

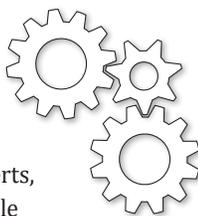
## Quickening Makes the Switch in January 2017

The transition to our digital format for *Quickening* continues. As we have shared in past issues, ACNM's quarterly, member-only newsletter is switching to an online format to save on printing and mailing costs and to make ACNM a better steward of the environment. We thank the ACNM members who have already made the transition to digital and no longer receive a paper copy in the mail. Beginning with our winter

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## Midwifery Works! 2016 Targets Effective Midwifery Management

In less than one month, ACNM will host Midwifery Works! 2016, our premier fall business meeting for midwives. We hope you will join us November 2-6 in beautiful Myrtle Beach, South Carolina. Produced by ACNM and midwifery business experts, our conference will enable you to enhance your organizational and financial prowess, learn new skills that will put you on the cutting edge of practice



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## ACNM 2017 Elections

# Cast Your Vote!

ACNM election season is here. This year, we're selecting President-elect, Vice President, Representatives from Regions IV, VI, and VII, and 2 members of the Nominating Committee. To help you choose, we asked the candidates (excluding the Nominating Committee hopefuls) to answer the question: *What challenges to midwifery practice have you observed/experienced either nationally or in your region, and what solutions would you suggest or implement to eliminate that challenge to midwifery practice?*

### CANDIDATE FOR PRESIDENT-ELECT



**Lisa Hanson, PhD, CNM, FACNM**

The United States needs more midwives providing primary health care and

midwifery-attended births to address pressing health needs, especially among vulnerable populations. Midwifery practice will be advanced by the elimination of barriers to full practice authority. Midwives can best meet the needs of women and families when they can practice to the full extent of their professional preparation. For example, restrictions to midwifery practice authority prevent new practices from opening in the most underserved rural and urban communities. Unnecessary restrictions, such as the requirement for a written collaborative agreement, need to be addressed with meaningful legislative change. Efforts to advance full practice authority need to continue to be a priority for the ACNM.

Midwifery science guides practice and is critical to advance our profession. Research adds to the body of knowledge that supports the unique approaches midwives use to achieve optimal outcomes. The ACNM is an ideal forum for midwifery

researchers to disseminate their work and to develop collaborations. Ultimately, the reestablishment of an ACNM staff researcher position will allow the organization to collect meaningful data for and about its membership and seek funding to support the research agenda.

To grow midwifery to its full potential, we need more midwives from under-represented groups to join the efforts to meet the needs of vulnerable populations. To attract women and men from diverse communities to become midwives and join ACNM, we need to continue to make concerted efforts to create an inclusive organization. The future of the ACNM will be stronger as we become more diverse and inclusive.

### CANDIDATE FOR PRESIDENT ELECT



**Susan E. Stone, DNSc, CNM, FACNM, FAAN**

Based on my past and present involvement and observations, I believe there are three

main challenges facing midwifery today at national, state, and local levels. Regulatory issues that limit midwives' ability to practice to their full practice scope without unnecessary restrictions, the confusion

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# ACNM Welcomes New CEO

This month, ACNM is pleased to welcome our new Chief Executive Officer, Frank J. Purcell. Frank's appointment is the culmination of a 6-month process involving many ACNM members and staff. Last spring, the Board of Directors contracted with Association Strategies Inc. (ASI), a DC search firm, to assist with the identification of top-tier candidates. ASI interviewed board members, national office staff, and more than 40 other members and stakeholders to develop a CEO position profile. Concurrently, the Board approved a Search Committee representing a cross section of ACNM membership to work with ASI.

ASI advertised the position, reached out to more than 175 individuals, and

conducted personal and telephone interviews with multiple candidates who matched the position profile. Ultimately, ASI presented a slate of 9 candidates for the Search Committee's consideration. After reviewing each candidate's profile, cover letter, and resume, the Search Committee identified 6 outstanding individuals with whom they conducted personal interviews. At the conclusion of the first round of interviews, the committee brought back its 2 finalists for a second interview with its members



Frank J. Purcell, new ACNM CEO

and with the national office senior staff. The search committee unanimously recommended Frank Purcell to the Board of Directors for the position of CEO. The BOD also unanimously voted to offer the position to Frank.

The Board and staff look forward to working with Frank as he brings many unique skill sets to the organization. He joins us

from the American Association of Nurse Anesthetists (AANA) where he most recently served as the Senior Director of Federal Government Affairs. During his 16-year career at AANA, Purcell guided the legislative and regulatory advocacy agenda for the 49,000 member organization, including work on multidisciplinary coalitions within the health care community. Among his accomplishments, Purcell quintupled attendance at the association's Washington advocacy conference and secured Medicare coverage for all nurse anesthetist services within their scope of practice—a distinction that earned him "Top Lobbyist in Washington" by CEO Update.

The Board wishes to thank the Search Committee members: Janice Enriquez, CNM, WHNP-BC; Lynne Himmelreich, CNM MPH FACNM; Karen Jefferson, LM, CM; Deborah Kaiser, CNM RN-C; Lisa Kane Low, CNM, PhD, FACNM, FAAN; Ira Kantrowitz-Gordon, CNM, PhD, FACNM; Nancy Jo, Reedy, CNM, MPH, FACNM; and Maria Valentin-Welch, CNM, MPH, FACNM for their important individual and collective wisdom as they thoughtfully and deliberately worked through the search process. 🙏



By Joan Slager, CNM, DNP, CPC, FACNM, ACNM Treasurer and Search Committee Chair  
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## Go for the Gold!

The recent Summer Olympics in Rio de Janeiro was a great example of both individual skills and teamwork. If you had an opportunity to see any of the events, it was apparent the participants worked extremely hard for many years to achieve the highest level of success in their sport. Discipline, commitment, and passion were necessary for the athletes to compete in the world's most admired athletic competition, often while facing great personal challenges in that journey.

Organizations also have the same ability to rise to new heights of achievement and success. I've observed the same drive to move ACNM into a new level of efficiency and value for our members through actions of the Board of Directors, our staff, and our volunteers. You can see highlights of many of these accomplishments in this issue.

Thoughtful consideration and analysis of new ways to do the association's business while keeping the needs of our mem-

bers foremost have resulted in ACNM setting new priorities while maximizing our resources as much as possible. Continued process improvements in finance, member customer service, and communications have strengthened the framework of operations. Current analysis of our volunteer structure, elevated membership recruitment and retention strategies, and ongoing strategic planning implementation ensures our ability to reach goals and fulfill our mission.

As I complete my position as acting CEO at the end of October, I'm grateful for the opportunity to have been part of the staff leadership team for the past seven months during this time of transition. Like the Olympians, I'm confident continued focus on our members' needs and building our resources will result in "medal-winning" excellence! 🙏



By Wendy Scott, CAE, Acting CEO

# In Memory of Nivia: The Importance of Our Diversity and Inclusion Work that Lies Ahead

As we mourn the loss of Nivia Nieves Fisch, an amazing individual, midwife, and mentor to many (see page 37), I have been thinking about her wisdom and vision as one of the founding members of the ACNM Midwives of Color Committee (MOCC). Through the collective efforts of committed members of color, which included Nivia, this standing committee was born. One of my priorities as ACNM president is to continue having difficult conversations that can help ACNM move forward to become a more inclusive organization throughout our membership, policies, practices, and events.

Members of MOCC, including Nivia, have been a critical force and have a long and proud 30-year history within the organization, resulting in significant contributions to policy statements, organizational priorities, and mentorship for midwives of color. While its work has been invaluable, in some ways, we were guilty of treating MOCC as a silo where questions of difference and race were addressed, rather than tackling these topics throughout our organizational structure. We've learned over time that the presence of this committee alone is not enough to create an inclusive organization.

## Shifting the Frame

Some important steps have been taken. With the support of the MOCC, in 2013 ACNM created the Diversification and Inclusion Task Force. The work of the task force and Greater Good Consulting, the facilitator for this work, resulted in the June 2015 report, "Shifting the Frame: A Report on Diversity and Inclusion in the American College of Nurse-Midwives." In combination with the release of this report, the 60th Annual Meeting included a number of events to help ACNM begin to take steps to identify issues of race and racism and to face the reality of being an association that not all members felt to be inclusive, but rather exclusive and unwelcoming. If you have not had the opportunity to read the report, or if you need to refresh your

memory, I encourage you to check it out, as well as the resources on diversification and inclusion, at [www.midwife.org/Diversification-and-Inclusion-Task-Force](http://www.midwife.org/Diversification-and-Inclusion-Task-Force).

We recognize that we have hurdles to overcome as we move down a path of becoming more inclusive and need to meet head on the challenging subjects of race, identity, privilege, and negative experi-

task force will be able to provide other levels of assessment and recommendations that will build on the work of the Diversification and Inclusion Task Force.

"Listening to Women" is ACNM's mantra to capture the uniqueness of midwifery. We also need to listen to each other and take in the many concerns that our students and other members have raised about racism and discrimination in order

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*"I look forward to ACNM realizing the vision of the founders of MOCC to create a more inclusive, diverse association."*

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ences within the College. The evidence is there.

A motion was presented at this year's Annual Meeting outlining the negative experience of a student member at the prior year's meeting. The motion was as follows: We move that the ACNM Board of Directors establish policies and procedures that are both proactive and responsive to address experiences of racism and/or discrimination that students encounter at the ACNM Annual Meeting.

In response to this motion, the Board of Directors initiated a task force chaired by Angy Nixon, CNM, APRN, FACNM to address the experiences of racism and/or discrimination that our members may encounter at the ACNM Annual Meeting and other events. We have broadened the charge to address all members and all types of ACNM events. While this is a very large task, it's a critical first step to having a proactive and timely response when a member experiences racism or discrimination. This is an area where ACNM has not been prepared and we need strategic training and comprehensive approaches to generate effective responses and initiate proactive, positive change.

Over time, we anticipate this new

to make effective organizational changes within ACNM. The Board recognizes that this work will take patience and hard work, and we all have to be willing to engage in the long-term commitment to create a welcoming, respectful organization. To me, this work is essential to the viability of our organization and our leadership in women's health and maternity care.

## Bridging Differences

I will cherish the memories I have of Nivia and her quiet, but strong ways of making me think and ask different questions. I look forward to ACNM realizing the vision of the founders of MOCC to create a more inclusive, diverse association. We must bridge differences, allow space for difficult conversations, and work together to achieve the goals of making midwives and midwifery care accessible and acceptable for all families.

I hope you will join me in this critical journey to ensure a brighter future for ACNM. 📍



By Lisa Kane Low, CNM, PhD, FACNM,  
ACNM President  
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## Region I Update

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

I hope you all enjoyed your summer and your fall is now in full swing. In **Connecticut**, the Yale School of Nursing Midwifery Educational Program is celebrating its 60<sup>th</sup> year. Yale will be honoring and celebrating the retirement of Heather Reynolds, CNM, MSN, FACNM. Heather is a distinguished clinician, instructor, and policy developer, as well as the minority student coordinator at the Yale School of Nursing. For decades, she has been a leader in health care delivery to underresourced and minority populations, and a valuable mentor to students and colleagues. We are grateful for Heather’s ongoing contributions and representation both regionally and nationally.

Congratulations, **New York**, on passing a bill that will permit midwives to open birth centers! New York midwives are waiting for the governor to sign the bill into law, and are ready to work with the New York State Department of Health on new regulations they have drafted, available at [www.nysalm.org](http://www.nysalm.org).

New York and **Massachusetts** have added Diversity and Inclusion Chairs to their affiliate leadership, and are actively recruiting committee members. The groups hope to support members of diverse and underrepresented backgrounds, and advocate for broader perspectives in decision-making. Massachusetts Midwives of Color started a Google Group ([www.goo.gl/u0EFhz](http://www.goo.gl/u0EFhz)) to help midwives and students of color connect and network locally.

**Massachusetts** ACNM hosted a “Hearts of Midwifery Birth Story Slam,” an evening of food, drinks, and favorite birth stories on September 25 in West Roxbury. Linda Orsi Robinson, CNM from **Maine** and author of *Sunday Morning, Shamwana: A Midwife’s Letters from the Field*, is featured in a new TEDx talk at [www.youtube.be/2v5A3BxU4Uc](http://www.youtube.be/2v5A3BxU4Uc). She discusses high maternal mortality rates, especially for Native American and African American women. You can follow her blog at [www.goo.gl/Idp5xp](http://www.goo.gl/Idp5xp).

Congratulations to **Rhode Island’s** Dr. Deb Erickson-Owens who is a *Rhode Island Monthly* award recipient for excellence in nursing. And, for midwifery week, Rhode Island ACNM will be hosting a screening of *Why Not Home?* in collaboration with Brown University’s Women’s Center. A panel discussion will follow.

The 2016 Region I Meeting is Saturday, November 12, 2016 at the Newport Harbor Hotel in Newport, RI ([www.bit.ly/2c3asU0](http://www.bit.ly/2c3asU0)). Special guests include Emily Nagoski, PhD, author of *Come as You Are*, and Lisa Kane Low, CNM, PhD, FACNM, ACNM President.

Please make sure you are registered to vote in the US Presidential election on November 8. Vote up and down the ticket to support the issues important to you. Make your voice count. 🗳️



by Kathryn Kravetz Carr, CNM, MSN, Region I Representative  
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## Region II Update

DC, DE, MD, NJ, PA, VA, WV, International addresses

As summer draws to a close, the kids go back to school, and the evenings get a little bit cooler, I am reminded yet again that no matter what the season, during the school year or during summer break, no matter what is happening in the world of politics, regardless of how much construction there is on the roads, or what the price of gas is, babies continue to come. Sometimes their entry into our world is difficult and complicated, sometimes the outcome is not what was hoped for and longed for, sometimes things do go awry. However, the amazing thing is that the vast majority of the time, we have the awesome privilege of witnessing a miracle that is almost always pure joy. Those last moments of sweat and struggle, and the ensuing immeasurable reward—the slippery sweetness of the brand new being on bare skin, the first time those eyes open to search for the face that goes with that familiar voice, the ecstatic murmurings of the parents, grandparents, and even midwives,

“Those last moments of sweat and struggle and the ensuing sweetness... these are the moments we treasure.”

and that first latch when the baby finds its way home—these are the moments that we treasure, and for which we hold the space in a way no other profession can match.

As we swing into a new academic year, I would like to remind us all to reflect on why we have come to this profession, how our teachers helped to midwife us to this point, and how critically important it is for us to reach back and offer that same support to the midwives coming along this year. A record number of student midwives will enter our programs, all needing preceptors to initiate them and hold the space for them to take on this unique role. With the growing shortage of maternity care providers comes an unprecedented opportunity for midwives to fill a void, and take our rightful place as the portal of entry to maternity care for all women. Let’s make sure we have enough midwives to fill those spaces!

I am so impressed with the growing education programs in every state of Region II. Here’s wishing all of us a fabulous fall, and a vibrant new crop of students to welcome. Happy precepting! 🗳️



By Máiri Breen Rothman, CNM, MSN, FACNM,  
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## Region III Update

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

**I**n Louisiana, many families receiving care from the Birth Center of Baton Rouge lost everything in the terrible floods there.

**Louisiana** affiliate, all of us in Region III are in solidarity with you.

I have been happy to attend some of the affiliate meetings in Region III. The July meeting in **Alabama** was rich in information and opportunities to connect. In addition to the business of the affiliate, Donna Dunn, CNM, the president, invited Ashley Lovell, a certified doula, to present her work with the Alabama Prison Birth Project. In Alabama, the number of women in prison increased by 646% between 1980 and 2010, and 25% are currently pregnant or have given birth in the last year. At the meeting, I also had a chance to see Joyce Wiechman, CNM, my former midwifery faculty at the University of Mississippi from 1982, and we stood together with Cherise Fretwell, CNM, a former student of mine, for a photo of 3 generations!

The **Florida** affiliate has grown to 380 active members, up from 351 in 2014! Currently, there are 635 CNMs residing in the state, so their goal is to continue to increase membership. Among their many commitments, the affiliate is a partner organization with the Florida Perinatal Quality Collaborative. In 2016, there were midwifery representatives on both the Hypertension in Pregnancy and the Postpartum Hemorrhage initiatives.

As its first activity, the **Georgia** Diversification and Inclusion Committee kicked off the Georgia affiliate meeting with a fascinating panel of CNMs and CPMs who all practice home birth in Georgia. The committee, chaired by Yvonne Green, CNM, is a great example of the affiliate's commitment to the core ACNM goal and value of diversification and inclusion.

By the time readers view this column, the **Mississippi** affiliate will have hosted a "twin" midwifery retreat with Alabama on the beach in Biloxi, MS. The affiliates will be presenting a strong program of updates on hypertension, diabetes, Zika, and much more.

The **South Carolina** affiliate met at the Charleston Birth Place in July where big, silver balloons printed with the numbers "2000" floated in the waiting area. The decorations celebrated the fact that the Birth Center had welcomed 2000 babies into the world!

I was unable to attend the affiliate meeting in **North Carolina**, but hope to see many of the NC midwives at Myrtle Beach in November at Midwifery Works!

**Tennessee** affiliate, I will see you in October for your awesome education program. 📖



by Jenny Foster, CNM, MPH, PhD, FACNM  
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## Region IV Update

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

**T**he days are getting shorter, the evenings a little cooler, and the students have started back to school. Yes, summer is over, and we are headed into autumn (my favorite season!). Region IV is buzzing with announcements of their upcoming affiliate meetings, retreats, events, and legislative activities.

I was excited to see that **Arkansas** has a fabulous slate of candidates and the affiliate is getting back into full swing! **Indiana** has upcoming elections and has put out a call for nominations for their open positions. Indiana also hosted its affiliate meeting on September 21 on the south side of Indianapolis. **Missouri** is planning its fall retreat along with continuing education units (CEUs). **Kentucky** had its retreat September 23–25 at the historic Frontier Nursing University in Hyden, and the organizers delivered plans for the future and fun! **Michigan** has several midwifery services hosting events this fall. On October 4, during Midwifery Week, Wayne State University Physician Group CNM Service at Hutzel Women's Hospital in Detroit hosted Penny Simkin, PT when she presented Grand Rounds! It was an honor to have Penny come to Michigan and share her amazing work and insight from her perspective as a physical therapist, childbirth educator, birth counselor, and noted author. In November, the University of Michigan Health System CNM Service in Ann Arbor will be presenting a 2-day birth workshop. **Illinois**, meanwhile, will be hosting their annual Lillian Runnerstrom fall event. The occasion is especially meaningful this year with Lillian's recent passing on June 12, 2016, at age 95. Lillian Runnerstrom, CNM, PhD, FACNM was a lifetime member of ACNM, serving on many committees and as president from 1967 to 1969. A professor and head of the Department of Maternal Child Nursing at the University of Illinois-Chicago College of Nursing from 1969 to 1980, Lillian established the college's nurse-midwifery program in 1972. In 2003, the school's Department of Maternal Child Health founded the Lillian Runnerstrom Institute of Excellence in the Study of Women, Children, and Family Health in her honor. We all found the tributes and stories about her that were shared on the Illinois listserv extremely touching. Some were funny, and all captured her vision and persistence. 📖



By Katie Moriarty, CNM, PhD, RN, CAFCI, FACNM  
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## Region V Update

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

**M**ember surveys consistently show that policy and advocacy work is the most valued member service. Now that fall is here, most affiliates are holding their fall meetings and talking about their legislative objectives for 2017. Affiliate leaders will be hearing from their region representatives to discuss the state legislative issues and expectations. This will assist ACNM Director of Advocacy and Government Affairs Cara Kinzelman ([ckinzelman@acnm.org](mailto:ckinzelman@acnm.org)) in planning for the coming season.

