

Quickening[®]

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OFFICIAL NEWSLETTER OF THE AMERICAN COLLEGE OF NURSE-MIDWIVES



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COVER PHOTO: Niki Keka

Public Policy Advocacy: A Key Member Benefit

In her letter, ACNM CEO Sheri Sesay-Tuffour shares ACNM's current legislative priorities.



Dear ACNM Members,

Did you know that one of the key benefits you receive from ACNM is public policy advocacy? There is so much happening behind the scenes that I wish to share with you.

Through our advocacy work, we continue to ambitiously pursue and support commonsense policy solutions that seek to grow the midwifery profession and ensure equitable access to care.

Our current federal legislative priorities include:

1. S. 2680/H.R. 6—*The Support for Patients and Communities Act*

- Expands prescriptive authority for medication-assisted treatments (MAT) to certified nurse-midwives (CNMs) for a period of five years. Makes the current Substance Abuse and Mental Health Services Administration (SAMHSA) DATA-waived program permanent for nurse practitioners and physician assistants. The bill scaled its final hurdle when the Senate voted to approve its version of H.R. 6 on September 17, 2018, and the President signed it into law on October 24, 2018, yielding a major win for ACNM and a faction of our membership. This legislation will enable qualified CNMs who reside in states where they have prescriptive authority for schedule II drugs to apply to become eligible providers of MAT. ACNM Government Affairs

is working on a FAQ for membership outlining requirements and next steps for those interested in treating patients suffering from opioid or substance use disorders with MAT.

2. S. 783/H.R. 315—*The Improving Access to Maternity Care Shortage Act*

- Creates a maternity care shortage sub-designation under existing primary care Health Professional Shortage Areas (HPSA) enabling CNMs who participate in the National Health Service Corps loan repayment program to be deployed to rural, underserved, and low-resource areas that are experiencing a maternity care provider shortage. H.R. 315 passed the House in January 2017. The Senate is expected to take up discussion after the midterm elections.

3. S. 1112/H.R. 1318—*The Preventing Maternal Deaths Act*

- Helps establish maternal mortality review committees (MMRCs) through the Centers for Disease Control and Prevention (CDC) in states that currently lack such review bodies and strengthens MMRCs in states that already have them. Additionally, it tasks the Department of Health and Human Services with tracking health care disparity data. S. 1112 passed out of the Senate Health, Education, Labor and Pensions Committee in June 2018. The hope is for both the House and Senate to address this legislation after the midterm elections.

4. S. 1109/H.R. 959—The Title VIII Nursing Workforce Reauthorization Act

- Reauthorizes the Health Resources and Services Administration’s Nursing Workforce Development programs (Title VIII, Public Health Service Act) through Fiscal Year 2022. H.R. 959 passed the House in July 2018. The Senate is expected to take up discussion after the midterm elections.

It should be noted that the Improving Access to Maternity Care Shortage Act, the Preventing Maternal Deaths Act, and the Title VIII Nursing Workforce Reauthorization Act all will need to be reintroduced as new legislation next Congress if action is not taken this fall or winter.

Right now, our advocacy staff and volunteer leaders are busy drafting the college’s policy agenda and core commitments for the 116th session of Congress and what is bound to be a very active state legislative season in 2019.

In preparation, it will be important to look at ACNM’s Strategic Goals and Core Commitments and to identify clear advocacy priorities that seek to strengthen the midwifery workforce and remove barriers to practice across federal and state health systems.

What will be considered as ACNM identifies 2019 advocacy priorities?

- The evidence substantiating the contribution of midwives to improving care is palpable; however, a major disconnect persists between what the research shows, what policies promote, and what midwives are educated, trained, and prepared to do.

ACNM must begin to sharpen its focus and put the weight of its advocacy staff, volunteers, and financial resources behind pursuing policy solutions that align with our strategic goals and priorities, seek to chip away at the aforementioned barriers, and help to establish midwifery as the standard of care for women.

- We know that a strong and well-supported midwifery workforce can deliver quality, equitable health care services while improving maternal and neonatal outcomes, reducing maternal mortality, and contributing to the overall well-being of the women, individuals, families, and communities that midwives serve. Yet, midwives still face many superfluous barriers to practice in the United States, resulting in reduced access to care for many patients in rural, underserved, and low-resource areas nationwide.
- Limitations and restrictions in scope of practice; nonrecognition of the CM credential; lack of clinical preceptors; lack of parity in reimbursement; and the inability to gain clinical privileges, admitting privileges, and membership on hospital medical staffs are some of the major roadblocks to professional practice our members face.
- The United States currently is facing a significant provider shortage that is expected to grow substantially in the coming years. Statistics from the Association of American Medical Colleges estimate that the health care industry lacks 20,000 primary care physicians and the American College of Obstetricians and Gynecologists estimates a shortage of up to 8,800 obstetricians and gynecologists by 2020, with the shortfall approaching 22,000 by 2050. We know better integration of midwives into health systems is part of the solution to the primary and maternity care provider crisis and more needs to be done through the legislative and regulatory process to realize the goal of every woman and family having access to midwifery care.

To address these gaps between policy and practice, ACNM must begin to sharpen its focus and put the weight of its advocacy staff, volunteers, and financial resources behind pursuing policy solutions that align with our strategic goals and priorities, seek to chip away at the aforementioned barriers, and help to establish midwifery as the standard of care for women.

As ACNM seeks to outline its 2019 priorities, I urge all members and affiliate leaders to share their 2019 legislative priorities by contacting our government affairs team at govaffairs@ACNM.org.

Together we can continue to promote ACNM’s standards, expand the midwifery workforce, and increase the visibility and recognition of the value of midwifery care in 2019 and in the years to come.

Sincerely,

Sheri Sesay-Tuffour, PhD, CAE
 Chief Executive Officer, ACNM
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Workforce Study Lays the Groundwork for Increasing Our Numbers

Greetings from Kentucky! I hope everyone has adapted to the fall weather and is preparing to launch into winter. When I updated you in the last *Quickening*, I reviewed a few important goals for my time as your president. The first goal was related to increasing the midwifery workforce. In looking at the data, we can see that the number of CMs/CNMs has been increasing steadily since 2010. The American Midwifery Certification Board is expecting an even higher number for 2018. This is good progress. *But is it enough?*

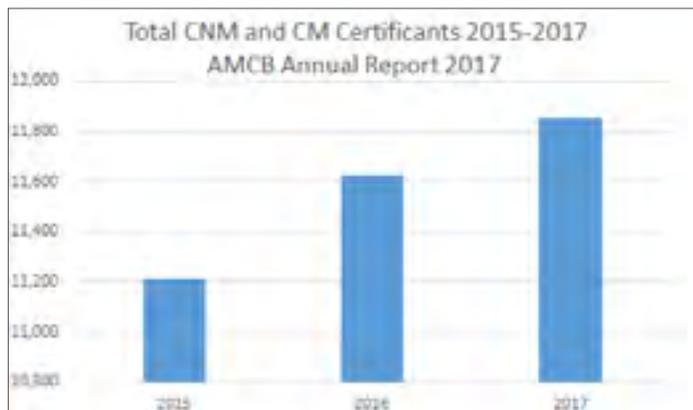
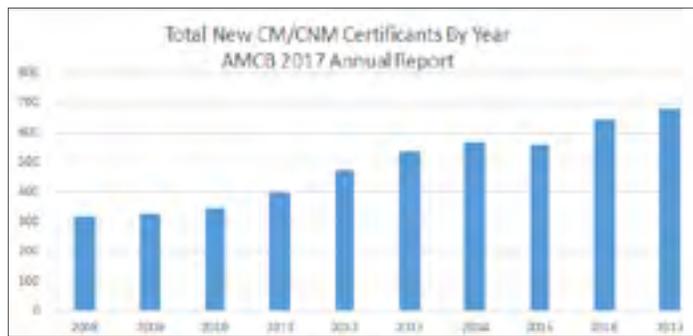
Our perinatal health outcomes continue to be dismal when compared with those of other industrialized countries. In those countries, there is a much larger percentage of midwife-attended births than there is in the United States. For example, in Britain about 50% of the births are attended by midwives. In the United States, we attend about 8% of the vaginal births each year with close to 12,000 certified nurse-midwives/certified midwives. If we want to increase to just 25% of vaginal births, we may need 36,000 midwives. Even knowing these are rough estimates, I think it is clear we need to dramatically increase the midwifery workforce. *So, what are we doing about it?*

On August 7, several key leaders, including myself; **Lisa Kane Low, CNM, PhD, FACNM, FAAN**; **Kate McHugh, CNM, MSN, FACNM**; **Elizabeth Hill-Karbowski, CNM, PhD, FACNM**; **Sheri Sesay-Tuffour, PhD, CAE**; and **Holly Kennedy, CNM, PhD, FACNM, FAAN** presented to the Health Resources Service Administration on the need to increase the midwifery workforce. They were highly supportive of our goal and suggested we develop a business case to achieve it. Next steps include developing the programs that will make our plans a reality.

We believe we need a comprehensive workforce study. ACNM needs to assist our midwives and our workforce by answering some important questions. These include: What is the right mix of midwives and obstetricians in various settings? How many midwives do we need to meet the goal of a midwife available for every woman? How many in rural areas, and how many in urban areas? Is our workforce aging? What is the impact? We need to complete a valid workforce study, so we can develop the strategic plan to move forward. Without this data, it is difficult to request funding and support from potential stakeholders. Many thanks to **Margie Beal, CNM, PhD, FACNM**, who is assisting in the development of a plan for such a study in her role as chair of the Workforce Committee in the Division of Research. More information will come as we finalize a plan and seek funding to accomplish the study.

