNM might also consider revisiting the name change concept if there is a change in the midwifery playing field overall. For example, if US-MERA leads to an agreement that all midwives will meet the ICM standards, perhaps that would be a time to consider a name change that also encompassed an organizational change so that the membership would include all qualified midwives. Changing the membership to include all qualified midwives would provide for a national organization of midwives that could be renamed to reflect the full membership. This is a divided concern expressed by many members – if we change the name (especially removing the word nurse), will we (or do we have to) represent all the midwives in the country? Is the goal to merge the organizations and the midwives into a broadly representative organization? If yes, and if that is identified by the membership as a goal, then the name change would logically come concurrently with additional organizational changes.

In brief summary, there are many changes possible in our near future, and many fears that our members currently express. Finding common ground, educating our members, reducing fears and identifying the greater goals are needed prior to moving to a new name. How do we keep our message inclusive, and have people see our name as inclusive also? The leadership needs to be focusing the discussion on protecting and unifying midwifery, maintaining midwifery as the gold standard of care for more women in our country and communities, and developing and supporting more qualified midwifery providers. Now is the time to develop the short, medium and long term strategies to address knowledge gaps so that our unified membership can work together to put midwifery into the mainstream of the US health care system.

Respectfully submitted by the Name Change Implications Task Force

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