The two most common state legislative initiatives involve full practice authority and CPM licensure. We have a group of affiliate leaders working on full practice authority, and Cara will be announcing a new group for those working with CPM licensure this fall. The groups meet via affiliate-driven conference calls and their goals are information-sharing and support, affiliate leader to affiliate leader. Cara joins in, adding her perspective and offering resources. Additionally, members can also receive and share information and advice by joining the state policy listserv.

Cara also encourages state affiliate leaders to contact her for assistance with their policy and advocacy work. Services she offers include strategic advice, bill drafting, evaluation of legislation, stakeholder outreach, coalition building, grassroots support, research, bill tracking, assistance with talking points, and letters of support or opposition. Because Cara's response time can vary depending on her work load, affiliate leaders are encouraged to contact her early, before a situation becomes a potential crisis.

Shifting gears, I would like to highlight some Region V affiliate activities. **Wisconsin** has been working toward full practice authority for some time, primarily with the APRNs, but the affiliate is also exploring an option via rulemaking. **South Dakota** and **Iowa** are working with the CPMs on licensure legislation. **Nebraska** APRNs passed full practice authority a year ago, and the Nebraska affiliate is now working on getting added to that bill. **Kansas** is in the process of rulemaking for their legislation that gives them full practice authority for normal birth under the Kansas Board of Healing Arts. And **Oklahoma** is participating in the AIM project.

Last, but by far, not least. I would like to encourage everyone to consider attending **Minnesota's** 5<sup>th</sup> Annual Optimal Outcomes in Women's Health conference on October 28, 2016! The event is well known as a multidisciplinary conference with great speakers and networking opportunities. Information is available on the Minnesota ACNM website: <http://bit.ly/2d5ex9s>.

As always, feel free to contact me with any concerns or issues where I can be of assistance. 



By Lynne Himmelreich, CNM, MPH, FACNM,  
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## Region VI Update

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

**A**ffiliates in Region VI have been active over the summer planning fall legislative efforts, forging relationships with other professional organizations, giving back to their local and global communities, and assuring formal roles for their students.

**Arizona** affiliate representative, Janice Bovee, CNM, MSN is working closely with other state nursing and APRN groups to remove CNM required collaboration restrictions and to move CNMs to a separate category of NPs rather than a sub-specialty of NPs.

**Colorado** affiliate members met several times over the summer with updates on upcoming full practice authority legislative issues. Additionally, each month members assemble birth kits for Project C.U.R.E. Affiliate members have taken these birth kits on trips to support global maternal/infant health including Pam Prag, CNM to Nepal, Amy Nacht, CNM to Guatemala, and Diane Rousseau, CNM to Haiti. The University of Colorado also welcomed a new director, Denise Smith, CNM to its Midwifery Specialty Program.

Kalispell Regional Healthcare hospital sponsored Spinning Babies® education for the obstetrical nurses and **Montana** affiliate members Amber Lavin, CNM, DNP, WHNP, and Jana Sund, CNM to reduce the cesarean birth rate. As a result, their practice, Family Born Maternity and Women's Health, with the help of the hospital nurses, boasts a 100% vaginal birth rate.

**New Mexico** affiliate members recovered from their hosting of the amazing and successful 61<sup>st</sup> ACNM Annual Meeting & Exhibition. At a summer meeting, members learned more about possible APRN legislation that would affect CNM licensure, and they planned to provide education about the implications of these changes for APRNs and CNMs. University of New Mexico students Karoline Kinney and Amanda Maitland are actively involved.

A large group of **Texas** affiliate members gathered at a quarterly statewide meeting in July at The Woodlands where they reviewed working with APRN groups and explored legislative efforts including full practice authority. Chapter leaders include Annette Jones, SNM; Kathleen Donaldson, CNM, MS; Kristi Saxon, CNM, DP; Elizabeth Tombs, CNM, MSN, IBCLC; and Crystal Stewart, SNM.

**Utah's** Legislative Committee met to plan efforts to assure full prescriptive authority for CNMs in alignment with the recently passed APRN legislation. University of Utah Midwifery students and student affiliate members Heather Johnston, Samantha Lawson, and Melissa House are actively involved in the affiliate's Membership Committee.

The blossoming **Wyoming** affiliate, led by Jeanne Peterson, CNM, met in July to establish priorities, including revisions of the Wyoming Birth Center laws. 



By Jane Dyer, CNM, PhD, MBA, FACNM, Region VI Representative  
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## Region VII Update

AK, CA, HI, ID, NV, OR, WA, Uniformed Services, Samoa, Guam

**G**reetings, Region VII members. **Alaska**, thank you for your hospitality during my visit in June. I was delighted to see the excellent attendance at the affiliate meeting in Anchorage, where we discussed the birth center movement in the state. I also was pleased to attend a second affiliate meeting (with fresh salmon!) in Homer, which explored ways to coordinate with the USA affiliate, Alaska's twin. One outcome of the site visit was connecting CNM Marilyn Pierce-Bulger with Clare Lynam, ACNM's communications director. Marilyn is a consultant on the Centers for Disease Control's (CDC's) Fetal Alcohol Syndrome Prevention Program.

**California:** Congratulations to California for making a valiant effort with CA 1306, the state bill that would have removed supervision for CNMs. Thanks to Autumn Burke for representing us, Kim Dau, CNM, MS our legislative chair, and all California affiliate midwives for your tenacious effort. You hung in there, and we will try again!

**Hawaii:** Zika has hit paradise, and the Hawaii affiliate has responded with a comprehensive presentation.

**Idaho:** Last February, following the annual Idaho Perinatal Project Annual Conference, the Idaho affiliate hosted a one-day conference: Advanced Evaluation and Management of Psychiatric Illness in Reproductive-Age Women, which Oregon affiliate member Adria Goodness, CNM, MS, CMHNP presented.

**Nevada:** Under affiliate leadership, midwifery students are being encouraged to volunteer with the *Our Moment of Truth™* campaign.

**Oregon:** The affiliate held its Roving Meeting Weekend in July. The innovative tradition addresses business and offers comradery.

**Washington:** The annual tradition, Miles for Midwives Fun Run/Walk, is coming up in October.

**USA Affiliate:** Nitrous oxide utilization is a focus, and USA affiliate is requesting updated information on standard operating procedures. (See Chapter 23 in the 2<sup>nd</sup> edition of *Best Practices in Midwifery* authored by experts Michelle Collins, CNM, PhD, FACNM, and Judith Rooks, CNM, MPH, FACNM.)

The second edition of *Best Practices in Midwifery: Using the Evidence to Implement Change* has just been released (Springer Publishers, 2017). Highlights of Region VII participation include co-editor, Judith Rooks (OR), and authors Judith Fullerton CNM, PhD, FACNM (CA); Heather Bradford, CNM, ARNP, FACNM (WA); Mary Barger, CNM, MPH, FACNM, PhD (CA); Laura Aughinbaugh, CNM, DNP, CRNP (CA); Margy Hutchison, CNM (CA); Melanie Thomas, MD, MS (CA); Jenna Shaw-Battista, CNM, NP, PhD (CA); and Mary Paul Backman, CNM (WA). That's 10 out of 44 authors. Good showing from Region VII. 📌



By Barbara Anderson, CNM, DrPH, FACNM, FAAN,  
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## Student Update

**I**n collaboration with ACNM Vice President Cathy Collins-Fulea, CNM, I drafted a letter to the section committees and task forces of ACNM requesting outreach to students, so students can become more involved at the national level. Students, this is in direct response to your charge in the 2016 Student Report to the ACNM Board of Directors. Several committees and sections have responded, and we are in the process of connecting these committees and sections with you and your peers.

I also would like to recognize some of the involvement that students are already engaged in with the organization at the national level. At the Board of Directors meeting at the ACNM Annual Meeting, a Shenandoah/John's Hopkins University student, Zoe Gutterman, presented information about the deficit in gynecological care of incarcerated women. The Board approved her report and sent it to the Division of Standards and Practice for further development regarding related policy. Dede Horvath just completed her term in May as the student representative to the Board of Directors and is now a new CNM. University of **New Mexico** students made up a significant percentage of the New Mexico affiliate's local committee booth, and many students also served as pages and as PAC student volunteers. Each midwifery education program has a Student and New Midwives Section (SANMS) liaison. These liaisons represent their school to the SANMS leadership and write the Student Report to the Board of Directors. What's more, these are just some of the many ways that students are making a difference in ACNM. It is very exciting to see the ways students are involved throughout the organization, and I am eager to witness the impact that students can have on this organization.

I recently had the opportunity to meet with some students from **Oregon Health Sciences University**, and one of their biggest concerns was difficulty in finding clinical sites and preceptors. This is an all-too-common concern of most students I have talked with in many different programs and areas of the country. If you are not currently precepting a student, please consider taking the time. It is an opportunity to have a truly lasting impact on midwifery and a chance to grow the practice. For the midwives who have served or are serving as a preceptors, the students thank you for your time and efforts.

Students, I want you to know that I represent your interests to the Board of Directors. Please feel free to contact me with your comments, concerns, and questions. Thank you for the opportunity to serve. 📌



By Andrew Youmans, SNM, RN, ACNM Student Representative  
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# New Midwives in Leadership: Ponderings Halfway Through My Term

I joined the Board of Directors in 2015 as a new midwife finishing my third year of practice. When the Nominating Committee first contacted me to consider running for the position of secretary, I spent time reflecting on my possible contributions as well as potential implications of choosing to run. Who was I to think that I had a voice in the leadership of an organization with such a long and deep history, with midwives more experienced than I who could provide depth of service to an elected role?

Ultimately, I came to two conclusions: 1) I bring the valuable perspectives of new graduates, many of whom, myself included, represent an increasing community of midwives engaging in broad discussions of reproductive justice, queer and trans care, and full-scope practice including abortion provision; and 2) as a white midwife who actively seeks scope of practice to align my work with the reproductive justice movement, I might use the opportunity (running against another white midwife on the ballot) to actively identify strategies and pathways for increased engagement of midwives of color, and to elevate the voices of those speaking, but not yet at the table.

## Changing Conversations

I struggled with being “another white woman” in a lead role of an organization serving a community of midwives and clientele with significant ethnic diversity not, in any way, sufficiently represented in leadership. Being an active member in an organization currently seeking to foster conversation and community along lines of diversification and inclusion, I balanced how my nomination and possible election would continue views of a non-diverse Board with the work I might accomplish as someone with intentions to actively change the conversation. Referencing the impressive work of the Diversity and Inclusion Task Force, how might I utilize my role to purposefully “Shift the Frame”?

As a cisgender femme woman who identifies as queer, I additionally balance aspects of my personal identity with engagement in professional work. I know many midwives are new to conversations of transgender and genderqueer, spectrum of sexual identities, relationship models, sex positivity, and interrelationships with midwifery scope of practice. Additionally, acknowledging trans and queer midwives in our membership, and seeking ways to welcome and engage with each other, is also an evolving conversation for many members. In being open about myself, I hope to create a safe space not only for other queer midwives to do the same, but also to welcome questions and dialogue around these topics.

As a midwife who also works in abortion care by serving on two other Boards of Directors which train providers in family planning, options counseling, and termination provision, I seek to further conversations about midwifery education and practice related to abortion services.

As a midwife who works for a federally qualified health center (FQHC) with immigrant and black women on the South Side of Chicago, I seek to promote discussions about midwifery care in high need populations, and the challenges midwives face in settings of high acuity, social support needs, and integration within broken health care systems.

In my (almost!) year and a half on the Board, I feel incredibly positive about meeting many of the goals I set for myself. Beyond my role in writing the minutes, I have sought opportunities within leadership to align specifically with my intentions, including serving as liaison to the Midwives of Color Committee (MOCC) and Chair of the Gender Equity Task Force (GETF). I have opportunities to revise, edit, comment on, and propose position statements; and committee conversations with high-level leadership at ACOG.

These are examples of change I give to

new midwives when they ask me, “Why do you serve in leadership?” The number of new midwives who have reached out to me since I’ve joined the Board is astounding. They want to know whether the conversations I am able to have are pushing boundaries and are welcomed, and how others could be engaged in similar and different ways. I share nothing but rave reviews about the mentorship I have received as a new Board member, the support system in place through my co-leaders and in the volunteer leadership structure, and the opportunities to expand my own learning and participation. New midwives seek opportunities within the College and want to be involved in ways meaningful to both their own intentions and the historical and future work of ACNM. This is a call to recognize those people who have already sought engagement, to encourage those who are considering doing so, and to challenge midwives experienced in the College to encourage that engagement.

## Creating Space

I hope that my presence on the Board as an easily identifiable new face and thus new midwife, my openness about my identification in the queer community, my vocal work in full-scope midwifery, and my intentions to create space for people of color, will in some way pave the way forward for those who have not yet considered being involved, but for whom these topics remain vitally important to their work as midwives, and thus important to ACNM. And I look forward to hearing from membership what other work I can do in my remaining time in term! 🍷



By Stephanie Tillman, CNM, MSN,  
ACNM Secretary  
[sttillman@gmail.com](mailto:sttillman@gmail.com)

# Financial Update

The initial ACNM 2016 budget projected a deficit of \$500,000 by year end. The Finance and Audit Committee along with the Board of Directors has worked with national office leadership throughout 2016 to reduce the projected deficit. A budget reforecast was performed in March and again in May as adjustments to both revenue and expenses were noted. Due to close management of expenses and revenue, while we are still projecting a loss, we are pleased to report that the current deficit is projected to be lower than originally anticipated. We are currently completing our third reforecast and as more information is finalized, details will be shared with the membership. The charts on this page represent our financial position as of July 31, 2016.

## Revenue Highlights

- We are currently less than 10% under budget in projected revenue. Although these projections are annualized over the year, certain revenue, such as membership dues revenue, is cyclical with above average “spikes” typically occurring in the fall.
- Global outreach revenue is also lower than anticipated, however much of the billable grant hours are expected late in the year and early 2017.
- For the first time in many years, annual meeting expenses will not exceed revenue.

## Expense Highlights

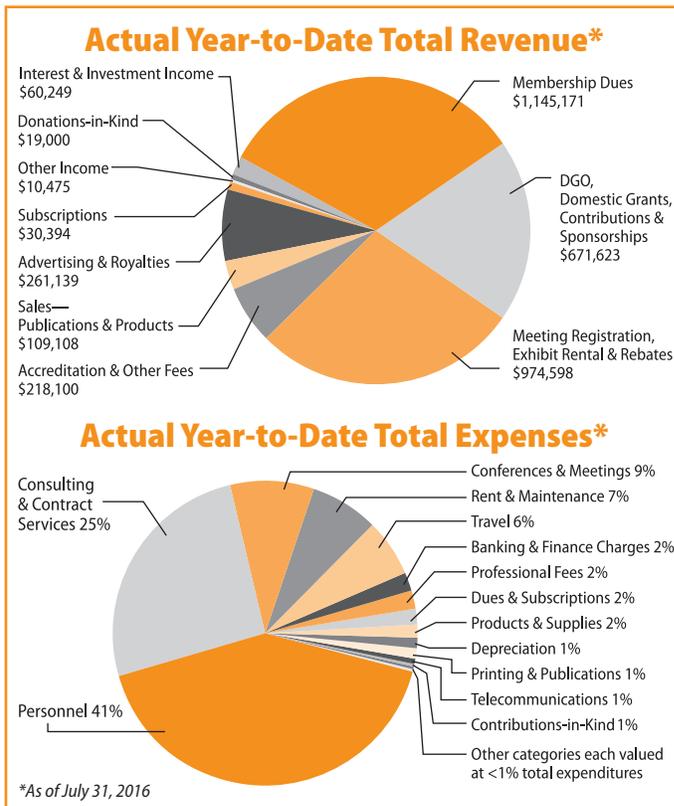
- Careful monitoring and reduced spending have led to a reduction in expenses.
- As of July 31, there is a projected budget surplus (revenue/expenses) of approximately \$80,000, which is on target with the revised forecast.

## Final Takeaways

Our future is bright and we are closely monitoring our financial position. We have taken the necessary steps to decrease spending and begin to implement strategies that will increase revenue in the future. Our improvements have materialized in the following ways:

1. The annual meeting realized a small net profit.
2. The line of credit used to manage cash flow in 2015 was paid in full, and as of the middle of October, we have not needed to draw from our reserves to manage the budget deficit. (The original budget projected that a draw from reserves would be necessary in August 2016).
3. We continue to examine and implement strategies that will strengthen our financial position while meeting the needs of our members. 

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



	July 2016	December 2015
<b>ASSETS</b>		
Cash & cash equivalents	\$651,005	\$458,187
Investments	1,998,061	1,945,200
Accounts & other receivables	222,831	225,376
Grants receivable	—	—
Prepaid expenses	98,137	148,085
Inventory	46,178	46,178
Property & equipment, net	308,666	347,095
Other assets	19,226	19,226
<b>TOTAL ASSETS</b>	<b>3,344,104</b>	<b>3,189,348</b>
<b>LIABILITIES</b>		
Accounts payable	260,568	153,449
Line of credit	—	—
Accrued salaries & benefits	173,938	207,348
Deferred membership dues	1,018,371	1,033,158
Other deferred revenue	213,090	173,704
Deferred rent	310,211	313,258
<b>TOTAL LIABILITIES</b>	<b>1,976,177</b>	<b>1,880,916</b>
<b>NET ASSETS</b>		
Unrestricted	1,304,270	1,136,582
Temporarily restricted	63,657	171,850
<b>TOTAL NET ASSETS</b>	<b>1,367,927</b>	<b>1,308,431</b>
<b>TOTAL LIABILITIES &amp; NET ASSETS</b>	<b>3,344,104</b>	<b>3,189,348</b>

# Why a Step toward Value-Based Payment for Maternity Care is Good News

The Health Care Payment Learning and Action Network (HCPLAN) recently finalized a white paper on clinical episode payment models that constitutes an important step toward value-based payment for maternity care services in the United States. This development has important ramifications for midwifery. Various payers and provider groups, including state Medicaid programs, are likely to adopt the recommendations in this white paper in an effort to move away from the fee-for-service (FFS) model of reimbursement. Midwives need to understand this shift and how they can take advantage of it.

In a FFS model, providers receive payment for each discrete service. Reimbursement models based on clinical episodes typically provide a single payment for a broad range of services associated with a given condition over a set period of time and across multiple settings of care. For example, global payment for birth can be considered an episode-based payment to an extent, but the HCPLAN paper takes this approach much further down that path, including a broader range of services in the episode. It also recommends that clinical episode-based payment incorporate consideration of quality, costs, and patient outcomes and experience of care.

## Better Outcomes

Research on clinical episode payments has shown this model results in greater coordination of care among providers and across settings, better quality of care, lower costs, and better outcomes.