A Growing ACOG Collaboration

I am pleased to report a growing collaborative relationship between ACNM and ACOG. Nine of the 12 ACOG Regional Districts invited an ACNM representative to their meetings, which were attended primarily by ACNM Board members. From the reports, we can see many collegial relationships are being built that will ultimately help our collaborative efforts to improve health care. I also attended and presented at the



ACOG Legislative Conference in Nashville on October 26 along with **Amy Kohl, MS**, our ACNM director of advocacy & government affairs. ACOG members attending were welcoming and held two roundtables to discuss midwifery in their states. There were some questions and discussions about the definitions of both the terms “independent” and “collaborative.” Although ACOG leadership is very supportive, some ACOG members are onboard with the fact that midwives are independent providers, and some are not yet convinced. Thus, the importance of ongoing discussions. I believe these conversations are critical in assisting our physician colleagues in their understanding of the role and scope of practice of certified nurse-midwives and certified midwives. If you are having these discussions in your day-to-day practice, there are two good resources to have on hand. One is the *Joint Statement of Practice Relations between Obstetrician-Gynecologists and Certified Nurse-Midwives/Certified Midwives* (bit.ly/2Jw9dPI), and the other is *Collaboration in Practice: Implementing Team-Based Care* (bit.ly/2OWmxOx). I will also be attending the ACOG Executive Board Meeting in Washington, DC, on November 3. More on this at a later date. I know you are all working hard out there to care for your clients in the best way possible, as well as to continue to evolve the profession. Please let me know if there is anything that we can assist you with.



By **Susan Stone, CNM, DNSc, FACNM, FAAN**
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ACNM Receives Clean Audit of 2017 Financials

Under the guidance of new CEO Sheri Sesay-Tuffour, PhD, CAE, the Board of Directors engaged O'Connor Consulting Services, an outside finance firm, to assist with closing 2017 financial statements, preparing 2017 audit and tax documents, and bringing 2018 financial statements up to date. The firm performed an assessment of ACNM's financial infrastructure and made recommendations to assure ongoing stability.

The ACNM Finance and Audit Committee is pleased to report that the 2017 Financial Audit has been completed and Raffa, our independent audit firm, has rendered a clean opinion regarding the ACNM consolidated financial statements for 2017.

The ACNM Finance and Audit Committee is pleased to report that ... our independent audit firm has rendered a clean opinion regarding the ACNM consolidated financial statements for 2017.

ACNM ended 2017 with a consolidated net income of \$107,707. This is an improvement over 2016, but is due primarily to a \$374,000 temporarily restricted pledge from the Macy Foundation supporting our engagement in interprofessional education. Prior to investment income, in 2017, ACNM had a consolidated net operations loss of \$387,468.

Revenue declined in 2017 chiefly due to a decrease in membership and Global Outreach grants. Membership declined from 7414 members in 2016 to 6504 members in 2017. Expenses in 2017 were 2% less than in 2016, due primarily to national office staff reductions. Although consolidated unrestricted net assets at the end of 2017 declined to \$1,277,663, ACNM received interest on investments of \$200,000, increasing our investment balance to \$2,021,583.

As of June 30, 2018, ACNM's consolidated net income is \$324,254. The current improvement in the budget is due to the strong financial performance of the Annual Meeting and below budget expenses in salaries and benefits, due to unfilled staff positions in the first half of 2018. While this positive budget report is encouraging, ACNM members should be advised that ACNM's large revenue-generating activities have taken place, membership is significantly lower compared to this time last year, and our monthly fixed expenses will continue to occur. Careful scrutiny of the financial picture and projections for 2018 will continue as we look forward to beginning the 2019 budgeting process.

By Joan Slager, CNM, DNP, CPC, FACNM
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A Packed October Board of Directors Meeting

In October, the ACNM Board invited members to listen in to the open session of the board meeting via Zoom. Topics ranged from equity training for the board to increasing preceptors.



The ACNM Board of Directors held a highly productive October board meeting at Midwifery Works in Fort Lauderdale, Florida.

The ACNM Board of Directors had an exciting meeting at Midwifery Works! in Fort Lauderdale in October. Being in Florida was a stark reminder that we need to continue to reach out to our colleagues in the states devastated by Hurricane Michael and Hurricane Florence to offer any support. (For information about how to do so, please visit: www.midwife.org/Hurricane-FAQ)

The Board of Directors would like to encourage higher levels of communication among members through our new Volunteer Structure.

We have begun a new process by which all members may listen to our open sessions via Zoom, and we were pleased that a number of members took this opportunity in October. (Members, of course, are also welcome to attend open sessions in person.) This exciting new avenue to allow membership access to the business meetings was incorporated with the help of our CEO, **Sheri Sesay-Tuffour, PhD, CAE**; the ACNM national office staff; and President **Susan Stone, CNM, DNSc, FACNM, FAAN**.

I want to share highlights of our October meeting. Among the items discussed were the following:

- Incorporating racial equity training for the board
- Increasing student engagement
- Transfer of the First Assist course from **Nell Tharpe, CNM, MS, FACNM** to ACNM
- Increasing the number of midwifery students
- Increasing membership numbers
- The importance of working relationships with all midwifery groups and physician colleagues
- The A.C.N.M. Foundation's strengthened relationship with ACNM and the Thacher Fellowships

- Professional identity branding
- Funding of ACNM Reducing Primary Cesareans Learning Collaborative
- Increasing preceptor opportunities
- Current aggressive exploration of insurance options for midwives in New York and a commitment to similar efforts in other states as needed
- Reporting requirements within the new volunteer structure

The Board of Directors would like to encourage higher levels of communication among members through our new Volunteer Structure. See the ACNM website for information regarding the new internal structure changes initiated after the 2018 Annual Meeting in Savannah, Georgia, to serve the membership more efficiently. www.midwife.org

Additionally, the board is addressing the following Action Items:

- Internal language consistency within ACNM documents
- Professional Identity Branding planning
- Board Composition recommendations
- Approval of ACNM Position Statements including ones on substance use disorder and vaccination
- Automated Clearing House payor system for efficient affiliate transfer of funds
- Approval of the Division of Global Engagement competencies

Minutes of the open session will be posted on the ACNM website as soon as approved. Please check www.midwife.org/Board-Meetings soon.

By **Bridget Howard, CNM, MSN**
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ACNM Bylaws Revision 2020: Be Part of the Process!

Beginning in 2019, ACNM will gear up for its 2020 bylaws revision. The participation of members is vital to ensuring bylaws that best serve the needs of our organization.

Originally adopted in 1955 and most recently amended in 2015, the ACNM bylaws serve as the guiding documents that define the structure and function of all areas of ACNM. Every five years, we as an organization have the opportunity to revisit and amend our bylaws to ensure they continue to serve in this capacity. Thus, it is an exciting time in bylaws; we are gearing up for the 2020 bylaws revision! However, given that ACNM has recently introduced its new volunteer structure and is addressing changes in our board of directors (BOD) composition, there will likely be amendments that will need to be put in place during the lead-up to the upcoming revision.

This is where you come in. To prepare for the 2020 revision, the Bylaws Committee will be spending much of 2019 identifying areas of interest and doing some study and research around them. We will be reaching out to the board, division, and committee chairs, members, the Accreditation Commission for Midwifery Education (ACME), ACNM Fellows, and national office leadership for their input. Your participation at any of these levels is not only valued, but vital. Please watch for discussion on ACNM Connect! You'll have the opportunity to ask questions, gain clarity, and offer feedback.

Suggestions for revision will be presented for board approval at their Fall 2019 meeting. The recommended amendments will then go out to you, the membership, the required 60 days prior to general election. To adopt the proposed amendments, we will need at least 20% of the Active Membership to return their ballots. This is where you come in again! Every vote counts! If we do not achieve this level of participation in the general election, the proposed amendments will be voted on at the Annual Business Meeting at the ACNM's 65th Annual Meeting & Exhibition in May 2020.

In summary, your Bylaws Committee is working hard to ensure that our bylaws capture the new volunteer structure and reflect the function of ACNM. **Your participation throughout the process is essential.** Please reach out if you have any questions about this process or would like to be involved! You may reach out to Melicia Escobar, chair of the Bylaws Committee.

By Melicia Escobar, MSN, CNM, WHNP, BC
 Chair, ACNM Bylaws Committee
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Revisiting an Ugly Past

A legacy of racism that led to the prohibition of the Grand Midwives and the rise of segregated midwifery programs persists via barriers to practice, including the DNP.

The ACNM 2018 Annual Meeting theme, Giving Voice to the Soul of Midwifery, celebrated and honored the Grand Midwives of the South. The Grand Midwives were descendants of enslaved older African women who provided comprehensive medical care to the enslaved population on the plantations during the period of enslavement. The plantation midwife honed her midwifery knowledge and skills via observation, apprentice training, personal experience, and oral tradition. After emancipation and reconstruction, the plantation midwife continued to be the primary source of health care in the community, giving rise to the Grand Midwives.

These midwives were respected and revered not only as elders, but also as central and integral figures within the homes of the families they served and the greater community. These women practiced their “craft” with a strong sense of spiritual calling, commitment, and honor for the traditions their foremothers had brought with them and the new ones they were forced to hone in unfamiliar spaces. They lived in the community, knew families intimately, were advocates, and were a source of comfort and support as they carried on the tradition of healing and offering birth rites and health care to families. These midwives contributed to reducing maternal and infant mortality and increasing access to health care for all. Black women would not have received any obstetrical care had it not been for the Grand Midwives. They were the originators of providing universal health care for the communities they served.

Eliminating the Grand Midwives

Many physicians, nurse-midwives, and nurses believed that the Grand Midwives placed women and infants at risk because they lacked formal education and engaged in unsanitary practices. This gave rise to racist rules and regulations during the early 20th century to address the “midwife problem.” The result was the development of local and state-run Grand Midwife training programs overseen by white public health nurses. Regulations enacted included the licensure and registration of Grand Midwives with individual states, which ultimately prohibited and restricted the Grand Midwives’ ability to practice and ultimately eliminated their existence. The destruction and elimination of the Grand Midwives gave rise to the trained and regulated nurse-midwives.

The rise of schools of nurse-midwifery began in the 1920s and 1930s. These programs, however, were segregated. Nurse-midwifery education was not available to women of color until the establishment of the first formal educational program for the education of African American midwives, the Tuskegee School of Nurse-Midwifery (1941–1946). Tuskegee graduated 31 African American nurse-midwives who provided general health care to everyone in the community, became a liaison and resource between the community and local health departments,

contributed to the reduction in maternal and infant morbidity and mortality rates, and educated future generations of African American midwives. Flint-Goodrich School of Nurse-Midwifery in New Orleans, Louisiana, was the second midwifery educational program to instruct African American midwives, opening in 1942. It closed in 1943. These African American midwives were not integrated, however, into the nascent nurse-midwifery community. The American Association of Nurse-Midwives, begun in 1928 by Mary Breckinridge, precluded membership by African American midwives.

Resurgence of Interest

The rise of the women’s movement in the 1960s and 1970s saw a resurgence in the interest of the utilization of nurse-midwives and a rejection of medicalized obstetrics. With increased demand for midwives came the proliferation of nurse-midwifery education programs. However, the number of students of color enrolled in ACME-accredited nurse-midwifery education programs was very small. By 1983, midwives of color represented approximately 6% of ACNM midwives. Today, midwives of color still represent approximately 6% of ACNM midwives. Yet, most of the women ACNM midwives serve are women of color.

A survey of midwifery students of color ... indicated that finances were the biggest barrier to midwifery education.

ACNM has remained a predominately white organization. Until decades ago, the sole entry into nurse-midwifery was through nursing. Nursing, historically, has been a segregated profession. Student nurses of color, prior to Brown vs. Board of Education and the Civil Rights Act of 1964, could only access the nursing profession through diploma schools of nursing, such as Harlem Hospital School of Nursing and Lincoln Hospital School of Nursing, and the schools of nursing of historically black colleges and universities, such as Hampton University School of Nursing and Howard University School of Nursing. As a result, midwifery was and remains primarily white and middle class and, as such, ACME-accredited midwifery education programs have reflected and attracted that demographic.

Barriers to Entry

Over time, ACME-accredited midwifery education programs transitioned from certificate basic programs to masters’ degree programs. This change became problematic for prospective students of color. A survey of midwifery students of color in ACME-accredited midwifery education programs in 2015 indicated finances were the biggest barrier to midwifery education, followed by a lack of role models, mentors, and the support of family, midwifery education programs, and student colleagues.



The rise of schools of nurse-midwifery led to the elimination of the Grand Midwives.



In this segregated program, midwifery students receive instruction on caring for a newborn.



African American midwifery students begin their day at the Penn School at Saint Helena Island, South Carolina.

A motion was introduced at the ACNM 2018 Annual Meeting in Savannah, Georgia, during the Business Meeting to call for a moratorium on the Doctor of Nursing Practice (DNP) degree as the entry to practice for midwifery. The motion did not pass. The rationale offered by opponents of the motion was that ACNM position statements exist, precluding the need for the motion. They are:

- **Mandatory Degree Requirements for Entry into Midwifery Practice** (bit.ly/2ERPhFy): *“However, the Doctor of Nursing Practice (DNP) degree will not be a requirement for entry to practice for CNMs or CMs.”* 2007; Updated 2015.
- **Midwifery Education and the Doctor of Nursing Practice (DNP)** (bit.ly/2qmlABs): *“The Doctor of Nursing Practice (DNP) may be one option for some nurse-midwifery programs but should not be a requirement for entry into midwifery practice.”* 2007; Updated 2012.

Despite these position statements, some nurse-midwifery programs are transitioning from a masters’ degree to the DNP as the entry to



African American nurse-midwives provided general health care to everyone in the community and were a liaison and resource.



Today, midwives of color represent approximately 6% of ACNM members.

midwifery practice. Initial consequences regarding this have been a decrease in the number of students of color entering these nurse-midwifery education programs at the exact time that ACNM claims a commitment to increasing diversity, equity, and inclusion among its members and the midwifery workforce. Mandating the DNP degree as the entry into nurse-midwifery education by individual programs not only increases the length of time of study, it further increases the cost of the education when students of color have verbalized that finances are the primary barrier to midwifery education at the masters’ level.

Upholding the Tenets

Diversifying the midwifery workforce has been identified as a strategy to address provider race incongruence and the tragic maternal mortality statistics. We must guard against any educational strategy that further constructs barriers to that goal.

By Patricia O. Loftman, CNM, LM, MS, FACNM
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Region I Update

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

Examining Personal Racial Bias, Celebrating Successes

"When someone denies that I am the target of racism, it is almost more hurtful than the person who did it." —a midwife colleague

Our colleagues endure racism every day. This foolishness would wear on anyone; it is hurtful, can make people feel embarrassed, and can turn students and midwives away from being care providers. Thank you for being a safe space for colleagues to share stories about the racism they endure, for believing, and for validating these experiences. Furthermore, thank you to all midwives for your ongoing leadership examining personal racial bias and working to dismantle systemic racism.

The University of Vermont (UVM) Midwifery Service celebrated their 50th Anniversary this year during National Midwifery Week. One of the oldest hospitals and university teaching hospital practices in the country, its midwives have cared for more than 13,000 births during the past 50 years. In 2017, they were involved in 19.5% of all the births at UVM Medical Center. In 2017, when combined with the deliveries of our community CNMs, midwives delivered 28% of the babies at the University of Vermont Medical Center!

Region II Update

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

Striking Trends from across the Region

It's autumn, and Region II midwives are busy with meetings, events, symposia, and work on task forces addressing issues facing the women we serve. During my first year as regional representative, I am planning to attend affiliate meetings in the region at least once in person per year. I will also attend as many as I can remotely. I am reachable on ACNM Connect, and it is the best way to reach me and other members.

As I am getting the chance to come to meetings and listen to members, I am struck by what I see across the affiliates:

- Midwifery Week observances were robust across the region.
- Affiliates are presenting strong symposia: So far this year, **New Jersey**, **DC**, **Virginia**, and **Pennsylvania** are planning part- or full-day educational offerings. (If I've missed yours, let me know.)
- Midwives are represented in statewide perinatal quality collaboratives, such as in New Jersey and Pennsylvania, and also serve on maternal mortality review groups across the region.



In Christiansted, St. Croix, in the **Virgin Islands**, **Shannan Calhoon, CNM** continues to provide midwifery care despite low resources and difficult access. More than a year after the 2017 hurricanes, they are still waiting for modular ORs. A "new" temporary hospital is slated to be up and running by the summer 2019. Shannan recently shared the photo shown here in a brochure about midwives of St. Croix dating from 1848–1908. Widowed women on St. Croix were sent to Denmark to be trained as midwives.

The **Connecticut** Affiliate hosted an energizing Advocacy Day with their Fall Affiliate Business Meeting this past September, and members feel rejuvenated to tackle equal reimbursement for the spring legislative session. **Polly Moran, CNM** was celebrated for her service as outgoing affiliate president, and **Kristin Nowak, CNM, MPH** and **Kristen Becker-Talwalkar, CNM** are taking over as affiliate co-presidents. **Karen McGee, CNM** coordinated the Retired Midwives Lunch in October at the Yale School of Nursing, exploring the topic: What can we do as "retired" midwives to help our profession? Finally, a hearty congratulations to **Jenna LoGiudice, CNM, PhD** celebrating the one-year anniversary of her DNP midwifery program at Fairfield University in Fairfield, Connecticut!

By **Kathryn Kravetz Carr, CNM, MSN, FACNM**
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- Opioid use disorder continues to grow among childbearing age women in affiliate states.
- Issues related to practice autonomy and dwindling affiliate membership levels are causing difficulties throughout the area.
- International midwives told me they are happy to hear from someone at ACNM, and would like representation and connection.

I plan to spend the next *Quickening* columns diving deeper into these topics and others as they arise.

Important News

Wondering why you don't hear about things? Fix your **ACNM Connect** settings. Connect is an essential tool for members to find out about what is happening locally, regionally, and nationally in ACNM. You can set the notices for individual, daily, or weekly emails. Most direct email links have been removed from the ACNM website because of security problems, so it is essential to set up your ACNM Connect contact information. *Tell your friends!*

By **Jeanne Murphy, PhD, CNM, FACNM**
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Region III Update

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

Midwives Riding the Waves

As I was multitasking through the day, I heard the voice of a reporter speaking over the airwaves about the tremendous accomplishment of a woman riding a historic wave and surviving. Not only did she break an all-time record for women, but in one of her prior attempts, she was pulled under and had to be resuscitated. This awesome event reminded me of midwifery. The waves keep rolling in, but regardless of turbulences and defeats, we revitalize ourselves and maintain an upright posture to conquer the challenges before us.

Florida Affiliate is riding the waves through education and collaboration, especially at Midwifery Works in October. There, **Suzanne Wertman, CNM**, president of the North Carolina Affiliate, and her colleagues **Eileen Throver, CNM, PhD, FACNM**; **Rebecca Fay, CNM, DNP, APRN, WHNP-BC, FACNM**; and **Alexis B. Dunn, CNM, PhD** presented a workshop entitled, “Revitalizing Your Affiliate through Innovative Leadership: Strategic Planning for Affiliates and Chapters.”

South Carolina Affiliate is riding the waves through continuing legislative efforts and collaboration. After conquering a major wave through the passage of the Advanced Practice Registered Nurse (APRN) Senate Bill 345 to decrease some of the restrictive barriers for APRNs, they are pressing onward and maintaining their stance by meeting with other players.