The white paper provides recommendations for three episodes of care: elective joint replacement, maternity care, and coronary artery disease. The specific recommendations for the maternity care episode include:

- The episode should be defined in a way that includes the majority of births, as well as newborn care. Women who have

elevated risk due to defined and predictable conditions might also be included.

- The episode should begin 40 weeks before the birth and end 60 days postpartum for the woman and 30 days post-birth for the baby.
- The services included in the episode would consist of all those provided during the pregnancy, labor and birth, and postpartum period, and newborn care for the baby. Certain high value, but typically underutilized services, such as doula care or prenatal and parenting education courses, should be considered for inclusion. Exclusions should be limited.
- Engaging women and their families should be a critical part of any episode-based payment design.
- Episodes should be priced to recognize efficiencies by providers that have already been gained, a level of performance that is feasible to attain, and the cost of services that help achieve the goals of the program.
- The accountable entity should be able to share in any potential savings, but also be subject to risk if its costs are higher than targeted. Methods for transitioning to this risk-based approach should be incorporated into the design.
- Quality metrics should capture outcomes associated with the goals of the program. Outcomes should be used to impact payments, track performance, inform decisions, and engage patients and other stakeholders.

## Two Clear Examples

Two examples may help show the importance of this shift. Say a commercial payer typically pays out \$12,500 for all services associated with a normal vaginal delivery in a hospital. Imagine the hospital partners with two birth centers, and the three entities approach a set of payers. They explain they will jointly accept a 10% reduction in that average rate of reimbursement if the payers pay them based

on episode-of-care prices as if the births were all hospital births, and let them manage how that care is delivered. They then work with the payers to educate and incentivize women insured under those plans, who are appropriate candidates, to choose to use the birth centers, with the hospital agreeing to be back up in case any of the women need to be transferred. Costs in the birth center are significantly lower than in the hospital setting. By transitioning a sufficient percentage of patients to a birth center setting, the provider organization reduces costs sufficiently to pay the birth center a reasonable fee and ensure that the hospital's costs are met with an appropriate margin. At the same time, the provider organization is able to save the payer and the patients money.

Alternatively, a hospital could choose to create or expand a midwifery service, partnering with laborist physicians, if it determines that lower costs from midwifery services will allow it to negotiate an episode-based payment that generates savings for the payers, while also ensuring stable or perhaps increased profit margins for the hospital. These increased margins for the hospital would be based on lower rates of costly intervention under midwifery care, or lower overall compensation costs in a maternity service that has a higher proportion of midwives.

By appropriately partnering with hospitals, physician groups, and birth centers, midwives could see demand for their services increase in an episode- and value-based reimbursement world. Such demand may also contribute to stakeholder decisions to remove key barriers to midwifery practice. It is a trend to watch closely.

To read the white paper, visit: [www.hcp-lan.org/2016/08/final-cep-white-paper](http://www.hcp-lan.org/2016/08/final-cep-white-paper). 



By Jesse Bushman, MA, MALA,  
former Director of Advocacy and  
Government Affairs

# West Virginia's Journey to Full Practice Authority

**W**ith the passage of “the APRN Bill” (HB 4334) in March, West Virginia’s CNMs celebrated a long-awaited victory. On June 10, the bill became law and opened the pathway for CNMs to full practice authority.

The final bill contained 4 components: 1. The repeal of outdated code explicitly requiring physician collaboration for CNM licensure; 2. Inclusion of APRNs’ ability to apply for prescriptive authority without a collaborative agreement, after they undergo 3 years with such an agreement; 3. APRNs’ expanded prescribing of Schedule III drugs for up to 30 days; and, 4. APRNs’ ability to sign documents within their scope.

The bill also included a clause creating a Joint Advisory Council on Limited Prescriptive Authority, comprising 6 APRNs, 4 physicians, 1 pharmacist, 1 consumer, and 1 representative from an accredited school of public health. West Virginia’s governor, Earl Ray Tomblin, appointed Anna Kent, CNM, of Martinsburg, WV, to the council.

## New Opportunities

Full practice authority makes West Virginia a more attractive state for midwives seeking work, and impacts recruitment among growing practices or those poised for growth. It also opens opportunities for midwives considering independent or rural practice, and it brings eligibility for compact licensure (licensure portability among different states). As a downside, the new law may mean increased fees and an increased difficulty in establishing a midwifery board. However, few of our state’s CNMs are entrepreneurs. Most practice in hospitals, private offices, clinics, federally qualified health centers, freestanding birth centers, and home health care settings. (West Virginia currently lacks CM regulation.) Many CNMs employed in such health care settings may not experience noticeable changes in their individual workplaces that are due to the new law, and those who wish to remain

in collaborative relationships may continue to do so.

## A Hard-Fought Battle Won

Reaching our full practice authority goal took nearly a decade of persistence. During that time, we spent countless hours educating legislators and, year after year, adapting our strategies to the shifting legislative landscape. We weathered dramatic twists and turns including changes in key players, a shift in the state legislature’s partisan control, and the emergence of legislative champions. We raised funds to hire new lobbyists, built momentum with networks of consumers, activated nurse leaders according to state Senatorial districts, gained new bipartisan (and nonpartisan) allies, and finally joined forces with AARP. Virtually every midwife in the state contributed to our effort in some way.

## Staying in Solidarity

Importantly, we maintained goodwill with our direct-entry midwife colleagues and received considerable consumer support from the home birth community. We also stayed in solidarity with our APRN colleagues, so we could demonstrate strength in numbers, despite the slightly bitter-sweet loss of our unique and separate identity as midwives under the new umbrella term, “Advance Practice Registered Nurse.”

We also suffered tough defeats along the way. In fact, the hardest year was the 12 months before we got our bill passed. On a personal note, losing a previous legislative fight affected me so much that I decided to make preparations to close my practice altogether and relocate to a full-practice



Photo Credit: West Virginia Capitol by Barry & Norma Lemongy CC BY-NC/2.0/128654



TOP: West Virginia’s midwives won full practice authority through focused lobbying at the state capital in Charleston.

BOTTOM: Advocates (second from left) Toni DiChiacchio, NP; Kendra Barker, NP; Stacey Archer, CNM, MSN, RN; Gail Rock, CNM, IBCLC; Angy Nixon, APRN, CNM, FACNM; and Moira Tannenbaum, CNM, IBCLC; tried their best, but could not persuade West Virginia State Senator Robert D. Beach (far left) to support the bill.

state. But having to take the long haul earns legislators’ respect and sympathy. The message is to stay focused and don’t give up!

Our state journey continues as we ensure that the spirit of the new law is encoded in two sets of rules and regulations currently pending approval. Meanwhile, this is a great time to practice midwifery in wild and wonderful West Virginia! 📌



By Angelita Nixon, APRN, CNM, FACNM  
[anmidwife@netzero.com](mailto:anmidwife@netzero.com)

# Georgetown Students Learn Advocacy Skills on Capitol Hill

**O**n August 25, Georgetown University students met with staff members of their US Senators and Representatives to discuss national health care and education policy initiatives important to the midwifery profession and to the women and families we serve. Designed to coincide with other Midwifery Advocacy Month efforts, this event was the Georgetown Nurse-Midwifery Program's second Advocacy Skills on Capitol Hill Day. The inaugural event occurred on May 5, auspiciously the International Day of the Midwife. On that day, students presented their experiences during a Virtual Day of the Midwife Student Cafe, now available on the ACNM Grassroots Advocacy page ([www.midwife.org/Grassroots-Advocacy](http://www.midwife.org/Grassroots-Advocacy)).

## Advocating as Voters

Georgetown with its Washington, DC, location and its history of proactive engagement in federal relations, is ideally situated to provide its midwifery students with powerful experiential learning. During May, students in their Integration Term schedule appointments with their home state legislators. The goal is to learn advocacy skills by describing the profession of midwifery and the federal legislation that ACNM currently supports to legislators and their staffs. Students schedule the appointments as constituents, which catches the attention of legislators in a powerful way—these students are voters! To date, 40 Georgetown students have visited the offices of 58 legislators from 20 states and the District of Columbia.

This innovative learning activity is a collaborative effort among Georgetown's midwifery faculty, ACNM Department of Advocacy and Government Affairs, Government Affairs Committee (GAC), and Midwives-PAC. Affiliated individuals assisted students in making appointments and preparing for their visits through webcasts, discussions, and preparatory read-

ing. They also connected students with their ACNM state legislative chair to share their experiences locally. Students further prepared by reviewing and printing ACNM State Fact sheets ([www.midwife.org/State-Fact-Sheets](http://www.midwife.org/State-Fact-Sheets)) to leave with their legislators. Students also prepped themselves to discuss issues influencing the health of women in their home state.

## Sharing Powerful Stories

On the day of the visits, faculty, students, and ACNM volunteers and staff gathered at the office of Patrick Cooney, ACNM's lobbyist, to review talking points. A briefing by Jennifer Jagger, CNM, MSN, WHNP, chair of the Midwives-PAC, assured the students their job was to share stories of what midwifery means to them and what it can do for the women and families of their states. At least 1 faculty member or ACNM staff or volunteer accompanied each student delegation. Highlights of the day included:

- At 1 appointment, a student shared her inspiration to become a midwife. In summary, she said she wanted "to be part of the most amazing profession the world." Her story brought the whole room, including the aide, to tears.
- A Congressional Representative told a student advocate that he would appreciate being invited to her place of practice for a tour. This student will be working with her preceptors to host this representative at home in Iowa!
- A breastfeeding student with a 4-month-old baby found herself in need of a place for breast-pumping. Her request at each office to be shown to the breast-feeding room underscored the personal and



Heather Bradford, CNM, Georgetown faculty (WA); Karla Hill, SNM (CA); Sara Johnson, SNM (IA); Sarah Raider, SNM, (MD); Mary Kilianski, SNM (MD); Jodi Westrum, SNM (MD); Francesca Samuelson, SNM (CA); Kimberly Ladage, SNM (CA); and Jeanne Jacobowitz, CNM, Georgetown faculty (NY) pause after successful Congressional appointments.

compelling importance of this issue—and opened the eyes of a few aides.

Another appointment could not have gone better if it had been scripted: The students were asked if they were aware of the growing population of female veterans in need of health care and the dearth of women's health care providers. It was a perfect segue into a discussion of HR1209: Improving Access to Maternity Care Act and the need for identifying maternity shortage areas. A new co-sponsor for this bill may result from this visit.

To further their impact, students sent thank you letters and filled out Legislator Meeting Reporting Forms (<http://bit.ly/2ctwAVK>) so ACNM staff and volunteers could follow up as appropriate.

Georgetown midwifery students and other young advocates deserve congratulations for their efforts and involvement. Together, they are the future of health policy and political advocacy for the midwifery profession and the women and families we serve. 📌

*By Jennifer G. Jagger, MSN, WHNP, CNM; Jodi Westrum, BSN, RN, SNM; and Cindy L. Farley, CNM, PhD, FACNM*

## ACNM Unveils New Position Statements

Over the past 12 months, I have been privileged to be the chair of the Clinical Practice & Documents Section of the Division of Standards and Practice (DOSP). A large portion of our work encompasses ACNM documents, including position statements. Each of these concise documents articulates a position that ACNM has taken on an issue and offers the supporting evidence. Midwives can use our position statements to advocate for evidence-based practice congruent with the midwifery philosophy of care.

Our section reviews existing position statements at least every 5 years and develops new position statements as needed. Any ACNM member can submit a request for the revision of an existing position statement or the development of a new one. Recently, we have issued 3 new position statements:

1. **Prevention of Gun Violence.** This was developed as a response to the issue of gun violence in the United States (<http://bit.ly/2dhQBQJ>).
2. **Conscientious Refusal and the Profession of Midwifery.** This statement addresses the issues that can occur when there is conflict between patient choice and provider ethics (<http://bit.ly/2cl4hVU>).
3. **Legislation and Regulation that Affect Midwifery Professionals Not Certified by the American Midwifery Certification Board.** This document supports International Confederation of Midwives core competencies and standards of practice as the basis for legislation and regulation (<http://bit.ly/2d51oBd>).

Our section also has updated several position statements, including on topics such as elective primary cesarean birth, induction of labor, and principles for equitable compensation agreements. We encourage members to view the statements on our site: [www.midwife.org/ACNM-Library](http://www.midwife.org/ACNM-Library). 



By Ruth E. Zielinski PhD, CNM, FACNM  
Clinical Associate Professor, Midwifery Program Lead, University of Michigan School of Nursing

## PAC Rally Raises Record-Breaking Donation Dollars

*Gearing up for final push to meet annual goal*

Thank you to the midwives and affiliates who supported the Midwives-Political Action Committee (PAC) at the Annual Meeting & Exhibition in Albuquerque. Between the PAC-Rally and member donations, we raised a record-breaking \$49,000 (and had a blast in the process). Way to go midwives!

Each year, the Midwives-PAC aims to raise \$75,000. Although the bulk of these contributions come during the annual meeting, the fall is when we make our final push to meet the goal. So we are once again gearing up for our 2 main fall fundraising activities: the Student PAC-athon and the Fall Affiliate Challenge.

### Students Step Up

During the PAC-athon, students across the country take time out of their schedules to call ACNM members who haven't made a donation yet this year. If you hear from one of these amazing students, please take a few minutes to connect with this next generation of midwives. Demonstrate your support for federal midwifery advocacy efforts by responding affirmatively to their request for a donation. Or save them a call! If you donate online or by mail ([www.midwife.org/Donate](http://www.midwife.org/Donate)) prior to the PAC-athon, they will skip your call. Let them use that time for studying!

For the Fall Affiliate Challenge, we ask affiliates to designate a portion of their budget to the Midwives-PAC. Additionally, some states challenge their membership with a matching contribution. For example, an affiliate may agree to donate a matching \$1,000 if individual members collectively donate \$1,000. The Fall Affiliate Challenge



ACNM members enjoy themselves perusing the silent auction items at this year's Annual Meeting & Exhibition in Albuquerque.

is a great opportunity to rally affiliate members around the importance of midwifery advocacy in Washington. If your affiliate is able, please consider making a fall contribution to the Midwives-PAC and challenge the membership to make individual donations. Email [pac@acnm.org](mailto:pac@acnm.org) if you have questions or would like support soliciting donations from your affiliate or affiliate membership.

### Where the Money Goes

Curious about how the money raised by the Midwives-PAC is spent? The vast majority of funds raised become contributions to the reelection campaigns of federal representatives and senators who have the ability to influence and support legislation related to midwifery and women's health. The remainder funds the operations of the Midwives-PAC. We are small compared with other health care PACs, but we like to think of ourselves as getting our members a lot of bang for their buck! Learn more about the Midwives-PAC at [www.midwife.org/Midwives-PAC](http://www.midwife.org/Midwives-PAC). 



By Jennifer Gwen Jagger, MSN, CNM, WHNP, Chair, ACNM Midwives-PAC  
[Jagger.Midwife@gmail.com](mailto:Jagger.Midwife@gmail.com)

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# Changes in Advocacy and Government Affairs Department, Thank You to Jesse Bushman

ACNM's Board of Directors, has reviewed our advocacy and policy priorities and current organizational capacity in the area of advocacy and government affairs. We identified a greater need for support at the state level to give our affiliates the resources they need for advocacy work. To support this need, we have restructured our Advocacy and Government Affairs Department. Cara Kinzelman has moved to the position of Director of Advocacy and Government Affairs and will address the department's growth in this area. Patrick Cooney continues to coordinate our federal legislative work and lobby efforts.

Frank Purcell, our new CEO, who starts at ACNM on October 17, will also provide leadership to further enhance our advocacy work at both the federal and state levels. Frank brings extensive expertise and leadership in this area from his 16 years with the American Association of Nurse Anesthetists and prior work in Congressional offices.

Jesse Bushman served ACNM very well over the past 3 years in the role of Director of Government Affairs prior to his departure September 15 due to the department's restructuring. Jesse made many contributions in promoting the role of midwives, including the development of the "Midwifery Value Proposition." Jesse brought together multiple data sources to provide a clear and directed proposal for "flipping the model" of maternity care with midwives as the mainstream provider, arguing that improved health outcomes and cost savings will result. Jesse demonstrated his commitment to removing barriers to midwifery care through presentations to payers, policy makers, and essentially anyone who would listen to him articulate the value midwives offer.

Kate Green, CNM, chair of ACNM's Government Affairs Committee, noted the importance of Jesse's work. "We've been impressed by the outreach Jesse has done with the many other health care groups that have an interest in women's health

and the health of mothers and babies. Jesse has been a stalwart advocate for midwifery, and we have been truly grateful."

Jesse also wants to share his message with ACNM members. "I would like to wish a sincere thank you to ACNM for the opportunity to work to help advance the midwifery profession. If anything, the opportunity to immerse myself in the data surrounding midwifery outcomes has cemented in my mind the value of the work you do, building on the personal connection I already had as a result of the home births of our 3 children. I strongly believe the heightened focus on value and

outcomes that we see in public and private insurance programs will, over time, result in greater prominence for the profession. It is a matter of getting that story in front of the right audiences. Frank Purcell, Cara Kinzelman, and Patrick Cooney are well able to accomplish that work for ACNM, and I wish them great success."

The ACNM Board thanks Jesse for his many contributions, in particular his development of the Midwifery Value Proposition, which will continue to be a resource to promote midwifery care. We wish him well in the next phase of his career. 📄

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## Comprehensive Addiction and Recovery Act of 2016 Implications for Midwifery Practice

In July, the U.S. Congress passed the Comprehensive Addiction and Recovery Act of 2016 (CARA). This landmark legislation received bipartisan support to address issues of access to substance use treatment, prevention, and education, with a special focus on America's opioid epidemic. The bill authorizes a broad program of activities that span residential treatment for pregnant and parenting women and increased access to office-based treatment with buprenorphine. (Specific appropriations have yet to be approved.) CARA includes 3 key provisions that impact midwives and women of childbearing age and their families.

### Key Provisions

Under Title X, CARA requires the Center for Substance Abuse Treatment, a division of SAMHSA, to implement a pilot program of grant funding to state substance abuse agencies to enable them to provide services to pregnant and postpartum women.

Title VII amends the language of the Child Abuse Prevention and Treatment Act (CAPTA), which applies to the care of infants affected by maternal substance use during pregnancy, including withdrawal or fetal alcohol syndrome. This update requires information about best practices in the care of affected infants to be disseminated, and states to provide data about the number of affected infants and the follow up they received in order to continue to receive federal child-protection funding. Specifically, the law strengthens language requiring the development of a Plan of Safe Care for all infants identified as affected by prenatal substance use so that it now includes providing treatment services as needed and monitoring the use of those services.

To improve access to treatment, Title XVII of CARA expands prescribing authority for medications for opioid use disorders to include specially trained and licensed nurse practitioners and physician assistants, in collaboration with or under the supervision of a qualifying physician as required by state law. Additional training will be necessary to qualify for prescribing authority, but details about what this will entail have not been determined yet.

A full text of the CARA legislation can be found at: <http://bit.ly/2cDH2dD>. 📄

By Daisy Goodman, CNM, DNP, MPH  
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## Elections *Continued from page 1*

of other health care providers and the public regarding the midwifery profession, and the lack of a sufficient number of well-educated midwives to integrate the midwifery model of care into the US health system are the most significant challenges to midwifery practice.