Louisiana is riding the waves through legislation and communication. They are engaged in working on the Improving Access to Maternity Care Act. During National Midwifery Week, they sent out the following postcard to 15 state senators, 20 state representatives, and six US representatives:

Dear **Congressman/Senator** _____ and staff,
Happy National Midwifery Week from _____, the Certified Nurse-Midwives (CNMs) in your district. CNMs are licensed as APRNs in Louisiana and provide individualized care to women throughout their life span. CNMs attend approximately 4.30% of vaginal births in Louisiana in a variety of settings, including hospitals and birth centers. Midwifery care is associated with lower rates of intervention and cesarean sections, higher rates of breastfeeding, and substantial cost-savings due to the emphasis on normal physiological birth.

Tennessee is riding the waves through education, connection, legislation, and support. **Margaret Taylor, CNM, DNP**, president, shares that the goals for their affiliate are fourfold: to connect midwives across the state, work for legislation favorable to midwives, provide continuing education opportunities, and support midwifery students.

Other Region III affiliates, **Alabama, Georgia, Mississippi, and North Carolina**, are riding as well through education, teamwork, legislation, collaboration, communication, stewardship, promotion, and other methods.

By **Elois Edge, CNM, DNP, MSN, CLC**
Region III Representative
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CORRECTION: Dr. Edge's credentials were listed incorrectly in *Quickening*, previously. Her correct credentials are: CNM, DNP, MSN, CLC.

Region IV Update

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

Stepping Up on Behalf of Women and Families

Hello, Region IV! I hope everyone is enjoying the season change. This is my favorite time of year (and Timmy's, too—my Old English Sheepdog). Some great successes and news from our region!

Arkansas: I want to thank **Rebecca Fay, DNP, CNM, WHNP-BC, FACNM** for her dedication and hard work as past president of the Arkansas Affiliate. We all wish her the best of luck as she moves on to her next endeavor! Thank you to the newly elected leadership team: president: **Samantha Corral, CNM**; vice president: **Renee Yeager, CNM, APRN**; secretary/treasurer: **Kelsey Gilley, CNM**; legislative chair: **Brennan Straka, CNM**.

Illinois: Held their Lillian Runnerstrom Autumn Annual Dinner on October 4 in Chicago. Also, **Deb Lowrance, CNM, DNP, IBCLC, WHNP-BC** presented on vaginal health at the Illinois Society for Advanced

Practice Nursing (ISAPN) conference in October. Thank you, Deb for being a CNM on the program and the CNM representative to ISAPN board.

Indiana: Held their affiliate meeting September 15 in Carmel, Indiana, following their local ACOG meeting. Affiliate members also hosted their second annual fall retreat October 19–21, 2018. Midwives and student midwives from around the state met to share, network with guest speakers, and relax with massage, yoga, the pool, and the hot tub in Charleston, Indiana. The retreat was hosted by the four CNM group in southern Indiana, WomanCare, which also opened a new birthing center in October (see “Keeping in Touch” page 37, for details).

Ohio: **Erin Calahan, CNM** shared that the Northeast Ohio ACNM chapter developed a social media blitz for Midwifery Week, producing a professional video series with midwives, clients, and staff talking in the three videos (bit.ly/2yZbaxi), and they invited all members to participate! The Ohio-FORWARD is scheduled for February 1–3, 2019. **Celina C. Cunanan, CNM, MSN** is heavily involved in First Year Cleveland, the county's infant mortality task force. She is on the executive committee and co-chairs both the Community Action

Council and the CenteringPregnancy Coalition. Together, they are making strides in reducing the number of babies that die before their first birthday. Cleveland has one of the worst infant mortality rates in the country with a huge black-to-white disparity of seven. Unique to their mission is the naming of systemic racism as a major factor in the reason they had a black infant mortality number of 116 in 2017. They are working to address unconscious bias in health care and in their communities. Thank you, Celina, for your leadership!

Kentucky: **Jacqueline Ganshirt, CNM** started CenteringPregnancy for their moms with opiate use disorder. She cares for these women in the HOPE program at Good Samaritan hospital in Cincinnati, a long-standing and successful program that provides comprehensive care for mothers suffering from OUD. They are collecting data as they submit two grants and will keep us updated on their outcomes. **Sadie Chandler, CNM** has two new midwives at the University of Louisville practice.

Michigan: Metro Detroit Midwives of Color (MDMOC) had a great week of events to celebrate Midwifery Week in Metro Detroit and highlight all of the hard work midwives offer to the community. They also participated in a free fun Community Health Expo and had a Spinning Babies Workshop. Additionally, on Friday, October 5, they hosted a Midwifery Gala. Detroit midwife and Wayne State University graduate **Char'ly Snow, CNM** received special recognition during the 2018 ACNM Annual Meeting. Char'ly, who received the Kitty Award (!)

is a certified nurse midwife at Detroit's campus of Henry Ford Hospital and founder of MDMOC. She is also a lead midwife for a community prenatal project as part of the WIN Network Detroit that has been successful in improving birth outcomes. Char'ly is also a member of the Detroit Institute of Equity in Birth Outcomes and Southeast Michigan Perinatal Quality Improvement Coalition.

Missouri: The affiliate hosted wonderful and productive meetings on June 2 and September 22 in Kansas City. Midwifery continues to blossom at the St. Louis Mercy Birthing Center, which just celebrated four years of practice with more than 1200 births. The practice will soon have 7.5 midwives. Mercy Hospital's Faculty Midwife Practice will soon have 3.5 midwives. I was blessed to spend some time with **Dr. Elizabeth Cook, DNP, CNM, WHNP-BC, CPM**, the director of Mercy Birthing Center and director of the L&D Faculty Midwife Service, while I was in Kansas City—we were both at the ACOG Conference. It was exciting to hear about all of the work they are accomplishing. I was there representing ACNM and meeting with our ACOG District V colleagues September 19–21, 2018 at their District V meeting.

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

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

ACOG and ACNM: Committed to Growing the Relationship

Did you know that national ACOG supports (financially and through its encouragement) each and every ACOG District to invite a representative from the ACNM Board of Directors to attend their individual district board meetings? I am so impressed by this personalized approach to strengthening the relationship between national ACNM and ACOG, between local ACNM affiliates and ACOG districts, and between individual midwives and obstetrician-gynecologists. This is the result of past ACNM leaders creating a meaningful and valuable relationship at the national level. ACOG has 12 districts and almost all of them invite an ACNM board member to their meetings.

I recently attended a daylong meeting of ACOG's District VI, which includes its sections from Minnesota, Wisconsin, Iowa, North Dakota, South Dakota, Illinois, Nebraska, Manitoba and Saskatchewan in Canada, and Peru. The sections reported their updates and the district strategized ways to improve care. ACNM was the only outside organization invited to attend the meeting, a clear sign of ACOG's overall commitment to growing relationships with midwives. Each ACNM rep who attends an

ACOG meeting presents a well-written ACNM report (thanks, Jessica Anderson!) to support consistent messaging with our updates. Our most recent report included updates on activities such as the Reducing Primary Cesarean (RPC) project, benchmarking, our joint statement supporting collaborative care and addressing the maternity care shortage, and ACNM's legislative efforts around independent practice. ACNM and ACOG share many of the same concerns and are doing similar work on Title X funding, reducing primary cesarean births, increased access to long-acting reversible contraception, vaccines, increasing postpartum care visits, reducing racial disparities, and addressing the opioid crisis. I was warmly welcomed, and my report sparked a great conversation about ACNM's RPC work. I was also happy to see how much support there was for interprofessional education of midwives and obstetrician-gynecologists, and the importance of respectful, collaborative communication. It was also interesting to hear about their inclusion and outreach with Canada and Peru! While we have pockets of struggle and work to do, this experience left me feeling hopeful and excited about our future relationship(s). I look forward to knowing more about each affiliate, attending some affiliate meetings, and hearing from the midwives in Region V. Please reach out, and if you haven't tried ACNM Connect, give it a go—super easy!

By Ann Forster Page, DNP, CNM, APRN, FACNM
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Region VI Update

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

Texas ACNM and ACOG Move Collaboration Forward!

ACNM and ACOG have made it a priority to partner on many challenges and opportunities that impact the families we care for. The updated *Joint Statement of Practice Relations between Obstetrician-Gynecologists and Certified Nurse-Midwives/Certified Midwives* (bit.ly/2Jw9dPI) demonstrates the work we have done to strengthen our relationship with our physician colleagues at a national organizational level with the goal for the framework to trickle into the communities we live and work in. **Texas** has done this and done it well! ACOG District X made a commitment to welcome Texas midwives to their district meeting in 2018, gifting scholarships to the ACNM Texas Affiliate to distribute to interested members. The affiliate initiated a scholarship process, and 10 CNMs were chosen. This was just a start to an invitation that has become much more. Texas Affiliate President **Erin Biscone, CNM, DNP** delivered the podium presentation, “Why Collaborate with CNMs: Changing Impediments to Women’s Health through Team-Based Care.” CNMs and physicians also saw relationships flourish and fruitful discussions occur about common professional agenda items including legislative priorities, workforce issues, maternal mortality, and interdisciplinary relationships. Great work Texas!

Texas also held the American Association of Birth Centers Annual Conference in Fort Worth. Several midwives, including **Mary Brucker, CNM, FACNM**; **Nancy Jo Reedy, CNM, MPH, FACNM**; and **Sister Angela Murdaugh, CNM, MS, FACNM** presented. The conference had fantastic

content and offered a recharge for midwives providing care in the birth center setting.

Arizona is currently in the process of approving their new bylaws. Next steps are to elect board members. They are also in the process of planning the Affiliate Winter Summit on February 23, 2019. **Colorado** sponsored its 15th Annual Symposium, which included great speakers and a silent auction. In addition, many Colorado CNMs are involved in an annual educational event about maternal morbidity and mortality, sponsored jointly with the local ACOG group. Colorado also has a boom of birth centers! Beginnings Birth Center opened in Colorado Springs on September 28.

New Mexico had a CNM rule-change hearing on September 25 to comply with legislation that had been passed regarding use of the state’s Prescription Monitoring Program. Hot topics included opioid-treatment prescribing and scope of practice regarding treatment of all for reproductive health. New Mexico just submitted its application to become a state in the Alliance for Innovation on Maternal Health (AIM), which is supported by the New Mexico Perinatal Collaborative. The plan is to launch the Postpartum Hemorrhage bundle in February at the University of New Mexico’s Women’s Health Conference.

Utah is in the process of holding elections for treasurer, Nominating Committee, Legislative Task Force, and board of directors.

By **Jessica Anderson, CNM, DNP, WHNP, FACNM**
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Region VII Update

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

Maternal Mortality and the Review Process

I’d like to talk about listening to tennis pros.

Who remembers the ACNM tagline “Listen to Women”? (I hope that some of you do *not* remember it because this would mean you are a newer midwife ready to take the baton from the trailblazers before you!) Whether you recall this tagline or not, I’d like to share my reflections in the context of our surreal place in US maternity history: The United States spends more on health care than any other country in the world, but it has the highest maternal mortality rate of any industrialized nation.

Now on to tennis and the importance of listening to women: Serena Williams is a major force in women’s tennis, not only for her athleticism, but also for her tennis gear, which pushes the limits of approved



When Serena had a serious health issue, she was listened to. Not all women are so fortunate.

competition apparel. Her newest role, as mother to Alexis Olympia, is pushing a different agenda. The news of Olympia's arrival was clouded by a near-death experience Serena had with a pulmonary embolus after her cesarean. "When I fell short of breath, I didn't wait a second to alert the nurses," she reported in the media. "They had to check for blood clots... and they were doing all these different tests, and everything was negative. I was like, 'Listen, I need to you run a CAT scan with dye, because I have a pulmonary embolism in my lungs. I know it. I know my body.'" Fortunately for Serena, the medical team did listen, and she did not become a statistic.

I recently attended an ACOG meeting and heard a story with a different ending: A 25-year-old woman went to an emergency department after a vaginal delivery several times, complaining of fatigue and cough. She

was given asthma medications and antibiotic regimens; her fatigue considered to be normal for a new mother. Shortly after, she died of a cardiac arrest at home. Based on the autopsy, her death was due to cardiomyopathy. This story occurred in California—one of only 36 states with a formal maternal mortality review process. Since the review inception in 2006, California has cut its rate of maternal mortality by more than half. Key messages: Find out if your state has a maternal mortality review process. If it doesn't, join key stakeholders to make this happen. And as always, let's refresh our strength and commitment to listen to women. It will save lives.

By **Ruth Mielke, CNM, PhD, FACNM, WHNP-BC**
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Student Update

Action on the Student Report and Ways to Get Involved

Happy Fall! I hope the semester is off to a great start for everyone. For those of you who are just beginning your midwifery journey, *welcome!* No matter where you are in your education, even if you've completed, there's never a bad time to get involved with ACNM!

Since late August, I have been in close contact with many ACNM leaders regarding the requests contained in the 2018 Student Report. Action is being taken and a response will be presented during the next couple of months. Watch for it on the ACNM website and the student Facebook page (www.facebook.com/groups/acnmstudent/). One of the themes of the Student Report is increased support for new midwives, so on August 8, the Students and New Midwives Committee (SANMC) held a Transition to Practice webinar. You can find the slides at bit.ly/2Njrs8D.

Another topic included in the report is the need to decrease the knowledge deficit regarding ACNM and the benefits of membership. To address this, on September 17, ACNM President **Susan Stone, CNM, DNSc, FACNM, FAAN**; SANMS Co-chair **Yuliya Labko, CNM**, and I hosted the You are ACNM webinar. Thank you to those of you who joined us!

If you were unable to do so, a recording can be found at www.midwife.org/You-Are-ACNM-September-2018.

As for other ways you can get involved: **1. Attend the next ACNM Board of Directors meeting** in person or via Zoom to increase transparency. Watch for an email with information about how to join in. **2. Get more involved with your local state affiliate.** I have spoken to many affiliate leaders, and they would love to have your ideas and energy! **3. Become the student liaison for your school.** There are many schools—including Baylor, Baystate, Bethel, California State Fullerton, Georgetown, Jefferson, Ohio State, Seattle, SUNY Downstate, Michigan, Minnesota, Pittsburgh, Utah, and Wayne State—that are currently without a student liaison. Contact a SANMC co-chair or myself if you are interested. **4. Join a committee or task force** that is dedicated to an issue you are interested in or passionate about. I will be releasing a list of those who are currently seeking student participation soon. **5. Attend the 2019 Annual Meeting in DC.** We hope to make it another record-breaking year.

By **Kira Schultz, MSN**
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The Students and New Midwives Committee hosted a Transition to Practice webinar that covers topics such as certification, professional liability and preventing burnout through self care. Slides are available at bit.ly/2Njrs8D

JMWH is Inducted into Nursing Journal Hall of Fame

JMWH is recognized for its continuous contributions to nursing knowledge since 1955.



JMWH Editor-in-chief Frances Likis (center) receives the Nursing Journal Hall of Fame Award.

The *Journal of Midwifery & Women's Health (JMWH)* has received the great honor of being inducted into the International Academy of Nursing Editors' (INANE) Nursing Journal Hall of Fame. In August, JMWH Editor-in-Chief, **Dr. Frances E. Likis, CNM, DrPH, FACNM, FAAN** traveled to the 37th INANE Annual Meeting in Boston to accept the award on behalf of the Journal and ACNM. The Nursing Journal Hall of Fame was established in 2018 to recognize scholarly nursing journals that have made continuous contributions to nursing knowledge and have had 50 or more years of continuous publication. JMWH was one of 13 journals inducted into the Nursing Journal Hall of Fame's inaugural cohort. The 13 inaugural journals are international in scope and cumulatively represent 978 years of scholarly publication. The journals are a cross section of clinical practice, research, education, and leadership, and they demonstrate depth in nursing and midwifery excellence and scholarship through the published literature. JMWH is proud to be among this extraordinary list of scholarly journals! JMWH is the official journal of ACNM, and the Journal shares a rich

history with ACNM that documents the evolution of midwifery and women's health care in the United States. JMWH's publication history extends back to 1955 when it was the *Bulletin of the American College of Nurse-Midwifery*. In 1973, the Journal's official name was changed to the *Journal of Nurse-Midwifery*, with another name change to the *Journal of Midwifery & Women's Health* in 2000. Today, JMWH is a peer-reviewed journal that presents new research and current knowledge across a broad range of clinical and interdisciplinary topics including maternity care, gynecology, primary care for women and newborns, public health, health care policy, and global health. With a focus on evidence-based practice, JMWH is dedicated to improving the health care of women throughout their lifespan and promoting excellence in midwifery. The entire archive of published JMWH content all the way back to 1955 can be accessed on the Journal website at www.jmwh.org.

By **Brittany Swett**
Managing Editor, JMWH
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CALL FOR MANUSCRIPTS: Midwifery Professional Issues

The editors of the JMWH are soliciting manuscripts that address professional issues in midwifery for upcoming JMWH continuing education offerings. The complete call for manuscripts with appropriate content areas and specific manuscript topics can be found online at bit.ly/2C6bn4b. The deadline for initial manuscript submission is February 1, 2019.



JOIN THE TALK!

Become part of **ACNM Connect**

ACNM Connect is the place to ask and answer clinical, professional, and educational questions, build your midwifery network, and more.

ACNM Connect is a mobile-friendly social platform that is bringing ACNM members together like never before. It's easy to use and convenient!

Learn more: connect.midwife.org

ACNM | Connect



AMERICAN COLLEGE
of NURSE-MIDWIVES

Strengthening the Profession Going Forward

Midwifery leader and pioneer Kitty Ernst reflects on the need to continue not only expanding the number of midwives, but also rededicating ourselves to the birth center concept.



Known for her pioneering spirit, Kitty Ernst is an inspiration to many midwives.

Kitty Ernst, CNM, MPH, FACNM is a leading figure in midwifery—dynamic, dedicated, and innovative. Her pioneering vision and exceptional contributions over the years have done much to grow and institutionalize the profession. She was a seminal leader in the birth center movement as the domain of midwives and led the move toward credentialing. Additionally, she served as the founding director of the American Association of Birth Centers. At ACNM, she was one of its first and youngest presidents and has made many other contributions. To honor her, ACNM established the Kitty Ernst Award, given yearly to a midwife certified for fewer than 10 years who exemplifies Kitty's commitment to excellence, innovation, and creativity in clinical practice, administration, education, or research.

Below is an adaptation of a reflection Kitty shared this summer with members of her Pennsylvania Affiliate.

I recently celebrated 67 years as a nurse-midwife. I spent the first six of those years in two of the only three places employing nurse-midwives at that time: Frontier Nursing Service in Kentucky (now Frontier Nursing University) and the Maternity Center Association (MCA) in New York City. The third employer was the Catholic Maternity Institute in Santa Fe; all three provided home birth services. I think I was the first nurse-midwife to reside in Pennsylvania, with **Edie Wonnell, CNM, FACNM**, as the second. It was after the birth of my children and working with and for **Ruth Lubic, CNM, EdD, FACNM, FAAN** at MCA

as a consultant that I commuted to Downstate College of Nursing for a refresher course (launched by MCA). My goal was to return to practice where I was then an MCA consultant for the founding of the Booth Maternity Center in Philadelphia.

Yet early in my experience at Booth, my aspiration to once again practice midwifery was firmly denied. Instead, I ended up devoting my life to “midwifing midwifery.” Dr. John Franklin, who collaborated with **Mabel Ford, CNM** on the founding of Booth’s family-center care service, made that path clear to me. One day when I was helping to relieve the back-up of patients waiting for their prenatal visits, we bumped into one another in the hallway. He asked, “What are you doing here?” When I replied that I was seeing a few patients who had been waiting a bit, he answered, “My God, Kitty, you need to get back to your office and get that grant for that refresher program you told me about, or none of us are going to be here!” I did, and the rest is history.