Regulatory issues that limit midwives' ability to practice continue to plague the profession. We are making progress state by state and our professional organization needs to continue to support midwives' efforts as they engage in these battles.

There is a lack of understanding about the education and scope of practice of midwives. This lack of knowledge leads to reluctance of some health care providers to partner with us and reluctance of women to use our services. We must educate the health care system and the public about the value of a midwife, our evidence-based practice, and our outcomes.

In order for midwives to be a solution to the impending shortage of obstetrical providers, the profession must produce a sufficient number of well-educated midwives. We need a strategy for dramatically increasing the midwifery workforce that addresses such challenges as increased number of educational programs, clinical site and preceptor issues, and partnerships with other disciplines to establish

interprofessional education models. The future of midwifery is dependent on building partnerships that can benefit all stakeholders.

### CANDIDATE FOR VICE PRESIDENT



**Carol Howe,**  
CNM, DNSc,  
FACNM, DPNAP

As a long-term midwifery educator, the challenges I have experienced included responsibility for maintaining a fiscally viable faculty practice in a tertiary academic setting that was large enough to support student learning while ensuring that in that environment faculty and students could truly be "with woman." Although there were unique aspects to functioning in an academic environment, the challenges do not differ that markedly from any midwifery practice trying to survive in a health care world of uncertain reform, less than adequate reimbursement (particularly for those serving vulnerable women), and productivity expectations that make the incorporation of students difficult. I have particular interest in ensuring that midwifery care is recognized at the highest levels as being essential to the health of women, and that reimbursement models

favor care that promotes physiologic birth and the primary care of women. Further, midwives who commit to the future of midwifery by accepting students into their practice should be rewarded in a meaningful way. As a former program director, I believe that the most fair and viable mechanism would likely be some kind of tax credit for a demonstrated commitment to student clinical learning. I am open to other mechanisms, but realize that direct reimbursement is not possible for all programs. Therefore, broader solutions must be identified. If elected, I will work with the BOD to support these goals as well as other ACNM initiatives.



### CANDIDATE FOR VICE PRESIDENT

**Michael McCann,**  
CNM,  
MS, FACNM

Answering this question is a rather daunting challenge to complete in 260 words, as I have both a regional and national perspective. Having just completed 6 years on our ACNM Board of Directors, I see vast challenges at both of these levels for midwifery practice. That being said, we have the most nurturing national environment for addressing some of these concerns with the passage of the Affordable Care Act, and with the increased use of advanced practitioners, including midwives, having opened many opportunities. Combined with the improved relationship with our OB colleagues (ACOG) and sister midwives with our US MERA discussions, the possibilities for growing our profession have never been better.

The major role of the vice president is to serve at the will of the president and then assist in ensuring that all the parts of our volunteer organizational structure remain operational. Some key areas that will need continued efforts include:

1. Finding a way to educate a midwife for every woman and family. This is a big one as it includes recruitment, education, and financial aid to grow our profession.

## Voting Instructions and Timeline

Voting members with an email address on file will receive an email from our elections provider in January, which will include a link to the elections page. All other voting members will be mailed a paper ballot that offers online voting instructions. Visit [www.directvote/acnm](http://www.directvote/acnm) to cast your vote.

**THURSDAY, DECEMBER 1, 2016:** Make sure your ACNM membership is up to date, renewed, and accurate, so you'll be eligible to vote in the 2016 election.

**FRIDAY, JANUARY 20, 2017:** The election opens! Paper ballots will be mailed, and online voting will begin. You may only vote for Region Representative if you are a member of that Region. Electronic ballots will be sent from ACNM Election Coordinator from [noreply@directvote.net](mailto:noreply@directvote.net). We recommend that you white-list this email address to ensure that the email does not get lost in your email spam filter.

**MONDAY, FEBRUARY 20, 2017:** Election closes. Vote online by 11:59PM Eastern time. If you are voting via paper ballot, make sure it is postmarked by this date.

**MARCH, 2017:** We'll announce the winners.

2. We need a robust utilization of our social media and public relations tools to educate consumers about our profession and gather data about our safety, quality, and consumer satisfaction.
3. We need to chip away at practice barriers in each state and secure reimbursement from private and public payers.

In my 35 years of experience, I have served in many capacities as an ACNM member. These efforts and many more are all part of what I have called the “never ending story” for midwifery, with many more tales to complete.

*CANDIDATE FOR REGION IV REPRESENTATIVE*



**Kathleen Moriarty, CNM, PhD, RN, CAFCI, FACNM**

There are similar needs across Region IV, yet, these chal-

lenges are contrasted with each member's or each state affiliate's circumstances. I have been honored to listen to individual CNMs/CMs, students, service directors, educators, and affiliate leaders. I find that we are all looking for professional support and, at times, guidance. I would like to continue to support the affiliate members by making sure people know the available ACNM benefits along with ACNM resources. This will help to strengthen affiliates' growth and development. I will continue to encourage ACNM membership. We need each CNM/CM to be a member. We need the diversity of thoughts, ideas, and passions as we move towards the work outlined in our strategic plan—it is truly a fabulous roadmap. It is essential that all potential and actual ACNM members feel their value and also feel a strong sense of community. If they want to be an active and involved member, this should be fostered, and I would like to assist them with actualizing their goals. We need to continue to develop our next stream of leaders! We can evoke more change with a critical mass of engaged ACNM members.

We need to continue to work towards practicing to the full extent of our education, and as we strive towards that goal, we can optimize and strategize with more hands and minds.

*CANDIDATE FOR REGION IV REPRESENTATIVE*



**Barbara Winningham, DNP, CNM, WHNP-BC, FACNM**

Our region consists of predominantly

hospital births, and I have seen some of my colleagues struggle with setting up birth center and home birth practices. It is imperative that we have access to midwifery care for all women regardless of whether they are insured, uninsured, or under-insured. I support the right of women to choose where and how to birth and would like to facilitate better access to options for women. Each state is unique with its own codes and laws; I would like to be a conduit between ACNM's Department of Advocacy and Government Affairs and the affiliates to advocate for change that a particular state identifies and support the affiliate as it introduces legislation that will strengthen access to care and midwifery practice.

One solution to enable us to have a stronger voice is to encourage affiliates to identify midwives who would be willing to serve on boards of nursing, to be “at the table” when proposals are being introduced that affect midwifery practice. Another key factor is to increase our midwifery workforce. Indiana is one of the states with the fewest number of midwives per capita. All states in Region IV could benefit from more midwives to aid in access to care and in areas of provider shortage. Helping with a campaign to encourage prospective midwifery students to enroll in a program would be crucial for this. Recent research emphasizes that midwives are the answer to the OB/GYN shortage; the time is now for us to forge onward with the goal of “a midwife for every woman.”

*CANDIDATE FOR REGION VI REPRESENTATIVE*



**Jessica Anderson, MSN, CNM, WHNP-BC**

I have witnessed midwives unable to practice to our educational level, others unable

to obtain hospital admitting privileges, restrictions on our scope of practice, and midwifery services closed due to system constraints. We need to continue on our mission for midwives to obtain full practice authority, hospital privileges, medical staff positions equal to other providers, and increased independence through midwifery-led care services in our communities. We can support midwives at all levels through our affiliates' and national office's development of tool kits to achieve these changes. In addition, the midwifery voice must be present at every opportunity within our local communities, our regions, and the nation as leaders of high quality, evidence-based care. We need a midwife on every committee, task force, and stakeholder work group related to women's health and maternity care, particularly at the federal level.

Another challenge I have witnessed is lack of understanding of our profession. It is challenging for us to increase visibility if the public does not understand our work. We can tackle this challenge with the support of members, affiliates, consumers, and stakeholders through educational, public relations, and marketing initiatives. We must educate the public on exactly what we do, including our value in evidence-based cost-effective care, our philosophy of care, and our scope of practice. This work can be done through a variety of avenues including marketing, social media, stakeholder relationships, midwifery involvement on local, state, and national platforms, and through the voices of families who receive our care. As midwives, we all can initiate change! For some this is in advocacy and health care policy, for others it is research and knowledge development, and for still others it is as clinicians providing family-centered health

care based on evidence. Together, we can make a difference for women and their families and ensure access to midwifery care for every woman!

CANDIDATE FOR REGION VI REPRESENTATIVE



**Kim J. Cox, CNM, PhD, FACNM:**

One of the most significant challenges to midwifery practice, both nationally and

regionally, is the ability of midwives to acquire hospital privileges as independent providers. Even in states that authorize independent practice for midwives, hospitals generally require that a midwife have a collaborative agreement with a staff physician to obtain admitting privileges. This situation diminishes our credibility as providers and inhibits our ability to provide the scope of care that midwives are educated and licensed to provide. It also restricts women's access to needed and desired midwifery care.

The states and tribal nations of Region VI have vast rural and frontier areas. Specialty care is concentrated in a few large urban centers. When midwives lose or are denied hospital privileges in rural areas, their clients may be forced to travel a hundred miles or more when hospital care is needed. Women of color and those who are poor are disproportionately affected. There is, however, a window of opportunity to change this situation. The crisis brought on by the maternity care provider shortage has motivated ACOG and other policy makers to open dialogue with ACNM and explore solutions. My experience on several ACNM committees in recent years has convinced me that midwives are well-positioned to engage in these conversations and to facilitate needed change. If I am elected as Region VI Representative, I will work diligently to listen to your concerns, address these persistent barriers, and ensure that the voice of the membership is heard. Thank you for considering me as a candidate for Region VI Representative.

CANDIDATE FOR REGION VII REPRESENTATIVE



**Barbara Anderson, CNM, DrPH, FACNM, FAAN**

The greatest challenge to midwifery practice across the nation and,

definitely, within my region, Region VII, is the freedom to practice within the scope of our education, as advocated by the 2010 document, "The Future of Nursing." We are superbly educated in our midwifery programs across the nation, in line with the International Confederation of Midwives Global Standards for Midwifery Education. However, unlike their experience in other high-resource nations, in America, midwives are restricted in practice and autonomy in a number of states. This hampers our ability to fully implement the midwifery model of care and to engage independently in full-scope practice. It is critical for ACNM to continue to support affiliates as they engage in legislative efforts to eliminate restraint of trade and foster an environment of holistic, midwifery care for mothers and families in our nation. This national voice is a key solution to the challenge, and input from affiliates at the regional level is essential to finding solutions to this problem.

CANDIDATE FOR REGION VII REPRESENTATIVE



**Ruth T. Mielke, CNM, PhD, FACNM**

The women and families in Region VII need more midwives.

This is both a simple and complex issue. On the one hand, it is simple in that the excellent outcomes of midwifery care are receiving prominent attention via initiatives to prevent primary cesarean birth; e.g. ACNM's Healthy Birth Initiative and California Maternal Quality Care Coordination Collaborative.

By 2030, the female population in the United States will increase by 17.76%, and

it will increase significantly more in certain Region VII states, including California (22.61%) and Nevada (64.8%). Of the 179 counties in Alaska, California, Nevada, Oregon, and Washington, 66 counties do not have any OB-GYN providers. We need more midwives, a fact that our collaborating organization, ACOG agrees with.

On the other hand, the task of "birthing" more midwives is complex in that as the number of student midwives increase, so does the need for clinical experiences. Lack of preceptors and competition from other education programs are often cited as key issues, but site productivity concerns may supersede even other deterrents.

Another challenge is that our region still has one state, California, which requires physician supervision for certified nurse-midwives.

This archaic requirement restricts the growth of midwifery businesses in California, thereby reducing access to women's health care.

So what are potential solutions? For California midwives, learning more about independent midwifery practice in other regional states will be important as they pursue further legislative efforts. To increase the number of midwifery students, I will encourage efforts to secure state and federal funding to expand clinical placements. I look forward to discussions on how interprofessional precepting occurs in our region in that many students need to learn about the midwifery model of care. As the Region VII Representative, I will be a conduit between state and national levels and, in so doing, hope to play a small role in increasing the number of midwives in our region. 



dere.kuhfuss@acnm.org (dipost@photos.com)

# Meet the Nominating Committee Candidates

Voting ACNM members will have the chance to select 2 members of the Nominating Committee. The committee helps to shape the future of ACNM by selecting candidates for the ACNM Board of Directors office. The two winning candidates will each serve a 3-year term. Read more about the candidates at [www.Midwife.org/ACNM-elections-FAQ](http://www.Midwife.org/ACNM-elections-FAQ).



## Judith A. Lazarus

### PRESENT POSITION

Full-scope midwifery practice with the same group in Seattle for over 28 years. We practice in a FQHC setting serving a richly diverse group of women and families and deliver in a large tertiary care center. Also serves as faculty in the University of Washington Nurse-Midwifery Education Program.

### EDUCATION

- DNP, Washington State University, Vancouver, Washington, 2016
- MSN, University of California, San Francisco, California, 1988
- CNM, University of California, San Diego, California, 1988
- BSN, University of Washington, Seattle, Washington, 1983

### ACNM ACTIVITIES

- Co-founder of new section, Midwifery Educators, Division of Education, 2016
- Co-chair, Midwives Teaching Midwives Committee, Midwifery Educators, 2016
- Secretary, Washington State Affiliate, 2015
- Member, CE Committee, 2015
- National Program Committee member, 2015
- Co-chair, Midwives Teaching Midwives Caucus, 2014
- Nominating Committee, Washington State Affiliate, 2014



## Niessa C. Meier, CNM, MSN, DNP

### PRESENT POSITION

Clinical faculty for Frontier Nursing University and full-scope practice at Peterson Women's Associates in Kerrville, Texas.

### EDUCATION

- DNP, Frontier Nursing University, Hyden, Kentucky, 2016
- MSN Frontier School of Midwifery and Family Nursing Midwifery, Hyden, Kentucky, 2009
- BSN University of Texas Health Science Center, San Antonio, Texas, 2000

### ACNM ACTIVITIES

- President, Texas ACNM Affiliate, 2015-present
- ACNM Outstanding Preceptor Award recipient, 2014



## Charlotte E. Morris, CNM, DNP

### PRESENT POSITION:

Working in OB triage at Temple Hospital in

Philadelphia; many years of experience in full-scope midwifery practice, working in underserved communities serving African American and Latina women. Additionally, serving as adjunct faculty in the School of Nursing at Drexel University.

### EDUCATION

- DPN, Temple University, Philadelphia, Pennsylvania, 2012
- MSN, Temple University, Philadelphia,

Pennsylvania, 2007

- MS (Health Administration) Saint Joseph University, Philadelphia, Pennsylvania, 1988

### ACNM ACTIVITIES

- Member of the Midwives of Color Committee since 1997
- Chair of Membership Committee, 2000
- Member of Membership Committee, 1998-2000
- Member of PA affiliate since 1985



## Venay Uecke, CNM

### PRESENT POSITION

Full-scope practicing midwife for Native American Women in Gallup, New

Mexico, including office and hospital care for women of reproductive age.

### EDUCATION

- MSN, Marquette University, Milwaukee, Wisconsin, 2003
- RN, BSN, Marquette University, Milwaukee, Wisconsin, 2001
- BS, (Science) Portland State University, Portland, Oregon

### ACNM ACTIVITIES

- American College of Nurse-Midwives Marketing Committee Member, 2015-current
- FOMOC Secretary, 2014-current
- Business Section Committee Member, 2013-current
- IHS ACNM Affiliate Member, 2014
- New Mexico ACNM Affiliate Member, 2014

# Are you staying in touch with OMOT?

Visit [www.OurMomentOfTruth.com/OMOT-eNews](http://www.OurMomentOfTruth.com/OMOT-eNews) to sign up for our monthly newsletter.

# Fostering Full Diversity in Midwifery

Growing a profession of midwives that represents and reflects the families we serve is the goal of ACNM's diversity efforts. What's more, diversity is a long-standing priority with ACNM. ACNM launched a multiyear Diversification and Inclusion Task Force in 2012 to develop strategies to expand our diversity. The Midwives of Color Committee has years of history as advocates, mentors, and providers of scholarships for midwifery students of color. The Gender Bias Task Force has also raised our awareness and, we hope, our understanding of ways to reduce gender bias in our profession. As critical as these goals are, diversity goes beyond race, ethnicity, and gender. We are thinking too small, and our narrow look is compounding our lack of diversity. To reach our goal of a midwifery workforce that reflects those we serve and leaves no one out, we must think bigger and broader.

Diversity in education, for example, begins with the institution providing the program. There is diversity among public and private institutions. Midwifery education is provided in secular or religious-based universities with very diverse affiliations and missions. We educate students at all levels including terminal degrees in nursing, public health, and midwifery. But they are all midwives when they graduate and become certified. We educate in traditional brick-and-mortar institutions and community-based/online. After decades of debate, ACNM supported the elimination of the requirement of nursing as one criterion to enter midwifery education. However, many programs still require a nursing background and many preceptors mandate labor and delivery experience before they accept a student. The debate about the value of the criteria continues. Diversity in student selection is certainly open to diversity in race, ethnicity, and gender. But, is a student with a background in public health or the arts as welcome as the student who is a labor and delivery nurse? Is the educa-

tion program equally open to students who will not perform abortions and those who want abortion skills taught to them? Are Orthodox Jewish, Amish, and Muslim students welcomed without restrictions

or make cat calls or rude noises during discussion. Support of diversity does not try to legislate or require others—students or midwives—to practice in the way we choose. Support of diversity means

*Truly embracing diversity means moving beyond mere “tolerance” toward acceptance, mutual support, and strength.*



on their faith-based dress? Online versus brick-and-mortar education is a reality, but do we accept the need for diverse sites across a much wider geographical area? Opening the path to midwifery for the full range of diversity begins in our educational settings.

How does support and encouragement of diversity look? Our communication precedes our action. Support of diversity means discussing our differences with respect and the goal of understanding other views and sharing one's own. Viewpoints may not change as a result of honest discussion; however the best outcome is mutual respect and the agreement to disagree. Support of diversity does not belittle or demean other views,

encouraging midwives to practice and live within the values that normally govern their lives. Support of diversity means to agree to disagree on many issues with continued respect and support for each other. Support of diversity celebrates our differences, makes room in ACNM for multiple viewpoints, and resists the impulse to say “all midwives must do x....” We serve a diverse world of women who deserve care providers who understand, support, and reflect their lives. We can only accomplish this by widening our view of diversity, listening more than talking, and celebrating the differences that make each of us unique.