Tipping Points, Then and Now

Why am I telling you this now? Because we were at a tipping point then. The Booth, Mississippi, and Downstate refresher programs opened much-needed clinical sites. Booth, alone, prepared more than 200 foreign-trained nurse-midwives to sit for the ACNM certifying exam, as well as provided internships for American-trained nurse-midwives. Downstate opened the door for diversity to excellent women of color who became certified and made contributions to developing midwifery programs in service to the underserved. These refresher programs were essential to the growth needed then. Just as the past 30 years were critical to “exponentially increasing” our production of midwives, today we need to continue not only producing midwives, but also greatly expanding the birth center concept. The ACNM regions will have to play a critical role in protecting the midwifery-led, primary care units called birth centers and other midwifery-led units that have made midwifery visible to women seeking this care. We cannot be subsumed by acute care services again if midwifery is to flourish and grow to be the missing link to a team-approach to care. For almost a century—from Mary Breckinridge’s Metropolitan Insurance Company’s data-based evidence to today’s multiple large studies of home- and birth-center births—researchers have documented that



As the founding director of AABC, Kitty has been a strong leader in the birth center moment.

this approach to care leads to not only as good as or better outcomes than the medical in-hospital model of care, but also care provided at significantly lower cost.

Supporting the Birth Center Concept

Equally important, we *cannot* build the profession without keeping all clinical sites open for all students—no *exclusive* contracts. Be aware of the ways that well-intentioned others may be proposing practice designs that will result in changing or controlling the visibility and the growth of the profession. The years of hard work of educating ACOG toward a different paradigm of care, which includes *certified* nurse-midwives/*certified* midwives and accredited birth centers, will support your quest to be able to take responsibility and control of your practice. Remember, accredited birth centers, regardless of who owns them, were designed to be the midwife's place of business, so even if they are not your choice for practice, please support the concept.

“Equally important, we cannot build the profession without keeping all clinical sites open for all students.”

I think that with my last breath, I will be pleading for all sites to precept students. The mission for growth will fail without your help. Be sure to negotiate it in all your employment contracts. As many are already doing, precept midwifery students along with the nurses and medical students and residents. Find new ways to make it happen. For example, when a senior staff retires, maybe she could consider cost-based work as a part-time student preceptor, so her experience and wisdom would not be lost. Maybe the ACNM national office or its regions could get a grant to give that a try.



Kitty is honored at the A.C.N.M. Foundation, Inc.'s Founders Hall of Fame event in 2017.

Lastly, Mary Breckinridge said, “Our aim is to see ourselves surpassed.” I see this happening at all levels of education and practice and wish you Godspeed in making it happen for you. Although it is sometimes tough, remember you are tougher, and that “Love, not fear is the answer.”

By Kitty Ernst, CNM, MPH, FACNM

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Kitty joins students and midwives at the 2017 American Association of Birth Centers Reception.

A Seat at the Table: DC's Work on the Maternal Mortality Crisis

In the face of dire maternal mortality rates and curtailed access to labor and delivery units for women in under-resourced areas, the DC Affiliate is galvanizing positive change for its communities.



Midwives (from left) Ebony Marcelle, Dorothy Lee, and Emma Clark testifying at the District of Columbia's Maternal Mortality Review Committee hearing.

In the shadow of the US Capitol, women are currently dying in childbirth at alarming rates. As a recent *Washington Post* article stated, DC mothers are twice as likely to die because of pregnancy as the average American woman. About 41 women in the District of Columbia die for every 100,000 live births, according to an analysis of 2010–2014 federal health data by United Health Foundation. This crisis predominantly impacts women of color, including those who live east of the Anacostia River in the District, an area that has often been neglected by the DC government and health care system. In Southeast DC, infants die at more than twice the rate of the United States as a whole, and, tragically, they die at nearly 10 times the rate of those in affluent Northwest Washington, DC.

Against this backdrop, last year, DC shut down the labor and delivery unit of the only hospital in Southeast DC, United Medical Center, following reported medical and financial mismanagement. Shortly after, Providence Hospital, a private Catholic hospital in Northeast DC shut down its labor and delivery floor, leaving no hospital for women in three out of the four quadrants of DC and only hospitals in Northwest DC. For a lower-income woman living in Southeast DC, it now takes multiple buses and hours to get to a hospital. Even then, the woman is likely to encounter hurdles of whether her managed-care organization is accepted at that hospital at that time.

A Key Role

The DC ACNM Affiliate believes the midwifery community plays a key role in solving this crisis through high quality, evidence-based care, advocacy, and coordinating assistance. Therefore, following the hospital closures, the DC Affiliate worked quickly to release a press statement

(bit.ly/2D6nyP5) to raise awareness of this crisis, which had yet to garner the attention of the medical and media communities in DC. The press release received local and national attention and helped to raise awareness of this issue.

Affiliate members also organized targeted advocacy to key members of the DC Council, including Charles Allen, who represents Capitol Hill and Southwest DC. Councilmember Allen introduced legislation to create a maternal mortality review committee (MMRC) for the District. As he stated, "There's no question, we are in a maternal health crisis."

Last year, DC shut the labor and delivery unit of the only hospital in Southeast DC.

At the hearing on this legislation, DC Affiliate leaders **Ebony Marcelle, CNM, MS; Dorothy Lee, CNM; and Emma Clark, CNM, MHS, MSN** testified on behalf of DC ACNM in support of the legislation. "This is a huge loss for DC in terms of missed opportunities, but it's also devastating for the providers who care for these women and who deserve an opportunity to know that these terrible events can be used to learn from and prevent similar events," stated Emma Clark, speaking about the maternal death of a patient whom she had cared for in the antepartum period. "A maternal mortality review committee provides these critical opportunities." All three midwives who testified requested that additional midwifery spots be added to the committee due to midwifery's integral role in caring for all women in DC.

DC ACNM also coordinated with ACOG and other key stakeholders to propel the bill moving through the DC Council legislative process. The

bill passed on June 5. DC now joins 34 states with a MMRC. Importantly, a key provision that was included on behalf of the affiliate’s advocacy is the requirement that three midwives are guaranteed spots on the new MMRC.

Working on Many Fronts

This is just the beginning for the DC ACNM Affiliate in tackling this crisis. Affiliate members also testified in support of a bill to legalize certified professional midwives in the District, advocating to reduce barriers of access to care. The affiliate is also coordinating with the DC’s Department of Nursing and ACNM to introduce certified midwife legislation to foster the growth of midwives locally and nationally.

The issue of maternal mortality is not only centered in DC, but also is a national crisis. As 2019 approaches, DC, Maryland, and Virginia prepare to host the 64th ACNM Annual Meeting, during which midwives

will storm the steps of Capitol Hill advocating for many important pieces of legislation that impact the patients for whom we care. The national bills include one creating mandatory and uniform MMRCs in all states. We hope you will join us in raising our voices on behalf of midwifery and the people we serve.

By Zoe Gutterman, CNM, MPH
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By Kate McDevitt, CNM
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Midwives-PAC

In 2018, PAC Dollars Translated to Policy Successes

Inspired by progress, the Midwives-PAC continues its fall fundraising efforts to reach its annual goal of \$75,000. Now is the time to contribute. Any—and every—amount matters!

Fall is here, the midterm elections have come and gone, and ACNM’s Midwives Political Action Committee (Midwives-PAC) is hard at work. Our advocacy team has been busy this season, donating to members of Congress who can help us advance ACNM’s policy agenda. We’ve had some policy successes this year, with CNMs being included in the conferenced opioid package in both the House and the Senate. It’s our coordinated approach on three fronts that made these successes possible:

1. ACNM builds relationships with members of Congress with the help of campaign donations from the Midwives-PAC;
2. our amazing national office advocacy team work long hours, meeting face to face with policy makers to educate and advocate; and
3. members like you engage in grassroots advocacy efforts, making telephone calls and writing letters.

This year, the Midwives-PAC has an additional Fall Fundraising goal of increasing the proportion of midwives who give to the PAC.

Inspired by these policy successes, we in the Midwives-PAC continue our fall fundraising efforts to reach our annual fundraising goal of \$75,000. This year, the PAC has an additional goal of increasing the proportion of midwives who give to the PAC. Did you know that in 2017, less than 5% of individual members of ACNM donated to the Midwives-PAC? If we are to leverage our current successes and build on them for future policy successes, we need more of our members to be involved! Perhaps you’ve had a student legislative contact come speak to your



Scan this QR code now to make a donation to the Midwives-PAC or go to www.midwife.org/Donate-Online

affiliate about the advocacy work of ACNM. Perhaps you’ve already been inspired to call your Senator in support of the *Improving Access to Maternity Care Act*. Perhaps you’ve already donated generously to the Midwives-PAC alongside your midwife colleagues. If you’ve had a chance to do these things, thank you. You are amazing! You are making a difference. If you’ve still got these tasks on your fall to-do list, now’s the time to help us reach our goal. Any and all amounts matter! Let’s get all ACNM members to be a part of the solution!

Please go to www.midwife.org/Donate-Online or scan the QR code above to make a donation to the PAC today. Be a part of the solution.

By Emily Hart Hayes, CNM, DNP, WHNP
Chair, ACNM Midwives-PAC
emilyharthayes@gmail.com



Heart of Midwifery: Enriching the ACNM Annual Meeting for Nearly 20 Years

Out of a simple question has grown one of the most beloved events of each year's Annual Meeting. Here's a peek at what draws midwives and student midwives back each year and the remarkable midwife who creates each year's event.



Mairi Breen Rothman (pictured center) draws on her unique background to conceive each year's Heart of Midwifery events.

"Head, head, head, head, hands, head...." **Mairi Breen Rothman, CNM, MSN, FACNM** idly browsed a collection of fantastic abstracts for the next year's Annual Meeting. As she did, she categorized each one as something conceived mainly for the head, hands, or heart (the classic idea of midwifery is that midwives work with all three), and she drew the corresponding image in the margins of her printout. Yet, when she had scanned more than 100 session descriptions, she had yet to draw the third shape. *Where was the heart of midwifery?*

From this question, posed when Mairi was serving on the Program Committee some 18 years ago, grew one of the most beloved events of each year's ACNM Annual Meeting & Exhibition. Heart of Midwifery is a gathering that brings together midwives and student midwives of every experience level and background for an evening of bonding, laughter, stories, song, and inspiration. It also features a blessing of the hands.

Uniquely Suited

Heart of Midwifery evolved directly out of Mairi's unique background. She grew up in a folk-singing family, received her BA in dance, and earned an MS in theater arts. For seven years, she was the music director of the Washington Ethical Society. There, she led various choirs and a youth dance company while becoming a midwife, and she leads a women's choir to this day. (She is on a brief hiatus from the choir while completing her work in the inaugural class of Jefferson University's Doctor of Midwifery program.) Mairi has also designed coming-of-age ceremonies and women's retreats and had completed priestess training in an Earth-based spiritual tradition.

OUR DEEPEST FEAR

Our deepest fear is not that we are inadequate.
Our deepest fear is that we are powerful beyond measure.
It is our light, not our darkness, that most frightens us.
We ask ourselves, who am I to be brilliant, gorgeous,
talented and fabulous?
Actually, who are you not to be? Your playing small doesn't
serve the world.
There's nothing enlightened about shrinking so that
other people
won't feel insecure around you.
We were born to make manifest the glory ... that is within us.
It's not just in some of us; it's in everyone.
And as we let our own light shine,
we unconsciously give other people permission to do
the same.
As we are liberated from our own fear,
our presence automatically liberates others.

—Marianne Williamson

Each year, shortly after an Annual Meeting ends, she draws upon her knowledge and begins conceiving the next year's session or sessions, collecting readings, researching activities, and gestating ideas. Some years include a spiral dance—an ancient dance form depicted on the walls of cave dwellings. Other years might find attendees—even despite themselves—creating and performing improvisational skits. Simple rules such as “incorporate three random objects in the room into the skit and end it with a phrase such as, ‘I hear breast milk is good for that’ or ‘don’t worry, she can handle it; she’s a midwife,’” provide structure. “It’s amazing what people can come up with when they are presented with a container for their creativity,” Mairi says.

Alike in Their Hearts

Within the variation, each year's Heart of Midwifery event shares a similar pattern. Midwives come into the room, sometimes wearing their pajamas (Heart of Midwifery is held in the late evening), and sit in a circle on the floor, sometimes relaxing on pillows. Mairi begins with a moment of silence to help everyone center themselves. Then she opens the circle with a reading such as Marianne Williamson's poem "Our Deepest Fear," which begins, *"Our deepest fear is not that we are inadequate. Our deepest fear is that we are powerful beyond measure."* One or two storytellers recount a touching or amusing experience, and then established midwives and students are invited to share their tales. “We get to laugh and cry and empathize with each other and remind ourselves of our calling,” Mairi says. “We all practice in different contexts, but we are all working for the same things. This kind of circle time together gives us insight into each other's lives and helps us see how alike we are in our hearts.”

There are songs as well, often sung hauntingly in rounds, and the blessing of the hands. To start the ritual each year, Mairi describes its origins. After a hand-washing ceremony with a round or chant providing the background, the midwives stand in two concentric circles with established midwives in the inner circle looking into the faces of the

Join Mairi Breen Rothman and your midwifery colleagues and friends for the upcoming Heart of Midwifery at the 2019 ACNM Annual Meeting, May 18-22, 2019. Look for details coming soon: annualmeeting.midwife.org.

students in the outer circle. Then, each professional midwife takes the hands of a student in her palms and offers her own unique blessing, such as, “May a divine power enter these hands and guide you as you attend mothers and babies for the rest of your life.” “For someone whose intention is to do this work, who is ripe with the possibility of this work, it can be overwhelming to have an experienced midwife pass this blessing on,” Mairi says. “And, I always say a blessing doesn't ‘take’ until it is returned. A lot of people are moved to tears by this exchange.”

The Fabric of Ritual

For Mairi, these rituals have a sacred power. “When you construct a ritual outside of your usual time and place, and you do it mindfully, there is a lot of power in this. And when we do it together, it has the power to bind us to one another.”

“There is lot of rushing around at the Annual Meeting, trying to get our CEUs and attend important committee meetings. Heart of Midwifery is a time when we can take a breath, enjoy the company of other midwives, and remember that we're not alone in our struggles; we are all in it together.”

By Maura Christopher

ACNM Senior Editor and Writer

mchristopher@acnm.org



Heart of Midwifery brings together midwives and student midwives for an evening of bonding, laughter, stories, songs, and inspiration.

ACNM 64th Annual Meeting & Exhibition: Sneak Peak

Come to Washington, DC, May 18–22, 2019, for the largest gathering of midwives in the United States. We plan to turn out in force and be changemakers. Join us for the meeting and for Lobby Day!



Located at the exciting National Harbor just outside of DC, the 2019 Annual Meeting & Exhibition offers much to see and do.

Every four years, ACNM hosts its Annual Meeting & Exhibition in the Washington, DC, area. The location gives our members a unique opportunity to advocate directly to Senators, Representatives, and their staffers and push forward an agenda that promotes midwifery, maternal health for all, and health equity. So, it's no surprise that the theme of the 64th ACNM Annual Meeting is "Advocating for Health Equity."

The Greatest Show in DC

Come help us deliver our greatest show of force ever in Washington. The Annual Meeting will be held May 18–22, 2019 at the Gaylord National Resort & Convention Center. It's a premier venue at the thrilling National Harbor in one of the most exciting cities in the United States. Notably, our Annual Meeting will include a special Lobby Day. This is every midwife's opportunity to meet with lawmakers in person and advocate for the causes that advance your profession of midwifery and the health of women and families. Nothing replaces face time!

It's Easy!

What's more, ACNM is helping to ensure that your lobbying experience is seamless. You'll be provided with appointments, chartered busses, background material and talking points, and more—all designed to help you connect Hill staffers and legislators. As a bonus, you can earn CEs for your efforts.

Beyond this, there are tons of other fantastic activities to look forward to. Among the highlights will be our Opening General Session speaker, Professor Dorothy E. Roberts, a renowned scholar of law, race, and gender at the University of Pennsylvania. Her acclaimed scholarship focuses on health, social justice, and bioethics, particularly as these issues impact African American women and children. She is also recognized for her work in securing humane care for incarcerated women and disabled individuals. So, mark your calendars now and visit annualmeeting.midwife.org for details. Registration in opens in January!



The Annual Meeting is the ideal way to build knowledge and networks.



More than 100 vendors show off their latest products and services.



Each year's meeting includes plenty of time for fun.

2019 ACNM Election Coming Soon

Voting Opens on January 14, 2019

“The Nominating Committee works hard to bring you the strongest, most diverse, and engaged slate of candidates possible.”

-Venay Uecke, Chair, ACNM Nominating Committee

Voting is Easier than Ever!

- Meet the candidates below.
- Review the all-new ACNM 2019 Voters Guide for details about the candidates. Coming soon!
- Receive a ballot in your email.
- Make your selection and send back your choices.
- Reward yourself! You’ve made a difference in your professional organization!

MEET THE 2019 CANDIDATES!

PRESIDENT ELECT



Cathy Collins-Fulea
CNM, MSN, FACNM

TREASURER



Kathleen Bailey
CNM, MA, MS, FACNM



Cara J. Krulewitch
CNM PhD FACNM

REGION I REPRESENTATIVE



Kathryn Kravitz Carr
CNM, MSN, FACNM

REGION III REPRESENTATIVE



Elois Edge
CNM, DNP, MSN, CLC



Linda McDaniel
CNM, DNP

NOMINATING COMMITTEE MEMBERS

(two of five to be chosen)



Julie Daniels
CNM, DNP



Rebecca Fay
DNP, CNM, WHNP-BC



Lisa Hanson
PhD, CNM, FACNM, FAAN



Nena R. Harris
PhD, FNP-BC, CNM, CNE



Sarah Smith
CNM, DNP, APRN

Living on the Edge of a Volcano

Midwife Roxanne Estes tells of living at the epicenter of the Big Island's volcanic eruption, losing her home and birth center, and continuing her practice under extreme conditions.



Midwife Roxanne Estes with clients and their babies at the now lost Luana Gardens birth home.

It all started on May 3, 2018, during our quarterly childbirth class. I had several pregnant women and their partners that night, all sitting quietly in their newly learned relaxation positions in preparation for their upcoming natural childbirths. These classes were held at our lovely Luana Gardens location, a beautiful and safe birth home that was just what its Hawaiian name meant, “Place of Relaxation.” Luana Gardens was graced with a long, winding, tiled driveway bordered by flowers of every imaginable color and a sprawling lawn accentuated with a majestic magnolia tree and thriving, fragrant citrus trees. (Their health could be attributed to the occasional placenta buried close by.) Our warm, comforting interior was infused with powerful, yet gentle birth art and many, many photos of mothers and fathers holding their precious babies. It was truly a safe harbor for women and their families. We began to feel one subtle earthquake after another about every five minutes or so. I saw my clients’ eyes widen, but mostly, we dismissed the events, finished our group meal, and then disbursed. If we only we had known what was to come!

“We made it to our driveway on foot, feeling like the ground could open up at any minute and swallow our car.”

That day, Fissure 1 erupted, and large, expanding cracks appeared in many of the roads in our Leilani subdivision. Over the next 48 hours, about 300 earthquakes occurred. My husband, Sam, and I would wake up in our bedroom at night and say, “Was that another one?” and then go back to sleep. In retrospect, I ask myself why we would think this

was normal when we were literally sitting on top the largest fissure (volcano) of the 2018 eruption, Fissure 8.