Diversity encompasses thought and belief. We represent a wide variety of

philosophies, religious traditions, and beliefs. Accommodating the practice of religion in our settings and meetings supports diversity. Midwifery events where Muslim midwives have to retreat to a public restroom to pray or when Friday Jewish service or Christian Sunday services are not available is not supportive of diversity. We can agree that gun violence needs to stop, but we will disagree on how to accomplish that goal. Some will endorse strict gun control and others will support wider gun ownership. We can agree that every pregnancy should be planned and wanted, but we disagree about what is acceptable when an unwanted pregnancy occurs. Some will support a woman's choice to terminate the pregnancy and provide that service. Other midwives cannot support that option and will not provide termination services. Some midwives will encourage wider use of contraception and others will decline to participate in "morning after" contraception. The ethical goal requires that all views are reasoned and reflect the deep convictions of midwives and, in many cases, the population they serve. Examples of the many topics that highlight our differences include universal health care, circumcision, unrestricted access to second trimester termination, artificial insemination in LGBTQ families, and post birth repair or restoration of genital "cutting." Truly embracing and celebrating diversity moves beyond mere "tolerance" of our differences towards acceptance, mutual support, and strength. 📖

*Developed by the ACNM Ethics Committee and Advisory Panel: Ira Kantrowitz-Gordon, CNM, PhD, FACNM (Chair); Barbara Anderson, CNM, FACNM, FAAN; Cindi Anderson, CNM, MS, ARNP, RM; Mary Kaye Collins, CNM, JD, LLM, FACNM; Jessica Dillard-Wright, MA, MSN, RN, CNM; Leah McCoy, CNM, DNP; Wendi Fairweather, DNP, CNM; Julie Louis, RN, SNM; Michael McCann, CNM, FACNM; Kathy Powderly, CNM; Nancy Jo Reedy, RN, CNM, MPH, FACNM; Joyce B. Thompson, CNM, DrPH, FAAN, FACNM; Erin Wright, CNM, APHN-BC, DNP.*

#### REFERENCE

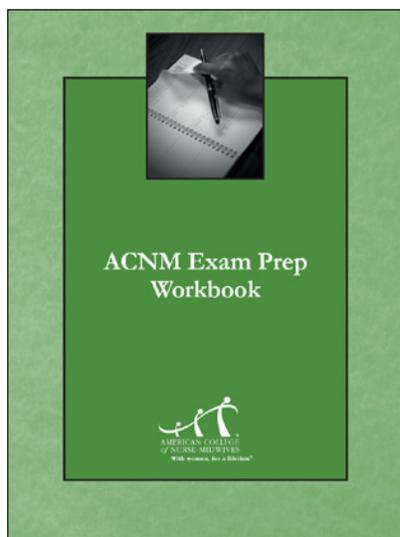
Code of Ethics with explanatory statements, ACNM, 2013. <http://bit.ly/2dd05v8>



From left: Heather Clarke, CNM, DNP, FACNM, Maria Avellino, CNM, Maria Valentic-Welch, CNM, MPH, FACNM, and two other guests enjoy camaraderie in the Unity Tent.

## First ACNM Unity Tent Inspires Connections

This year at the ACNM Annual Meeting, we hosted our first Unity Tent. Participants joined together to share cups of tea, laugh, and talk about popular issues that concern all midwives. A little white box in the center of the tent contained slips of paper that provided suggestions for lively conversation. At other times, participants enjoyed a mini foot massage. Most importantly, the Unity Tent brought together midwives from widely diverse backgrounds, who otherwise might not have spent time together, to learn that the bonds that unite us as women, mothers, and midwives are much stronger than those that tear us apart. Thanks to Heather Clarke, CNM, DNP, FACNM, and Mairi Rothman, CNM, MSN, FACNM, for organizing the Unity Tent, as well as to our student volunteers and, most importantly, to the wonderful local midwives who did an amazing job putting the tent together. 📖



## Graduation on the horizon?

Start preparing for your AMCB Certification Exam by purchasing the Exam Prep Workbook in the ShopACNM bookstore!

[www.tinyurl.com/z5f9lvo](http://www.tinyurl.com/z5f9lvo)

## Read *Quickening* on Your Mobile Device Continued from page 1

edition, which comes out in January 2017, all members will be transitioned to digital copies unless they have specifically requested to continue receiving printed copies by mail. Those who request printed copies will be charged for printing and mailing their issues of the newsletter.

## What You Need to Know

To request the continuation of printed copies of *Quickening* by mail, please send an email by December 1, 2016 to [quickbymail@acnm.org](mailto:quickbymail@acnm.org) or call 240-485-1800. **The cost for printing and mailing 4 issues in 2017 is \$35.00.** Members who notify us that they want printed issues will receive an email this fall with a link to make the \$35.00 online payment before the end of the year. If we do not have an email address for a member who wants a printed copy, you will receive an invoice

in the mail. Members who do not send us a print request by December 1, 2016 will be switched to the online format with the January 2017 issue.

## Accessing *Quickening* Online

If you have not yet read *Quickening* online on at [www.midwife.org/quickening-archive](http://www.midwife.org/quickening-archive), please do. The content is identical to the printed copy that now comes to your home. When a new issue of *Quickening* is published, all members receive an email that links them to the most recent edition. Simply click on the link to view the latest great articles, resources, and news about what ACNM and your colleagues has been doing for you and your profession!

You can read *Quickening* by:

- Opening the PDF and reading it online;
- Downloading the PDF and saving it to

- your PC, tablet, or other mobile device;
- Printing the PDF to read at your leisure.

## Enhancements Coming in January

Accessing it is that easy right now, and in January, you will notice a few improvements. *Quickening* will be more inviting and engaging online because it will be produced in full color. It will be more interactive, so you can link directly to sources for more information, as well as visit advertisers websites through “clickable” ads. These enhancements will improve your online experiences and bring you closer to professional resources.

We appreciate all of the support we have received as our newsletter becomes paperless and more cost effective. If you have any questions about *Quickening*, please email us at [quickbymail@acnm.org](mailto:quickbymail@acnm.org). Thank you! 



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# Midwives' Role in Educating about Vaccination

Parents consider health care professionals one of the most trusted sources for answering questions and addressing concerns about their child's health. In fact, 82% of parents cited their child's health care professional as one of their top 3 trusted sources of vaccine information, according to a recent survey by the US Centers for Disease Control and Prevention (CDC). However, a second CDC survey revealed that close to 90% of first-time expectant mothers had already decided whether to vaccinate their children. Pregnant women—especially if this is their first child—may not have access to a pediatrician yet. Therefore, you as a midwife may be their most trusted source of information about both maternal and childhood vaccines.

When educating your clients about the importance of vaccines, make a strong recommendation for maternal vaccines as well as childhood vaccines. Let them know that the vaccines they get during pregnancy will provide their developing babies with some disease protection that will last through the first months after birth. This early protection, timed correctly, is critical for diseases such as the flu and whooping cough, because babies in the first several months of life have the greatest risk of severe illness from these diseases. Passing maternal antibodies on to newborns is the only way to help directly protect them at first, but soon, they'll need their own vaccines for protection.

In addition, let your clients know that their babies won't be the only ones who benefit from the disease protection vaccines provide. Vaccines also protect moms-to-be against diseases. That protection will last after the baby is born, which is important, because new babies make such a demand on their moms that new mothers can't afford to get sick with the flu or whooping cough.

Women may ask you for more information about recommended vaccines. ACNM has a variety of immunization resources for midwives available on its website, especially on Midwifery and Women's Health via *Our Moment of Truth*<sup>™</sup> ([www.ourmomentoftruth.com/The-Importance-of-Vaccines](http://www.ourmomentoftruth.com/The-Importance-of-Vaccines)), also ([www.midwife.org/Immunization-Resources-for-Midwives](http://www.midwife.org/Immunization-Resources-for-Midwives)). Even if you are not a vaccine expert yourself, you can refer your patients to other credible sources of information. CDC has information about vaccines during pregnancy ([www.midwife.org/Immunization-Resources-for-Midwives](http://www.midwife.org/Immunization-Resources-for-Midwives)) and a newly redesigned website for parents ([www.cdc.gov/parents](http://www.cdc.gov/parents)), containing childhood immunization schedules, vaccine safety information, tips for a successful shot visit, and facts about vaccines and vaccine-preventable diseases. Other reputable vaccine information websites include:

- Immunization for Women from the American College of Obstetricians and Gynecologists (ACOG) at [www.immunizationforwomen.org](http://www.immunizationforwomen.org)
- Healthy Children from the American Academy of Pediatrics at [www.healthychildren.org](http://www.healthychildren.org).

A strong recommendation from you as a midwife can make a patient feel comfortable with her decision to get Tdap and the flu

shot during pregnancy, and to commit to keeping her baby up-to-date on childhood vaccinations. We have eliminated many diseases in the United States, but in recent years, reported cases of measles and pertussis have increased. It's important to address the risks of the diseases that vaccines prevent. Similarly, it's imperative to acknowledge the risks associated with vaccines, because we know



Photo Credit: iStockphoto.com/magnum

that parents are seeking balanced information. Never state that vaccines are risk-free and always discuss the known side effects caused by vaccines. You can learn about the risks and side effects of each vaccine by viewing Vaccine Information Statements (VIS) at [www.cdc.gov/vaccines/hcp/vis/index.html](http://www.cdc.gov/vaccines/hcp/vis/index.html). And, you can reassure women that the side effects associated with getting vaccines are almost always mild (such as redness and swelling where the shot was given) and go away within a few days. If your patient is worried about thimerosal, a vaccine preservative, let her know that thimerosal-free flu shots are available for her and her baby.

If a woman chooses not to get vaccinated during pregnancy, or not to vaccinate her baby, keep the lines of communication open. Take each visit as an opportunity to remind her that it is not too late to get vaccinated. As a midwife, it is also important to consider your own vaccinations.

A midwife's expertise, knowledge, and advice are vital in creating a safe and trusted environment for discussing immunizations. You can learn more about making a strong Tdap recommendation at [www.cdc.gov/pertussis/pregnant/hcp/index.html](http://www.cdc.gov/pertussis/pregnant/hcp/index.html) and find CDC resources to educate pregnant patients about the importance of an annual flu shot at [www.cdc.gov/pertussis/pregnant/hcp/index.html](http://www.cdc.gov/pertussis/pregnant/hcp/index.html). To help you communicate with parents about childhood immunizations, CDC, the American Academy of Family Physicians (AAFP), and the American Academy of Pediatrics (AAP) partnered to develop Provider Resources for Vaccine Conversations with Parents ([www.cdc.gov/vaccines/hcp/conversations](http://www.cdc.gov/vaccines/hcp/conversations)). Please take a few minutes to review these maternal and childhood immunization resources. Your clients will thank you. 

By Nancy Messonnier, MD, MPH, Director, National Center for Immunization and Respiratory Diseases, Centers for Disease Control and Prevention

# Secrets in the Waiting Room: The Face of Domestic and Sexual Violence

**D**uring October, recognized nationally as Domestic Violence Awareness month, we are reminded of the pervasiveness of Intimate Partner Violence (IPV). We know the troubling statistics: 1 in 3 women will experience either IPV or sexual violence (SV) during her lifetime (CDC, 2011). This prevalence among every segment of society has prompted ACNM, along with other major health care organizations, to recommend universal screening of our patients for domestic and sexual violence.

This starts with acknowledging the face of that experience as we see it in the women who sit in our waiting rooms. It also means understanding how the care we provide for these women impacts their experience.

If 24 women enter your waiting room today, among them might be Isabel, who, at age 42, is single, but who experienced domestic violence in a 12-year same-sex relationship, before leaving her partner 3 years ago; Malika, 27, here for a prenatal visit at 24 weeks, whose “concerned” husband accompanies her to every visit to prevent detection of escalating abuse; Ana, 36, here for her annual after many “missed” appointments. Repercussions from her history of sexual abuse from age 9 to 12 include extreme difficulty with pelvic exams. Sophie, 22, known to the appointment staff as a “frequent flier,” comes in for a “STD check” and reassurance that “everything down there is OK.” Her college years include a history of sexual assault. Then there is Ana, 63, who has early onset dementia and lives in an assisted living facility. She arrives for a follow-up after a prior visit for post-menopausal bleeding revealed sexual assault by a caregiver.

## Extending Trauma-Informed Care

As midwives, we are already experts in helping women feel safe in situations that can include discomfort or pain, and in assisting and supporting them to achieve the best possible outcomes. Providing the “trauma-informed care” that women who have experience IPV or SV clearly need is therefore a natural extension of the midwifery philosophy.

Both DV and SV fit the Substance Abuse and Mental Health Services Administration ([www.samhsa.gov](http://www.samhsa.gov)) definition of trauma as “resulting from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally

harmful or life-threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social emotional, or spiritual well-being. Trauma-informed care incorporates the three “R’s”: **Realize** the widespread impact of trauma and the potential paths for recovery; **Recognize** the signs and symptoms of trauma in clients, families, and staff; **Respond** by fully integrating knowledge about trauma into practice, policies, and procedures.

To this we might add: and **Resist** re-traumatization.

Key principles of trauma-informed care include: safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment in voice and choice, and consideration of cultural, historical, and gender issues. Trauma-specific interventions recognize the victim-survivor’s need to be respected, connected, informed, and hopeful. They also recognize the interrelationships between trauma and presenting symptoms.

A trauma-informed environment is a quiet, unhurried atmosphere that is supportive, affords privacy, and encourages rather than diminishes self-efficacy.

## Organization-wide Support

As midwives, we pride ourselves on delivering this type of care. However, this approach encompasses not only the interactions between the individual midwife and the woman seeking care, but also each entire organization. Until the principles of trauma-informed care become systemic and are incorporated into the organizational culture at every level, we will not be able to meet the goal of true trauma-informed care for our patients. So for Sophie this would translate to the staff who make her seventh appointment being as respectful and kind as they were with the first.

Midwives have a long history of not only caring for women, but also being activists to ensure that women receive optimal care. In this arena, that activism may mean partnering with local DV/SV agencies so referrals can be seamless or participating in DV/SV community events to show that “midwives care.” It may mean working to assure that the climates in the institutions in which we work become trauma-informed, so women will receive the kind of care that they need and deserve, which is an essential part of their health and healing. 



depositphotos.com/wavebreakmedia



By Linda Sloan Locke, CNM, MPH, LSW, FACNM  
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# Enablers and Barriers to High Breastfeeding Rates in Your Practice

The ACNM Benchmarking Project serves as a tool for members nationwide to collect and report data about their practices, enabling comparisons to improve midwifery care. Although there are many data points that can be followed, participating requires tracking only a mere 6 items, half of which are basic practice demographics. If you are not currently active in this professional effort, this fall is the time to start. We all benefit from our colleagues' dedication to this collaborative quality-improvement investment. What's more, as a midwife, you are surely a breastfeeding advocate, so you'll want to include this valued outcome in your benchmarking efforts.

## Benchmarking on Breastfeeding

There are 3 survey items about breastfeeding and postpartum care included in the ACNM Benchmarking Project. They are: 18) Total number of women who initiated exclusive breastfeeding of their infant during the first 24-48 hours after birth; 19) Total number of women who attended their 6-week postpartum visit; and 20) Of the number of women who attended their 6-week postpartum visit, give the total number of women continuing to breastfeed (any breastmilk provided to infant at 6 weeks postpartum; may be supplementing or providing formula in addition to breastmilk). To improve the health of our neonates, the US Department of Health and Human Services' Healthy People 2020 Initiative, from the Health Resources and Services Administration, includes as an objective, increasing the number of infants who ever breastfed and reducing the number of breastfed infants who receive formula supplementation during the first 2 days of life (HRSA Office of Disease Prevention and Health Promotion, 2016).

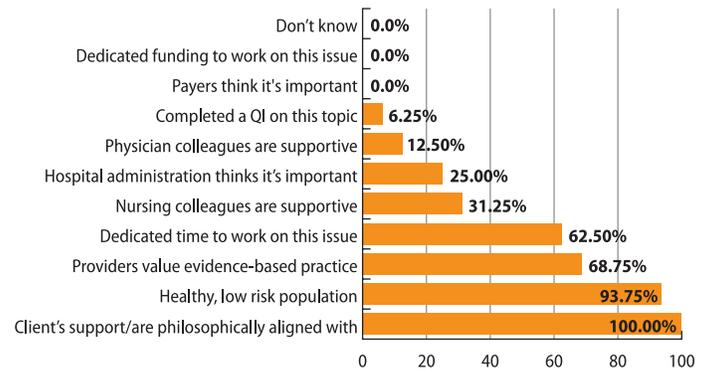
## Best Practices for High Breastfeeding

Of the 329 practices that completed benchmarking surveys in 2014, a proud 11 achieved recognition as a Best Practice in High Breastfeeding. ACNM surveyed these breastfeeding champions to solicit the wisdom behind their success to share with the ACNM community. (See their feedback in the chart on the top right on contributing factors).

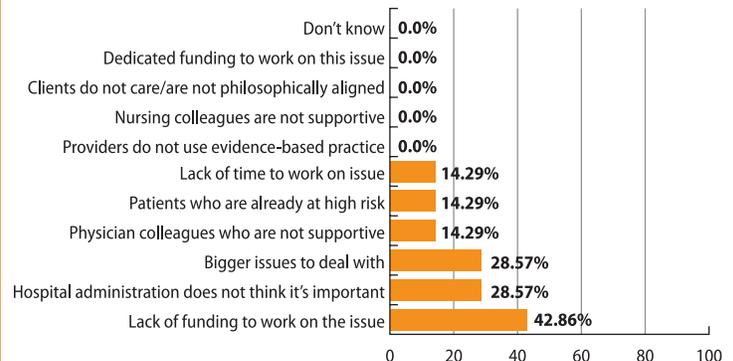
Knowing that selecting factors from a pre-determined list could be limiting, the project also asked practices whether they would be willing to describe their facilitating factors. Their responses included the following breastfeeding practice pearls:

- Cultivate breastfeeding as a norm in your culture;
- Introduce the topic of breastfeeding early in pregnancy;
- Assess the mother and baby to ensure adequate latch before leaving the homebirth setting;
- Make it a priority;
- Have trained, committed RNs;
- Involve full-time lactation consultants;
- Provide ongoing support after discharge;

### What Factors Do You Think Contribute to Your Excellent Breastfeeding Rates?\*



### What Barriers Do You Encounter in Maintaining a "Best Breastfeeding" Practice?\*



\*Respondents were allowed to check all answers that applied to them.

Eleven practices recognized for their high breastfeeding rates share their insights.

- Encourage support of community resources with partner participation; and
- Share references for medication safety in breastfeeding.

Similarly, the project asked the champions to identify the barriers they encountered as they tried to maintain best practices. (See chart above.) Identifying barriers to a practice's breastfeeding success enables it to tailor a plan to overcome the deterrents and increase moms' initiation and continuation rates.

## How to Get Started

If you're not currently participating in ACNM's Benchmarking Project or you're participating, but not collecting data on breastfeeding, start today. Check out [www.midwife.org/Benchmarking](http://www.midwife.org/Benchmarking). 

By Noelle Jacobsen, CNM, MSN and Diana R. Jolles, CNM, PhD  
[NoelleJacobsen@yahoo.com](mailto:NoelleJacobsen@yahoo.com)

# Prepared to Take the Sonography Exam?

Ultrasound is an extremely powerful tool. Medical pioneer Ian Donald first used it for obstetrical care in Glasgow at least 60 years ago. From those early days in 1956, ultrasound has advanced tremendously, providing important information that can aid in a safe delivery for baby and mother.

During the past few years, the number of midwives in the United States who are learning ultrasound or who want to improve their ultrasound skills has increased dramatically. Recognizing this movement, the potential benefit to patients, and the technology's capacity to increase the scope of practice of midwifery, ACNM has worked with a variety of organizations to develop a method for acquiring and demonstrating these skills.

## Improving Knowledge

The American Registry for Diagnostic Medical Sonography (ARDMS), which tests the basic ultrasound proficiency of midwives, recently announced a new certification exam. So the question many midwives may ask is, "What is the path for me to improve my ultrasound knowledge and to prepare for the exam?"

In partnership with the ACNM, Pegasus Lectures, a professional medical education company, has developed a computer-based exam simulation program. It includes 3 full-length practice exams, but goes significantly further. In addition, the program provides comprehensive, detailed explanations of each question and answer, a patented score report that identifies strengths and weaknesses, a strategy section to improve students' test-taking abilities, and CME that meet the exam requirement condition for ultrasound CME. The program also simulates the conditions of the actual certification exam, so students



Pegasus Lectures has developed a computer-based exam simulation program that covers such topics as gauging delivery dates, fetal blood flow through the heart, and maternal circulation.

know exactly what to expect when sitting for the exam.

## Modular eCourse

If you have not yet had adequate training in ultrasound, Pegasus Lectures has also developed a comprehensive, modular eCourse to teach ultrasound physics principles and OB/GYN Ultrasound for the Midwife. This online course provides dynamic instruction by 2 of the most widely recognized instructors in the field, who emphasize conceptual understanding, so you can improve the quality of care you deliver to your patients. The course begins with 8 modules that review the underlying principles of ultrasound physics and ultrasound imaging. At these modules' completion, there are 3 sections consisting of a total of 18 modules, which cover the clinical aspects of ultrasound. They are: Gynecology, First Trimester, and Second

and Third Trimester. For midwives who desire to learn more, Pegasus Lectures has additional modules on Fetal Ultrasound.

For individuals who need dedicated hands-on training, the eCourses can be coupled with this service as well. This training can be done either at your site or in Las Vegas at a training site, whichever best accommodates your schedules and finances. For more information, visit, [www.PegasusLectures.com/acnmProducts.php](http://www.PegasusLectures.com/acnmProducts.php), or call, 972-564-3056. 

*Editor's Note: You can hear Frank Miele, president of Pegasus Lectures, speak about ultrasound or visit with him at the Pegasus booth at Midwifery Works! 2016, November 3-6 in Myrtle Beach, South Carolina ([www.midwife.org/Midwifery-Works-2016](http://www.midwife.org/Midwifery-Works-2016)). You can also hear him at the ACNM 62<sup>nd</sup> Annual Meeting and Exhibition May 21-25 in Chicago.*

# Midwife Sonogram Certification: The Details You Need Now

In July, the American Registry for Diagnostic Medical Sonography (ARDMS) announced the spring 2017 launch of our midwife sonography assessment program. As promised, we are now ready to share details regarding eligibility requirements, prerequisites, and certification process.

Over the past few months, a volunteer-led midwife task force has worked diligently to evaluate the eligibility requirements reflective of the nurse-midwife scope of practice.

To earn the ARDMS Midwife Sonography Certification, applicants must successfully meet or complete the following 3 components:

- 1. ELIGIBILITY:** Applicants must hold an active CM or CNM certification offered by AMCB, and must submit proof of Inteleos-approved OB and GYN-ultrasound education (at minimum, 12 CME, or more) earned within the preceding 5 calendar years of application submission. **Applications for the Spring 2017 administration open on January 4, 2017.**
- 2. WRITTEN EXAMINATION:** Eligible candidates must take and pass the midwife sonography examination during select administration periods. The first administration period is from **April 4, 2017 to May 4, 2017.**
- 3. PRACTICAL EXAM (SCANS & CME):** Upon successful completion of the written examination, the CM or CNM will have up to 2 calendar years to successfully obtain requisite scans and further education.

## Test Prep Resources

To prepare successfully for the examination, take the following three steps:

- Visit [www.midwife.org](http://www.midwife.org). ACNM offers resources, including exam simulations, and information such as updates about workshops.

- Watch for updates about the midwife sonography assessment program and corresponding education resources in Quick eNews and *Quickening*.
- Sign up for Pegasus education programs ([www.pegasuslectures.com](http://www.pegasuslectures.com)), ACNM's ultrasound education partner.

For more information, including how to prepare, apply for, and maintain the Midwife Sonography Certification, please visit [www.ARDMS.org/MW](http://www.ARDMS.org/MW). Be sure to sign up to receive alerts about upcoming application and administration dates. 

## NOTICE OF ACCREDITATION ACTION

Accrediting agencies recognized by the US Department of Education (USDE) are required to notify regional accreditors, selected specialized accreditors, and state licensing agencies responsible for post-secondary education of final accreditation decisions. In addition, the Accreditation Commission for Midwifery Education (ACME) also provides notice of its accreditation decisions to the public on its website ([www.midwife.org/Accreditation](http://www.midwife.org/Accreditation)).

In accordance with 34 CFR §602.26(a), you are being provided with notice of these actions no later than 30 days following the Commission decision.

Please be advised that ACME, the recognized accrediting agency for the accreditation and pre-accreditation of basic certificate, basic graduate nurse-midwifery, direct entry midwifery, and pre-certification nurse-midwifery education programs, including those programs that offer distance education, took the following actions at its Board of Review (BOR) meeting July 14, 2016.

### Continued Programmatic Accreditation (through July 2026)

- East Carolina University, College of Nursing, Nurse-Midwifery Program—Master of Science (MS) and Post-Graduate Certificate
- Emory University, Nell Hodgson Woodruff School of Nursing, Nurse-Midwifery Program—Master of Science (MS) and Post-Graduate Certificate
- University of Utah, College of Nursing, Nurse-Midwifery Program—Doctor of Nursing Practice (DNP) and Post-Graduate Certificate

### Substantive Change

- Emory University, Nell Hodgson Woodruff School of Nursing, Nurse-Midwifery Program—added a Doctor of Nursing Practice (DNP), accredited through July 2026.
- SUNY Stony Brook University, School of Nursing, Nurse-Midwifery Program—added a Doctor of Nursing Practice (DNP), accredited through February 2018.

### Withdrawal of Accreditation

- University of Puerto Rico Graduate School of Public Health, Nurse-Midwifery Program—voluntarily withdrew accreditation and closed program effective as of November 1, 2016

These actions and decisions have been posted on the ACME website at [www.midwife.org/ACME-Accreditation-Action-Notices](http://www.midwife.org/ACME-Accreditation-Action-Notices). For additional information about nurse-midwifery and midwifery accreditation, contact the Accreditation Commission for Midwifery Education (ACME), 8403 Colesville Road, Suite 1550, Silver Spring, Maryland 20910, Phone: (240) 485-1802, Fax: (240) 485-1818, Email: [hmaurer@acnm.org](mailto:hmaurer@acnm.org), website: [www.midwife.org/acme](http://www.midwife.org/acme). 

# Mentoring in Tanzania and Malawi

During the past 6 months, I have had a golden opportunity to work as a volunteer mentor with the ACNM Department of Global Outreach (DGO) on two projects, one in Tanzania and the other in Malawi.

In Tanzania, we focused on upgrading the process for evaluating midwifery students' clinical learning. This project had two parts. First, we provided technical assistance that supported a revision of the documentation of that learning. Second, we instructed tutors as they learned effective use of simulation for teaching birth and aftercare of the mother and infant. Improving midwifery educators' skills and knowledge is essential to achieving midwifery competence so women receive the best and most evidenced-based care possible.

## Facilitating Care

The Malawi project centered on the care of preterm and low birth weight infants through an approach called Kangaroo Mother Care (KMC), which the World Health Organization endorses and strongly encourages. Malawi has one of the highest global incidences of preterm/low birth weight infants. According to the Healthy Newborn Network, approximately 120,000 babies a year are born prematurely in Malawi. So it was a natural choice to be 1 of 4 demonstration countries for a USAID project called Every Premie SCALE (Scaling, Catalyzing, Advocating, Learning, and Evidence-Driven). Every Premie and its three partners, including ACNM, facilitate the implementation of learning about the evidence-based interventions, care, and support of these infants in low-resource settings.

In Malawi, the project targets the Balaka district in the southern region of Malawi because of the area's high poverty, malnutrition, and maternal and newborn mortality rates. Stakeholders, including Ministry of Health representatives at the national and local level, designed a program entitled "Family Led Care" that will be implemented within the KMC units in the

district. The program's elements include:

- Focusing on the mother and her family as the primary caretakers of preterm/low birth rate infants, and providing them with the skills, information, and confidence to care for their babies both in the facility and at home;
- Providing tools, such as job aides and guidelines, for the facilities' health care workers to enhance the care of preterm/low birth weight infants;
- Strengthening the clinical capacity of facility staff through skills building and quality improvement processes; and
- Supporting facility-to-community linkages.

## Building Capacity

What crystalized my experiences in Malawi was a week we spent with a mixed group of midwives, health educators, and officials from the Ministry of Health, working collaboratively to create essential teaching tools for mothers and families. I was happy to see the Malawian experts translate the materials into Chichewa, since this is the language the families speak. I felt that we were building capacity, both within the Malawian professional community and among the families involved at the local hospital and 8 health centers.

Not surprisingly, capacity building is the primary principle that underpins the work of DGO and its related funding sources, among them USAID. Creating it effectively means recognizing that we are strangers



TOP: New moms in Malawi, like this woman, can benefit from the Kangaroo Mother Care program.

BOTTOM: The author (top row, second from the right) collaborates to create teaching tools for mothers and families.

in another culture and, as such, must listen as much as speak. Although I have worked for years internationally, I never fail to find that working in other cultures is a two-way street, one in which I contribute to projects, but also learn from local families and experts on critical issues and ideas.

After so many years working in and teaching midwifery, participating in DGO projects is a gift through which I can share with midwifery colleagues in other countries the benefits of my own professional life journey. We all benefit through this partnership. 



By Patricia Burkhardt, LM, CM, DrPH,  
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## Avoid the Nasal Spray Flu Vaccine in 2016-2017

For the 2016-2017 flu season, the CDC recommends use of the flu shot (inactivated influenza vaccine, IIV) and the recombinant influenza vaccine (RIV). The nasal spray flu vaccine (live attenuated influenza vaccine or LAIV) should not be used during 2016-2017. Read more: <http://bit.ly/2dmX6V1>.

## New Guidance Addresses Severe Maternal Morbidity

The American College of Obstetricians and Gynecologists (ACOG) and the Society for Maternal-Fetal Medicine (SMFM) have jointly issued guidance to address severe

maternal morbidity. Similarly, the CDC has outlined five public health strategies to prevent preterm birth. Learn more: <http://bit.ly/2dQ0hSu>.

## Major Study Supports Use of Long-Term Reversible Contraception

New research provides strong scientific evidence that long-acting reversible contraception (LARC) benefits a wider population of potential users than previously thought. Women who tried LARC, despite their preference for oral contraceptives or injections, found these methods highly satisfying. Their decision to try LARC prevented unintended pregnancy far bet-

ter than using a short-acting method. This major study is published in the *American Journal of Obstetrics and Gynecology*: <http://bit.ly/2cGiINQ>.

## Breast Density is Key to Appropriate Screening Intervals

For women between ages 50 and 74, those with dense breasts had fewer breast cancer deaths when they were screened yearly rather than every other year, a study in the *Annals of Internal Medicine* found. Learn more: <http://bit.ly/2crilzT>.

## Ovarian Cancer Screening Tests Not Reliable

“Despite extensive research and published studies, there are currently no screening tests for ovarian cancer that are sensitive enough to reliably screen for ovarian cancer without a high number of inaccurate results,” the FDA has reported, warning the tests should not be used: <http://bit.ly/2d33Wyp>.

## AAP: Safe Sleep and Skin-to-Skin Care Clinical Report

The American Academy of Pediatrics has released a new clinical report titled “Safe Sleep and Skin-to-Skin Care in the Neonatal Period for Healthy Term Newborns” intended for birthing centers and delivery hospitals caring for healthy newborns to assist them in the establishing skin-to-skin care and safe sleep policies: <http://bit.ly/2coPEUM>.

## Blood and Body Fluids of Severely Ill Zika Patients May Be Infectious

A Utah health care worker contracted Zika virus after caring for a severely ill Zika patient. A CDC investigation concludes blood and body fluids of severely ill patients might be infectious. “Given recognition of high levels of viremia during illness, it is essential that health care workers continue to apply standard precautions while caring for all patients, including those who might have Zika virus disease,” a spokesperson said: <http://bit.ly/2d7kGWu>. 

### BULLETIN BOARD

#### Volunteer Opportunity with ACME

The Accreditation Commission for Midwifery Education (ACME) seeks a member of the public to serve on its Board of Commissioners (BOC). The BOC develops, approves, implements, and evaluates the pre/accreditation criteria; establishes the policies and procedures for pre/accreditation of midwifery education programs; administers, reviews, and evaluates the accreditation process; and publishes and disseminates information regarding the accreditation process and accredited programs. The BOC meets monthly by conference call, and as needed.

The mission of the ACME is to advance excellence in midwifery education. Public member representation is necessary for effective operation of the BOC. A public member is not a midwife, and one who shall not derive any income from midwifery-related sources. For a full description of the position and application process, please visit [www.midwife.org/acme](http://www.midwife.org/acme).

#### Hunting for New Annual Meeting Exhibitors

We want to keep our exhibit hall interesting and dynamic for you, so please share with us the names of any companies you would like to see at the ACNM Annual Meeting in Chicago. We welcome and will follow up on all new exhibitor leads. Think outside of the box, and, for any company you wish to suggest, please find out the name of the contact person for exhibitors, and his or her contact information, otherwise it can be very difficult us to get to the right person. Having exhibitors at the meeting gives you the opportunity to learn about new products. It is also a source of revenue for ACNM. Thank you for your help and creative ideas! For exhibitor leads contact: Eileen Ehudin Beard, CNM, FNP, MS, FACNM, Senior Practice Advisor, 240-485-1842, [ebear@acnm.org](mailto:ebear@acnm.org).

#### Calling for Business Documents

The Business Section of the ACNM Division of Standards and Practice is working diligently on several initiatives in preparation for Midwifery Works! 2016 meeting in Myrtle Beach, South Carolina, November 3–6, 2016. Under the direction of new Business Section Chair, Barbara Hughes, CNM, along with efforts of the newly formed Midwifery Business Network Caucus led by Barbara Wax, CNM, momentum is building for the development of business resources for midwives. To this end, if you have a document such as a business plan template, evaluation tool, or staff meeting template that you have found helpful, please submit it to [bhughescnm@aol.com](mailto:bhughescnm@aol.com). 

# And So the Adventure Begins

**A**fter 35 years of being a midwife, the decision to retire was one of the most difficult of my life. I had loved being in clinical practice and teaching, first at Shiprock, New Mexico, and then at the University of Colorado, and I spent the 10 years leading up to my decision wondering whether I would know when to stop practicing and what path I would follow next. Fortunately for me, a convergence of life events showed me clearly when the time to retire had arrived.

Retire *to* something rather than *from* something, someone once advised me. Following this sage advice, I looked around and found many ways to use my talents in my community. As an “organizational junky”—(I loved being active in ACNM)—I looked first to ACNM for volunteer options. I saw that virtually every committee, caucus, division, and task force could use help. I focused on the policy front, making a commitment to myself to call, write, or visit one of my legislators either every month or when I received an alert. Having worked with incarcerated pregnant women, I had the opportunity to testify in support of a bill for safer and more humane restraint of these women during transport to clinic visits and during labor. The bill passed, and I felt proud of a former private client who had taken this on as a personal cause and happy I could help her.

Applying our midwifery knowledge in other settings is another way to use our skills. A colleague of mine taught emergency childbirth to local EMTs, while another gave infant CPR lessons to a parenting group. Why not collect birth supplies for Midwives for Haiti or consider volunteering on the local disaster preparedness committee? (Babies like to come at the most inconvenient times.)

Midwives can also give back through mentoring. It’s easy to reach out to a nearby certified midwifery program or to connect directly with a novice or potential midwife. Encouragement on the journey is

consider your spiritual center or a shelter for the homeless. A woman’s homeless initiative in my area is thrilled to have caring volunteers sign up to help cook a meal or simply be an attentive listener.

Working a midwife’s unpredictable schedule always provided a good excuse to say no. Now you could find yourself

more in demand than you want to be. So make sure to dedicate time to activities that you think

will be fun. A friend of mine is singing in a choir. I have explored my individual family genealogy. My search led me to a colonial ancestor who was the first female pharmacist in Massachusetts and another who was hung as a witch in Salem. I was proud of the legacy these brave women left me.

Joining a book club is another enjoyable option, and any discussion can benefit from a midwife’s point of view. I am a mystery fan, but had never heard of Josephine Tey or Jacqueline Winspear until my book club elected to read them.

Retirement also presents wide-open opportunities to travel. This summer was the 100<sup>th</sup> anniversary of the National Park Service. This inspired my sister and me to take a 30-day, 6,000-mile road trip. Departing from Colorado, we wound our way to the Blue Hills Parkway in North Carolina, up to Shenandoah and Gettysburg, on to Maine, west to the Black Hills, and home to Denver. We visited family and friends, returned to beloved spots, and took in amazing new sights. Our pace gave us time to enjoy each other and the beautiful countryside along many secondary roads.

So ask yourself, now that you have time to accomplish a few unfulfilled goals and dreams, “What is on my bucket list?” Then make it happen, enjoy every minute, and remember, life is good. 



By Laraine Guyette, PhD, CNM, FACNM  
guyettecnm@aol.com



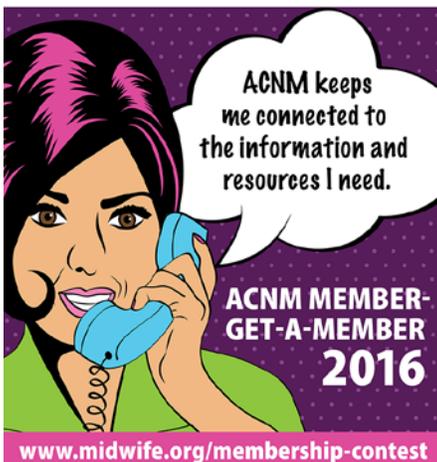
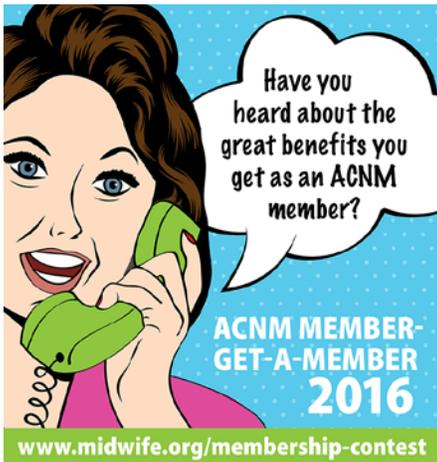
Laraine Guyette, PhD, CNM, FACNM, (right) toured national parks with her sister, Mary Waller, and stopped in Maine.

**“Retire to something rather than from something,” someone once advised me.**

always welcome. Midwifery students seeking a scholarship through the Midwifery Legacy Project also need to find those who are willing to tell their stories. Step up and volunteer. Conversely, interview other senior midwives so their stories are saved. The members of Midwifery History Caucus can offer guidance with this project.

Or tap your other talents. If you’re an accomplished knitter, ask yourself whether you could knit blankets or bonnets for your local birthing facility. If you like to create handicrafts, you could add them to care packages for our service men and women. Thoughtful handmade items are especially welcome during the holidays.

If you’re looking for places to volunteer,



## The Changing Midwife: Cecilia Wachdorf, CNM, PhD

**H**ow diverse can your career be if you are a midwife? For Cecilia Wachdorf, CNM, PhD, it can range from having a private birth center practice to teaching native Papua New Guinea nurses to become midwives to directing a midwifery practice in Minnesota that included 8 clinics, 3 hospitals, and 23 midwives. Now Cecilia works with the Minnesota Department of Health in the Maternal and Child Health Section. Her diverse positions illustrate how a midwife can parlay her career into satisfying alternatives as her interests and tolerance for being “on call” changes throughout her lifetime.

**“I realized there was complete silence. What was wrong?”**

Cecilia was recently interviewed for the History Caucus’s project. During the interview, she described her first “observed” birth in Papua New Guinea. After the delivery, she wiped the baby’s face, rubbed his spine gently with her fingers, and he cried.

“With the completion of the birth, my focus shifted from the mother to the observers,” she said. “It was then that I realized there was complete silence. *What was wrong?*” She continued:

“None of the observers would talk to me. Finally, I cornered one of the nurses who had previously been friendly. What is going on? Had I failed their test? She looked

at me wide-eyed and said, ‘What kind of magic do you have?’”

“They had all had thought that the baby was stillborn. Their tradition was not to stimulate or resuscitate babies, but accept



Cecilia Wachdorf, CNM, PhD

what nature had given. They were stunned to watch the newborn go from unresponsive to a vital, nursing infant. “This baby has seen the ancestors; he will be raised as a shaman,” the nurse told me. From then on I taught my students to stimulate babies to cry even before their feet were born.”

Read her Cecilia’s full story about Papua New Guinea and more on the ACNM Midwifery History Caucus Facebook page or at [www.frontier.libguides.com/digitaldepot](http://www.frontier.libguides.com/digitaldepot). 

By Karen B. McGee, CNM

The ACNM Midwifery History Caucus is collecting interviews of midwives who are 65 or older. Members of the caucus are writing their stories in a format developed to stir the memory of what it was like to practice during the 20<sup>th</sup> century. The written or video interviews are located on a special project page on the website of the Frontier Nursing University Library. To schedule an interview, contact [ccurlee@sbcglobal.net](mailto:ccurlee@sbcglobal.net) or [deweesc@ecu.edu](mailto:deweesc@ecu.edu). For information about this ACNM Caucus, visit [www.midwifery.org/caucuses](http://www.midwifery.org/caucuses).



**Don't hide  
from new clients!**

Make sure your practice information is up to date in our Find a Midwife tool, and ensure prospective clients can locate you. Visit [www.midwife.org/find-a-midwife](http://www.midwife.org/find-a-midwife).

# Get Moving to Promote Midwifery

For the past couple of months, ACNM has been sharing new ideas about ways to promote midwifery and women's health to women and families.

August was both National Breastfeeding Awareness Month and National Immunization Awareness Month, so we shared resources to empower women to commit to breastfeeding and getting themselves and their families vaccinated. In September, we pushed out healthy living messages and activities, and because it was also Fetal Alcohol Syndrome Awareness Month, we provided resources for pregnant women to guard themselves and their babies against fetal alcohol syndrome. Check out these resources at Discovery Midwifery Care at *Our Moment of Truth™* at [www.midwife.org/OMOT-Toolkit](http://www.midwife.org/OMOT-Toolkit).

## What's Ahead this Fall

**OCTOBER** is our favorite month because it brings National Midwifery Week. If you celebrated your profession during October 2–8, we would love to hear about what you did! Please send us an email at [clynam@acnm.org](mailto:clynam@acnm.org). If you are just getting around to honoring midwives and the terrific care you collectively provide, we have a 5-day plan ready for you to implement at your leisure.

Please check it out at [www.midwife.org/National-Midwifery-Week](http://www.midwife.org/National-Midwifery-Week).

This year's theme, *Get Moving*, emphasizes physical movement so our bodies and minds stay healthy and active. It also focuses on "movement" at the local level through community engagement—using our tools, expertise, and relationships to promote midwifery where midwives live and work. By joining together, we can shine a bright light on midwifery and the myriad services we provide to women, from puberty through menopause and newborn care. Let's raise awareness in our communities and get more women and families talking about midwives!



**NOVEMBER** is American Diabetes Month, a time to raise awareness of this widespread disease and its effects on women. Topics include how to prevent type 2 diabetes and how to prepare pregnant women who have diabetes with a diabetes education program.

**DECEMBER** is AIDS Awareness Month. It kicks off with World AIDS Day on December 1, when we raise awareness of the AIDS pandemic and educate women about the prevention and control of the disease. This month also encourages us to reinforce the importance of vaccination. During National Influenza Vaccination Week, the first full week of December, the US Centers for Disease Control (CDC), ACNM's immunization partner, will provide information about the week's importance, which we will share across our channels. Ways to stay healthy over the holidays is another December topic that clients appreciate. So we'll be developing resources to help them stay on track by eating healthy throughout the season and finding ways to keep moving, even indoors. We'll also be providing resources that you can share with your clients about managing winter pregnancies.

## e-Newsletter and More

Have you looked at our consumer-focused *Midwifery & Women's Health* eNewsletter lately? If not, sign up for it today and encourage your clients to do the same at [www.ourmomentoftruth.com/OMOT-eNews](http://www.ourmomentoftruth.com/OMOT-eNews). You can also join our *Our Moment of Truth™* members-only listserv at [www.midwife.org/OMOT-Listserv](http://www.midwife.org/OMOT-Listserv).

ACNM as an organization can't tell—or sell—the midwifery success story by itself. So we need every member to step up and do his or her part to attract the attention of women and families. Please think of one thing you can do today to promote midwifery and Get Moving! 



By Clare Lynam, Director of Communications, ACNM  
[clynam@acnm.org](mailto:clynam@acnm.org)

## Midwifery Works! 2016

*Continued from page 1*

management, and expand your leadership knowledge to make sure you stay on top of what it takes to be successful. Midwifery Works! will deliver best practices in comfortable, intimate settings, while ensuring sufficient downtime for networking and meeting with friends and ACNM staff. You can register for the meeting and reserve your hotel room at [www.midwife.org/Midwifery-Works-2016](http://www.midwife.org/Midwifery-Works-2016).

Here's an overview of what you can expect at Midwifery Works! 2016:

- Two types of billing and coding workshops with Joani Slager, CNM, DNP, CPC, FACNM, ACNM Treasurer
- New midwifery practices with Connie Dewees, CNM, DrPH, FACNM
- Positive thoughts yielding powerful results with Barbara Hughes, CNM, MS, MBA, FACNM, NE-BC
- Ultrasound prep program with Frank Miele of Pegasus Lectures
- HIPPA, billing, and finance with Nicole Wocelka, Certified Professional Compliance Officer, and Christine Romney, President, CEO Larsen
- Quality improvement with Lisa Kane Low, CNM, PhD, FACNM, and ACNM President, and Leslie Cragin, CNM, PhD, FACNM
- Benchmarking with Karen Peridion, CNM
- Contracts with Nancy Jo Reedy, CNM, MPH, FACNM
- Establishing birth centers with Maureen Darcy, CNM
- State legislative support with Cara Kinzelman, PhD, Director of ACNM Advocacy and Government Affairs
- Water birth with Jenna Shaw Bautista, CNM, PhD
- Advertising and grassroots support with Sheri Mateo, CNM

You can view a full copy of the schedule at [www.midwife.org/MW16-Complete-Schedule](http://www.midwife.org/MW16-Complete-Schedule), and learn more about our sponsors and exhibitors at [www.midwife.org/MW2016-Sponsors-And-Exhibitors](http://www.midwife.org/MW2016-Sponsors-And-Exhibitors).

We hope to see you in November in sunny Myrtle Beach! 

# New ACNM Resources in the *Journal of Midwifery & Women's Health*

New ACNM resources, partnership documents, and updates from the 2016 Annual Meeting are featured prominently in the July/August and September/October issues of the *Journal of Midwifery & Women's Health (JMWH)*. Have you taken a look? The July/August issue includes 2 revised Clinical Bulletins. "Abnormal Uterine Bleeding" (originally published in 2002) defines and

describes classifications of abnormal uterine bleeding, reviews updated terminology, and identifies methods of assessment and treatment using a woman-centered approach. "Providing Oral Nutrition to Women in Labor" (originally published in 2008) reviews the evidence related to this practice and provides recommendations to promote informed, shared decision making regarding oral intake during labor with

women at low risk for gastric aspiration.

The September/October issue includes an article, "National Partnership for Maternal Safety: Consensus Bundle on Venous Thromboembolism," which is being published concurrently in *Obstetrics & Gynecology, Anesthesia & Analgesia*, and the *Journal of Obstetric, Gynecologic, & Neonatal Nursing*. This article outlines the clinical implementation of a safety bundle devised to provide routine risk-based assessment and appropriate prophylaxis that may reduce the risk of obstetric thromboembolism. Another such partnership document appeared in 2015<sup>1</sup>: "National Partnership for Maternal Safety Consensus Bundle on Obstetric Hemorrhage." Read both now: ACNM members have free access to all *JMWH* content by accessing *JMWH* issues through the Professional Resources section of the ACNM website.

Also in the September/October issue of *JMWH*, catch up on the research presented and the midwives honored at the 2016 ACNM Annual Meeting in Albuquerque. Read the abstracts presented at the 2016 Research Forum podium presentation, which the ACNM Division of Research and Division of Global Health selected at <http://bit.ly/2d8Fxa8>. These abstracts demonstrate the breadth and quality of research being conducted about midwifery and women's health by midwifery researchers and our colleagues. In addition, the issue includes the biographies of the newest class of ACNM Fellows, and this year's winner of the Hattie Hemschemeyer Award, as a testament to the contributions these individuals have made to the profession of midwifery, the health of women, and the impact of ACNM. 

By Brittany Swett, Managing Editor  
*Journal of Midwifery & Women's Health*  
[BSwett@ACNM.org](mailto:BSwett@ACNM.org)

## REFERENCES

1. *J Midwifery Womens Health*. 2015;60[4]:458-464

## MEMBERSHIP

# How Affiliates Can Help Engage and Retain Members

Affiliate leaders often ask me for advice to help them engage and retain members. I love this question not only because it demonstrates how much they care about their members, but also because I love collaboration. Focusing on the needs of ACNM members provides a great opportunity for us to work together.

I like to start these conversations by asking what they currently do when a new member joins. My reason is simple: This is when their renewal cycle officially starts. While some affiliate leaders know this, it's a revelation to others. And that's OK. Membership in ACNM and their affiliate is a personal experience for each individual, and retention often can be tied to how successfully we deliver that experience. At the end of the day, what we don't want to hear is "I joined last year, but the next time I heard from someone was when it was time for me to renew."

So how best to fill the time between joining and renewing? Many affiliates have developed their own tactics for addressing this question. Essentially, though, it involves taking their roster of new members, contacting and welcoming them to the affiliate, and inviting them to their next function. Successful affiliates also assign at least one person at every function to greet new members, talk to them about the affiliate, discover their interests, and introduce them to the leaders and other members, especially those who have matching interests. Extroverts love this job!

Members often want to give back and contribute to their organization. So next you will want to guide all members, but especially your newer ones, to where they can find opportunities to volunteer and get involved. Then most importantly, when they do volunteer, be sure to find fun ways to recognize them for their work.

Additionally, look for avenues to help student and younger members grow, for instance, by involving them in committee and leadership roles. This can be a powerful way to mentor the next generation of ACNM leaders!

These are only the first steps to engaging and involving new members, but they are steps most affiliates can do now. This being said, if you are an ACNM member who wants to become more active in your affiliate, I encourage you to reach out to your leadership. (For a listing of your officers, go to [www.midwife.org/ACNM-Affiliate-Map](http://www.midwife.org/ACNM-Affiliate-Map).) 



By Salvador Chairez, CAE, ACNM Director of Membership and Marketing  
[schairez@acnm.org](mailto:schairez@acnm.org)

## New Texas Midwifery Creation Scholarship

In just a few short months, the Texas Affiliate of ACNM—the Consortium for Texas Certified Nurse-Midwives (CTCNM)—established and raised more than \$20,000 for a new scholarship designed to increase the number of practicing CNMs/CMs in Texas. Eligible applicants will be a student member of ACNM, enrolled as a student in good standing at an ACME-accredited or pre-accredited basic midwifery education program, with a stated intention to practice midwifery in Texas after



This year a newly created scholarship will honor Sr. Angela Murdaugh, CNM, FACNM, and the late Nivia Nieves Fisch, CNM, FACNM. Read ACNM's tribute to Nivia Nieves Fisch on page 37.

graduation. Priority will be given to applicants with Texas roots by virtue of residence, family, education, or prior clinical work in Texas. Each \$500 scholarship will be given in honor of individuals who have contributed to midwifery in Texas through clinical practice, education, or advocacy. The first scholarship will be given in honor and memory of late Texas midwife Nivia Nieves Fisch, CNM, FACNM. The second will be given to another renowned Texas midwife—Sr. Angela Murdaugh, CNM, FACNM. The amazing work of the philanthropic midwives of CTCNM, led by Patricia Olenick, CNM, PhD, have created a fantastic prototype for other affiliates who might wish to establish a scholarship and award within the Foundation. Winners of the first award(s) will be announced in the next issue of *Quickenings!*

## Breckinridge Level Donation "Mary" Pin: Don't Miss Out!

A special premium gift was designed for this year's donors of \$1,000 or more at the Mary Breckinridge Club level. Donors who would like to receive the 2016 "Mary" Pin may do so by making a donation or a monthly pledge. Contact our business office or visit our online donation page (see below).

## Did You Know?

ACNM membership is required for nearly all Foundation scholarships and awards. Yes, it's another member benefit!

### November 1, 2016 Application Deadlines for the following:

#### Doctoral Scholarship for Midwives of Color

This \$5,000 scholarship is given to a midwife of color (CNM/CM) who is actively enrolled in doctoral or post-doctoral education. Funding comes from the Foundation's Midwives of Color Scholarship Fund.

#### Jeanne Raisler International Award for Midwifery

This award honors the memory of Jeanne Raisler, CNM, DrPH, FACNM, and supports midwives interested in becoming involved in global midwifery. It enables awardees to gain experience in international midwifery through participation in a project designed to improve the health of women in a developing country.

#### Thacher Community Grants

These \$500 grants support small, yet high-impact community-based projects. Preference is given to community projects that address leadership development at the community level, care for women with physical or mental illness or disability, or care of underserved populations, especially those in low-resource settings.

All applications are available at: [www.midwife.org/Foundation-Scholarships-and-Awards](http://www.midwife.org/Foundation-Scholarships-and-Awards).

### QUESTIONS ABOUT DONATIONS OR AWARDS?

#### CONTACT THE FOUNDATION BUSINESS OFFICE:

The A.C.N.M. Foundation, Inc.  
 PO Box 380272 | Cambridge, MA 02238-0272  
 240-485-1850 phone | 617-876-5822 fax  
[fdn@acnm.org](mailto:fdn@acnm.org)

To make a tax-deductible donation in support of the Foundation mission, go to: [www.midwife.org/Charitable-Contributions](http://www.midwife.org/Charitable-Contributions).

## Gifts to the

### UNRESTRICTED GIFTS—INDIVIDUALS

#### Mary Breckinridge Club (\$1000 or more)

Anonymous, in memory of my late husband, "the wind beneath my wings"

Royda Ballard, in honor of the Midwifery Legacies Project

Rebeca Barroso

Ginger Breedlove

Mary Kaye Collins

Leslie Cragin, in honor of Afaf Meleis

Susan DeJoy, in memory of Christine N. Nuger

Nivia Nieves Fisch

Judith Fullerton, in memory of my parents and siblings

Carolyn Gegor

Laraine Guyette, in memory of Jennifer Hensley

Lisa Hanson, in honor of the DOR Board of Governors

Kathryn "Kate" Shisler

Harrod

Denise Henning

Bridget Howard

Barbara Hughes/Wilson Hughes Consulting LLC, in honor of Roberta Poirer

Marsha Jackson

Cecilia Jevitt

Peter & Tina Johnson, in memory of Maria M. Mancusi

Holly Powell Kennedy

Julia Lange Kessler

Tekoa King, in honor of the JMWH Editorial Board

Susan Agard Krause, in memory of Christine N. Nuger

Jan M. Kriebs

Cara Krulewitch

Dorothea Lang, in memory of John Sparacio

Mary Jane Lewitt

Frances E. Likis

Lisa Kane Low

Vivian Lowenstein, in memory of Netty Lowenstein

Ellen Martin

Michael McCann

Karen McGee, in honor of Midwifery Legacies Project

Denise McLaughlin

Elaine Moore

Tonia L. Moore-Davis

Lonnie C. Morris

Patricia Aikins Murphy

Linda Nanni

Kathryn Osborne, in honor of my mother, Carolyn

Karen Perdion

Pamela Reis

Nancy Jo Reedy

Sharon Shindler Rising

Kerri Schuiling

# A.C.N.M. Foundation *March 1 to August 31, 2016*

Mavis Schorn  
 Mary E. Sheridan  
 Joan Slager, *in honor of Teresa Marsico, CNM*  
 Suzanne M. Smith  
 Letitia Sullivan  
 Susan Stone  
 Tanya Tanner  
 Frances T. Thacher  
 Thomas D. "Toby" Thacher  
 Joyce E. Thompson, *in memory of Glen & Ida Beebe*  
 Maria Valentin Welch, *in memory of my pet & companion, Raven, with thanks for years of love, laughter & joy*  
 Deborah Walker, *in memory of Anna & Wilbur Walker*  
 Clare Westdahl, *in memory of Robert L. Westdahl, my husband for 40 years*  
 Angela Wilson-Liverman

## \$500-999

Anonymous  
 Rebeca Barroso, *in memory of Elizabeth S. Sharp*  
 Joyce King  
 Lisa S. Lederer  
 Betty Jane Chiota, Teri Delafleur, and Bonnie Burchell  
 Donna Chuzi, Vicki Ruth, Susan Hoffman, *in memory of Hugh Logsdon, husband of Virginia Crandall, CNM*  
 Holly Powell Kennedy  
 Sharan Love, Claudia Ravin, and Chee Lee Mao Leong  
 Linda Hewes, Vivian Ford, and Terri O'Neal Berthier  
 Kathleen Hogan, Mary Ellen Bouchard, and Bryn Burke  
 Judy Rohner Newman and Connie G. Murray  
 Lesley Rathbun  
 Patrice White

## \$100-499

Melissa D. Avery  
 Manuela Barcelos, *in honor of Judith Mercer, CNM, PhD*  
 Mary Barger  
 Charles Bear, Charles Bear Photography, *in kind*  
 Elizabeth M. Bear, *in memory of Elizabeth S. Sharp*  
 Sharon M. Bond, *in honor of my dear friend, Leigh Wood, CNM*  
 Mary Ellen Bouchard, *in memory of Lawrence Hewes & Ed Leong*  
 Heather Bradford  
 Katherine Camacho Carr  
 Elizabeth Cooper, *in memory of Elizabeth S. Sharp*  
 Julia Cross, *in honor of Mary Rossi*

Mark DeFrancesco  
 Jennifer M. Demma  
 Kathleen Dermady  
 Elaine K. Diegmann  
 Cathy & Bill Emeis  
 Jenifer Fahey, *in honor of Jan Kriebs*  
 Kate Fouquier  
 Carolyn Geger, *in kind*  
 Ann Geisler  
 Alvin Goldansky, MD, *in memory of my cousin Shirley Okrent, CNM*  
 Laraine H. Guyette  
 Lisa Hanson  
 Kathy Higgins  
 Lynne Himmelreich  
 Jerrilyn (Jeri) Hobdy  
 Carol L. Howe, *in memory of Elizabeth S. Sharp*  
 Annemarie Krim, *in honor of Connor Sweeny*  
 Cara Krulewitch  
 Kathryn Landau, *in memory of Christine N. Nuger*  
 Dorothea M. Lang, *in memory of Shirley Okrent*  
 Julia Lange Kessler  
 Lisa S. Lederer  
 Teresa W. Marchese  
 Ellen Martin, *in memory of Elizabeth S. Sharp*  
 Michael McManus  
 Gretchen G. Mettler  
 Elaine M. Moore, *in memory of Elizabeth S. Sharp*  
 Tonia L. Moore-Davis  
 Lonnie Morris  
 Sister Angela Murdaugh, *in honor of Nivia Nieves Fisch*  
 Claire Nelson  
 Susan Papera, CNM  
 Nancy Jo Reedy  
 Heather Reynolds  
 Nancy Selix  
 Carol Snapp, *in honor of Bob Harris*  
 Letitia Sullivan  
 Heather Swanson  
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 Margaret A. Taylor  
 Sarah Toler  
 Mary V. Widhalm

## \$1-99

Thorhildur Agustsdottir  
 Susan Altman  
 Elizabeth Amaya  
 Kelly Aten  
 Cecelia Bacom  
 Linda Bergstrom, *in honor of Sean Johnson, beloved son of Peter & Tina Johnson*  
 Jesse Bushman  
 Betty Chern Hughes, *in memory of Julie Hallerdin, CNM*  
 Mary Kaye Collins  
 Shannon DaSilva  
 Tracy Donegan

Lily Fountain  
 Cassandra Garcia  
 Carolyn Geger  
 Anne Gibeau  
 Katherine Green, *in memory of Christine Nuger, CNM & Susan Liddell, CNM*  
 Karin Gustafson  
 Laraine H. Guyette  
 Michella Habeck  
 Melissa Hasler, *in honor of Rebeca Barroso*  
 Lisa Hobbs  
 Sharon Holley  
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 BreAnne Huss  
 Karen Jefferson  
 Ira Kantrowitz-Gordon  
 Shannon Keller  
 Mary J. Kempf, *in honor of Rebeca Barroso*  
 Hillary Kieser, CNM  
 Mary Kilianski  
 Lori Knoth  
 Gwen Latendresse  
 Rita Ledbetter  
 Theresa Lirette  
 Emily Levingston Luna  
 Kitty F. MacFarlane, *in memory of Elizabeth S. Sharp*  
 Esther Mast  
 Mary Milkey, CNM  
 Ida K. Miller, *in memory of Elizabeth S. Sharp*  
 Mary Kay Miller  
 Brigit Mulloy  
 Elizabeth C. Nelson  
 Kathleen Pool  
 Lori Powers  
 Noura Quayson  
 Ebony Roebuck  
 Elizabeth Roeske  
 Shari Long Romero  
 Mairi Breen Rothman  
 Sarah Ryan  
 Irene Sandvold, *in memory of Elizabeth S. Sharp*  
 Paulette Schalck  
 Jacqueline J. Scott  
 Melissa Scott  
 Stacey Shearin  
 Lori Sherman  
 Susan Skinner  
 Dr. Brenda Leigh Yolles Smith, *in memory of Elizabeth S. Sharp*  
 Mandesa Smith  
 Virginia Sullivan  
 Connie Swentek  
 Eileen Thrower  
 Lori Trego  
 Maria Valentin-Welch  
 Clarice Wardlaw  
 Susan Way  
 Metta Weaver  
 Katy M. Wehrmann

Essence Williams  
 Kendra Wyatt  
 Margaret Zuccarini

## RESTRICTED GIFTS—INDIVIDUALS

### Dianne S. Moore Midwifery Research Scholarship Fund

## \$25,000

Ryan Gonzalez, *in memory of Dianne S. Moore, CNM, MPH, PhD*  
 Sean Gonzalez, *in memory of Dianne S. Moore, CNM, MPH, PhD*

### Teresa Marsico Memorial Fund (in response to the "Kitty Appeal")

## \$1000-4999

Melissa Avery, *in memory of Robert Frederick Avery*  
 Rebeca Barroso  
 Patricia Boone  
 Helen Burst, *in memory of Teresa Marsico*  
 Katherine Camacho Carr  
 Carmela Cavero  
 Candace Curlee  
 Kitty Ernst  
 Jennifer Foster, *in memory of Alexander Whitman*  
 Joyce Foster, *in memory of Ernestine Weidenbach*  
 Mary Gillmor-Kahn  
 Dorothea Lang, *in honor of Teresa Marsico – Past President of ACNM who included in her vision a "name change" for ACNM*  
 Ruth Lubic, *in honor of Kitty Ernst, Past President*  
 Anne Richter  
 Joyce Roberts  
 Laverne Puetz, *in memory of Elizabeth S. Sharp*  
 Jo Ellen Reynolds, *in memory of Josephine D'Aratro Ingrassia & Mary Carmel Hager Beach*  
 Barbara Sellars, *in memory of my mother, Betty Sellars*  
 Jean Tease  
 Joyce Thompson, *in memory of Glen & Ida Beebe*

## \$500-999

Mary Kaye Collins, *in memory of Elizabeth S. Sharp*  
 Barbara L. McFarlin

## \$100-499

Anonymous  
 Anonymous  
 Dawn Durain  
 Dorothy M. Gallagher-Garcia  
 Elaine Germano  
 Caryn Schloss Hanrahan

Susan E. Hetherington  
 Janice Keller Kvale  
 Lois M. Lehman  
 Lisa Kane Low  
 Jeanne Meurer  
 Madge Mulkey, CNM  
 Sister Angela Murdaugh, *in honor of Nivia Fisch*  
 Betty Schlatter  
 Margaret A. Taylor, CNM, APRN  
 Eileen Thrower

## \$1-99

Barbara J. Reale  
 Patricia Urbanus, *in memory of Elizabeth S. Sharp*

### CTCNM Texas Midwifery Creation Scholarship

## \$5,000-10,000

Consortium of Texas CNMs, *in honor of Nivia Nieves Fisch & Sister Angela Murdaugh*  
 Patricia Olenick, *in honor of Nivia Nieves Fisch*

## \$1,000-4,999

Dorothea Lang, *in honor of Nivia Fisch and Sr. Angela Franciscan Sisters of Mary, in honor of Sister Angela Murdaugh*  
 Nora McDermott Lewis, *in honor of Nivia Fisch*

## \$500-\$999

Dr. Shevaun Beck, *in honor of Nivia Nieves Fisch & Sr. Angela Murdaugh*  
 Rebecca H. Burpo, CNM, *in honor of Nivia Nieves Fisch*  
 Barbara Larsen, Founding Donor

## \$100-499

Erin Biscone  
 Elaine Brightwater, *in honor of Nivia Nieves Fisch & Sr. Angela Murdaugh*  
 Kristy A. Culp-Leonard, *in honor of Nivia Fisch*  
 Amy D. Gillespie, *in honor of Nivia Nieves Fisch*  
 Mary K. Loftin  
 Sister Angela Murdaugh, *in honor of Nivia Nieves Fisch*  
 Heather Swanson

## \$1-\$99

Elizabeth (Berry) Fairman Hoffman  
 Susan Stone,  
 Lauren Knorr, *in honor of Nivia Nieves Fisch*  
 Sister Kay Kramer, *in honor of Sr. Angela & Nivia Fisch*  
 Anna L. White, *in honor of Nivia Fisch*  
 Tori Agustdoltin, *in honor of Nivia Nieves Fisch*  
 Amy Moore

Christine Stuart, *in honor of Sr. Angela*  
 Patricia Olenick, *in honor of Nivia Nieves Fisch*  
 Kellie Thiessen

### Midwives of Color—Watson Scholarship Fund

## \$500-\$999

Patricia Loftman, *in kind*

## \$100-\$499

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 Andrea Christianson  
 Mary Kaye Collins  
 Candace Curlee  
 Eleanor Fisher  
 Laraine H. Guyette  
 Amy Levi  
 Lisa Kane Low  
 Michael M. McCann  
 Yolanda Meza, *in honor of Nivia Fisch*  
 Michelle Pino  
 Pamela Reis  
 Maria Valentin-Welch  
 Maria Valentin-Welch, *in kind, in honor of new MOCC Chairperson, Pat Loftman*

## \$1-\$99

Lauren Abrams  
 Donica Anderson  
 Cara Busenhardt  
 Melissa Cardeña  
 Katherine Camacho Carr, *in kind*  
 Kathryn Kravetz Carr, *in honor of Midwives of Color*  
 Kathryn Kravetz Carr, *in honor of Sr. Students of Color*  
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 Candace Curlee  
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 Mary Rose Korduner  
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 Sharon McDowall  
 Lisa Kane Low  
 Shay Recalde  
 Michelle Grandy  
 Deborah Kaiser  
 Teresa W. Marchese  
 Monica McLemore  
 Patricia Olenick  
 Felina Ortiz, *in kind*  
 Madeline Pacheco  
 Michelle Pino  
 Kizzie Ricks  
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 Stephanie Tillman  
 Maria Valentin-Welch  
 Monica Viera  
 Midwifery Legacies Project Fund  
 Maria Fischer, *in honor of Maureen Rayson, CNM*  
 Karen McGee

### VARNEY PARTICIPANT AWARD FUND

Francie Likis, *in honor of Ali Cocco, CNM, MSN, MDiv's graduation & certification as a CNM*

### Bonnie Westenberg Pedersen International Midwife Award Fund

Deborah A. Armbruster

### FOUNDATIONS AND CORPORATIONS (RESTRICTED AND UNRESTRICTED):

#### Dorothea Lang Pioneer Award

The Sparacio Foundation, Inc.

#### General Fund

John Wiley & Sons, Inc

#### Grants for Projects Carried Out by ACNM

Transforming Birth Fund, *a donor-advised fund of the New Hampshire Charitable Foundation to support the "Re-Envisioning US Maternity Care" Meeting in Albuquerque, NM, May 22, 2016*

#### FEDERATED CAMPAIGNS (UNRESTRICTED)

United Way of Frederick County, Maryland

\*Additional unrestricted donations made at the Foundation's Annual Meeting Fundraiser in May 2016 will appear in the next issue of *Quickening*.

## Congratulations to the following midwives for passing the AMCB Midwifery Certification Exam, February—July 2016

Marian Elliot Acquistapace, CNM  
Jane Elizabeth Adkins, CNM  
Janelle Brubaker Alier, CNM  
Corinne Almquist, CNM  
Jillian Artis, CNM  
Jessica Jane Bartlett, CNM  
Angela Beals, CNM  
Brittany Bove, CNM  
Allison Renee Bower, CNM  
Julie Ann Brasel, CNM  
Megan Brister, CNM  
Lindsay Bustle, CNM  
Ayisha Byrd, CNM  
Nicole Jane Camp, CNM  
Celeste Ann Chavez, CNM  
Erin J. Cole, CNM  
Kristina, Colwell, CNM  
Joy, Cosenza, CNM  
Kim Margaret Craig, CNM  
Brandi, Craig, CNM  
Megan Adelle Crane, CNM  
Susan Marie Czelusta, CNM  
Catherine Daily, CNM  
Amy Daily, CNM  
Sandra Darko-Williams, CNM  
Justine Elise Della Fave, CNM  
Tara Jane Dethmers, CNM  
Elizabeth Detroyer, CM  
Angie Renae Detwiler, CNM  
Kristen Dib, CNM  
Angela Dickson-McDowell, CNM  
Amy Ellis Dixon, CNM  
Olivia Dixon, CNM  
Lydia Marie Dominic, CNM  
Sara Kathryn Dowd, CNM  
Ashley Nicole Draper, CNM  
Danielle Elswick, CNM  
Aubrey Adamthwaite Engert, CNM  
Robin Lee Etter, CNM  
Erin Nicole Everett, CNM  
Amanda Leigh-Reynders Ezekiel, CNM  
Shaina Federman, CNM  
Sabrina Fernandez, CNM  
Kortney Elizabeth Fisher, CNM  
Merry Fontenot, CNM  
Heather Joleen Foresman, CNM  
Lauren Orenge Fountain, CNM  
Shara J Frederick, CM  
Julia Fries, CNM  
Erica Garrett, CNM  
Constance Ger, CNM  
Mollie Rose Gilbert Brody, CNM  
Laura Michele Giles, CNM  
Kristen Elizabeth Green, CNM  
Elizabeth Finan Guiney, CM  
Kristen Noelle Hall, CNM  
Clare Marie Hall, CNM  
Taya Hamilton, CNM  
Stacey Marie Hamlett, CNM  
Beth Harpenau, CNM  
Cheryl Kailyn Harrington, CNM  
Emily Hazan, CNM

Rachel Heisman, CNM  
Meghan Hayes Henry, CNM  
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Serina Hernandez, CNM  
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## Dear Members,

I'd like to introduce myself as the new editor of *Quickenin*. I'm delighted to be part of *Quickenin's* rich tradition of providing news, research, and information to midwives throughout the country. My goal is to continue to bring you high quality content, and I welcome your ideas for articles. Please send them to me at [mchristopher@acnm.org](mailto:mchristopher@acnm.org). Thank you!



Maura Christopher



Ashley West

ACNM communications is also delighted to welcome Ashley West, our new communications and marketing specialist. Ashley brings a master's degree in marketing and experience in marketing, IT, and editorial. She is an indispensable member of the team.

Sincerely,  
Maura Christopher

## Zika Corner

For up-to-date information, subscribe to CDC updates at [www.cdc.gov/zika](http://www.cdc.gov/zika).

The Primary Care Emergency Preparedness Network has collected the CDC's resources for clinicians at <http://bit.ly/2d7tZpLt>.

See ACNM resources on Zika at [www.midwife.org/Resources-for-Zika-virus](http://www.midwife.org/Resources-for-Zika-virus).



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## Birth Announcements

**Shannon Keller**, former student rep to the ACNM Board of Directors, is thrilled to announce the arrival of Jude Thomas Keller, September 19, 2016 at 9:18PM. 7lbs 5oz. of absolute perfection. "Lucky to have my colleagues right by my side and @akeller14 for my labor coach!" Shannon said. More photos to come from @morganvuznytsya.

## Honors and Awards

American Academy of Nursing has named **Colleen Conway-Welch, PhD, CNM, RN, FAAN, FACNM** as a "Living Legend" honoree, its highest honor. She will receive recognition at a special ceremony in Washington, DC on October 20.

Congratulations to **Mary Ellen Doherty, PhD, CNM** and her twin sister **Elizabeth Scannell-Desch, PhD, RN** on the release of their second book, *Nurses after War: The Reintegration Experience of Nurses Returning from Iraq and Afghanistan*. This book was born from a research study that captured the experiences of 35 nurses from the Army, Navy, and Air Force. The authors presented this research at the 2016 ACNM Meeting & Exhibition in Albuquerque, New Mexico.

**Mimi Niles, LM, CNM, MPH**, from New York has been awarded the 2016–2017 Johnson & Johnson-American Association of Colleges of Nursing-Minority Nurse Faculty Scholarship. The award supports graduate nursing students from minority backgrounds to become leaders in nursing education. Niles is a third-year full-time PhD student and adjunct clinical faculty in the nursing and midwifery programs at New York University Rory Meyers College of Nursing.

**Michele Pino, CNM**, has received the 2016 Indian Health Service Albuquerque-Area Provider of the Year Award from the Indian Health Service.

**Mayri Sagady Leslie, EdD, MSN, CNM**, received the Nursing for Women's Health's 2016 Excellence in Writing Award for her article entitled, "Perspectives on Implementing Delayed Cord Clamping."

## Remembering Nivia Nieves Fisch

After a hard-fought battle with cancer, **Nivia Nieves Fisch, CNM, FACNM**, 68, passed peacefully in Harlingen, Texas on September 15. Nivia, born in Puerto Rico and raised in the Bronx, New York, grew up in a loving home. She was a bright student and after attending a vocational high school and Bronx Community College, she became a nurse.

She married, and in 1973, moved with her husband, Stan, to Harlingen, Texas, on assignment with the US Public Health Service. Both found themselves deeply committed to the Rio Grande Valley community and to providing health care to the area. In 1976, after continuing her training, Nivia began her service as a nurse-midwife. Alongside her mentor, role model, and dear friend, Sister Angela Murdaugh, she established a birth center within Su Clinica Familiar in Harlingen and saw it grow into a major provider of maternity care.

In 1994, Nivia became the first nurse-midwife in the Valley to be credentialed to work in a hospital. At Valley Baptist Medical Center, and later at Harlingen Medical Center, Nivia extended her model of collaborative midwifery practice in a hospital setting. Over the years, she was deeply honored to take part in the delivery of more than 7,000 babies.

Nivia served on the faculty of the University of Texas Health Science Center at San Antonio as part of their Regional Academic Health Center campus, introducing medical students to gentle, non-interventive childbirth. She was also an active member of ACNM and a founder of the Midwives of Color Committee. "The struggle waged to transform MOCC from an ad hoc committee to a standing committee in ACNM was successful largely due to a group of women of color that included Nivia," Patricia O. Loftman, CNM, LM, MS, FACNM noted recently. "She will be remembered as a steadfast champion for providing care to low-income women and women, children, and families of color."

ACNM honored Nivia in 2015 by naming her a Fellow of the College and giving her the National Distinguished Service Award. She was a true light to her family, friends and ACNM. "Nivia impacted the spirit of all who had the pleasure of knowing her," Shirley White-Walker, CNM, Ed.M, FACNM, said. "Her warmth, infectious laugh, and caring attitude always shown through."

Gifts in Nivia's memory can be directed to: [www.midwife.org/Charitable-Contributions](http://www.midwife.org/Charitable-Contributions). You may donate online or you can download forms that can be faxed or mailed in with the donation form. Two foundation-endowed funds might be of interest to donors who wish to make a donation in Nivia's memory. The Midwives of Color Scholarship Fund, which supports the Carrington-Hsia-Nieves Doctoral Scholarship for Midwives of Color. This scholarship is awarded to a CNM/CM of color who is actively enrolled in doctoral or post-doctoral education. This award is named in honor of Nivia and two of ACNM's most distinguished midwives of color: Betty Watts Carrington, CNM, PhD, FACNM and Lily Hsia, CNM, PNP, MSN, FACNM. The other fund is the CTCNM Texas Creation Scholarship Fund. The first award from this fund will be given in November 2016 in Nivia's honor. 📄



**CORRECTION:** A listing of ACNM awards on page 18 of the Summer 2016 issue of *Quickening* misidentified **Jan M. Kriebs, CNM, MSN, FACNM**, who received a 2016 Distinguished Service Award. *Quickening* regrets the error. 📄

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