On May 4, Fissure 2 started spattering, and civil defense went door to door to notify residents on Luana Street that they should leave the area that night. I felt thankful I had delivered all of the babies that were due the preceding month and had no mothers imminently expecting. We grabbed a few personal belongings, and then I ran over to Luana Gardens and packed as many birth supplies as I could into my van, Birth Mobile, so I could continue my midwifery practice. Of note, we also gathered all of our cats except our oldest, Walter. He was sadly left behind because it was his habit to be away from home for several days at a time. Scared and anxious, we set off to spend the first night



The remains of the Luana Gardens birth home after the eruption.

away from our sweet home of 25 years. Our destination was my clinic a few miles down the road in a safe area. We were in shock, but were thinking this would all blow over soon.

Crossing the Barricade

On May 5 at 1 am, unable to sleep, Sam and I drove back into our subdivision. We were met by a police barricade, but Sam finally insisted that they let us in unless it was against the law. As we drove up Luana Street, we could see the now fountaining of Fissure 2. The sky was red, and it was as if fireworks were going off in our closest neighbor's yard. Most unnerving were several large cracks across the pavement of Luana Street with intense, raw sulfur fumes wafting up. The ground felt uneven, and the roar of the volcano under our feet was frightening. We left the car, feeling like the ground could open up at any minute and swallow it, and made it to our driveway on foot. But with the earth shaking, the fumes rising from underground, and the volcano roaring right next to us, we both looked at each other, eyes bulging, turned at the same time, and ran back the way we came. Shaken, we returned to our clinic refuge. We didn't talk much that night, nor did we sleep. The next day, as Fissure 8 started its journey toward becoming the main eruption, we grew increasingly concerned about Luana Gardens. With distraught hearts, we couldn't stop monitoring Facebook posts, civil defense updates, and helicopter fly-over videos, including some drone shots.

Rescue of Luana Gardens

The air was thick with toxic volcanic fumes, the road was full of deep and widening cracks, and the roar of Fissure 8 was screaming when a young man, Demian Barros, whom I will always consider a kind-hearted hero and adventurer, courageously entered our Luana Gardens Birth Home one last time. I spoke to him on the phone while he was inside gathering birth equipment and supplies and whatever else he could carry, and I could hear the emotion in his voice as he tearfully shared beautiful memories of his toddler son being born underwater in one of our birth tubs surrounded by the lush vegetation and exotic flowers. Demian was also able to rescue a beautifully handmade cradle that my children's father had made for them many years ago. His selfless actions ensured the sustainability of my treasured practice and enabled me to provide services to the women in the Pahoehoe and surrounding communities.

On May 7, Sam made a last, harrowing entry to our home, gaining access by chopping through the jungle from a neighbor's house and retrieved special belongings. Of great significance, Sam also grabbed Walter in his arms before he traipsed back through the jungle. My husband had fretted for days, thinking of our cat facing the volcano by himself.

Transitioning to a Home Birth Practice

With heavy hearts, my daughter, who is also my office manager and birth assistant, and I had to make decisions regarding our now-lost birth home; we had many women scheduled to give birth in the upcoming months. Initially, we looked for a new birth home, but after one disappointing lead after another, we decided to wait until the lava slowed and the housing market balanced. Complicating matters,



The help and support of others has enabled Roxanne to continue to provide services to the women in Pahoehoe and surrounding communities.

although we were now staying at the vacation house of a good friend, without a personal home, it was hard to stabilize myself. The grief and the following depression were real and unavoidable, even as I tried to push the feelings away.

“With heavy hearts, my daughter and I had to make decisions regarding our now-lost birth home.”

We called our clients with the announcement that we were transitioning into an exclusively home-birth practice. Most of them opted for a home birth, although some with the resources relocated to the mainland to protect their little ones from the poor air quality and the stressful events. We were returning prepaid birth fees in the thousands. I know that midwifery is not about the money, but this was the sole means of income that secured our practice. We were and continue to be anxious for our future longevity as an independently run, private midwifery practice.

Lava Babies

I started on my quest to help our home birth clients plan their “best birth” and conducted visits to determine how and where each woman would choose to give birth. The visits, however, were unsettling to say the least. I have attended nearly 1000 home births in my career. Usually mothers and families have nine months to prepare their homes and minds. These women were scared, most were relocated from their homes, and all had little time to adjust as they were originally planning to birthe at Luana Gardens.

One couple had been evacuated through their church group to a property that was crowded with several other people staying in various little houses and using the same bathroom. I helped this couple rearrange the furnishings and set up a birthing tub and made



The birth of a new life brings joy and some healing to women and families.

suggestions about cleanliness to make the space more conducive for the upcoming birth. An older woman expecting her fourth baby who was not evacuated owned her home near the edge of the volcano. Neither she nor her partner seemed fazed by the thick fumes or the steaming volcano in the background. I told myself that the newborn, whether born at a birth home or her own home, would be returning to this house, but I was unsettled by the conditions.

One first-time mama lived downstairs from her in-laws, who were unsupportive of her out-of-hospital birth plan. I arranged for her to have her birth at a hotel; the owner said hers would be the twelfth baby born there. (He remembered me from a birth years ago.) As a bonus, a lush jungle trail could serve well in labor. What was important to my client was that the hotel owners and staff were happy to have her there.

Staying Strong

I felt most normal during prenatal care clinic days. I started each day enthusiastically, wearing my borrowed clothing, gifted jewelry, and ill-fitting new shoes. Prior to clinic days, I used Facebook videotaped messages to update clients on the air quality, so they knew whether it was safe to keep their appointments. Sometimes, at lunch, we took gift bags of attractive feminine products to women in evacuation shelters. The days were draining, though, as one client after another had sad stories to tell of being evacuated, losing their homes, losing work, and making decisions to birth in a hospital setting due to financial constraints. Lots of tears were shed, but I tried my best to console the women and stay strong because, as midwives, we understand that the emotional stress of pregnant women can have far-reaching effects on fetuses and birth outcomes.

In the weeks that followed, I worked as if I were on autopilot, feeling that I had to portray some stability because the women looked to

me for support. The six women who birthed during this chaotic time experienced a host of challenges. However, we had no serious complications, thank the birth goddesses! Two of the women experienced long, four-hour pushing stages; we transported one for failure to progress beyond two centimeters, and another's milk never came in. These complications are rare in my practice. However, I did have a beautiful birth where I walked in the door and the baby nearly fell out in my hands. The mother was amazed; her previous birth had been a 27-hour affair. In retrospect, I think some of the mothers held fear and loss deep within their bellies, and this may have contributed to poorly positioned babies. The mothers and their families were well cared for, though, and I believe they experienced some healing through the joy of the birth of beautiful new life.

An Uncertain Future

The volcano continued to flow for more than four months with an intensity the likes of which have not been seen in Hawaiian history. Some suggested the volcano goddess, Pele, was looking for a place to birth her baby and found our lovely birth home. However, maybe she was angry that her midwife had evacuated the area. Well, this is how legends start.

“The six women who birthed during this chaotic time experienced a host of challenges.”

The volcano and lava have now been quiet for at least four weeks. My neighbors and I in the Puna district of the Big Island of Hawaii have lived through an incredibly challenging and frightening time. Nearly 700 homes were destroyed, and we lost our beaches and special recreation spots, which provided well-being for our rural community. Friends and neighbors are suffering severe and ongoing depression, there have been suicide attempts, and many residents are just not sure how to start over or which direction to go. However, ever so slowly, we are moving forward. Some people have been helped by FEMA, some by the Small Business Administration, and some will take years to recover. My practice is still thriving, now exclusively with planned home births, prenatal care, and gynecologic care. We have opened a clinic in the nearby town of Hilo, as many of our clients have moved out of the Puna district, yet we keep our outpost clinic open for women's care access. Although I still cry regularly, I am looking forward to securing a permanent home for myself, and I am so very happy with my midwifery practice! I cannot help but to remember the strength and courage that our pregnant clients demonstrated in the face of true adversity. Aloha.

By Roxanne Estes, CNM, MSN, APRN
Owner, East Hawaii Midwife Service
midwiferoxy@gmail.com



HOW TO HELP

Clients of midwife Roxanne Estes set up a Go Fund Me account to help get Luana Gardens rebuilt: bit.ly/2J7L07J.

My Journey to Midwifery

The formative experiences of sharing summers and hearing the riveting birth stories of her abuela in rural Mexico blossomed into a life's calling.



From left: Bianca Muratalla (cousin); Jose Muratalla (grandfather); Susana Muratalla Mendez; and her grandmother, Maria Ramirez Muratalla, in 1995 at Big Bear Lake in California.

I often wonder if I chose midwifery or if midwifery chose me. There is no doubt that my journey to midwifery began with my Mexican abuela (grandmother). I am a first-generation Mexican-American and the first in my family to be born in the United States. I grew up in the suburbs of Los Angeles, but had the privilege of spending my summers with my abuela in rural Mexico. My time with her gave me the opportunity to learn about my culture and the simplicity of life outside of the city. Although most of us would consider her poor by US standards, my abuela was a businesswoman. She managed market stands and sold farm animals while tending to a large family alone. My grandfather worked as a migrant farmer in the United States, sending all of his money home to her. She was a strong woman who instilled in me the importance of women having careers.

My abuela's stories about childbirth felt like riveting novels to me and kept me glued to her side.

My favorite memories of summers in Mexico are ones of my abuela sharing the stories of her 15 births. She birthed all 15 babies at home with the town midwife. Her stories about childbirth felt like riveting novels to me and kept me glued to her side as we cooked in the kitchen. I was enchanted with the transformation of pregnancy and



The author's grandmother, Maria Ramirez Muratalla, in the mid-1950s, when she was in her early 20s.

how a mystical midwife was able to deliver all of her babies at home. Pregnancy and labor became so intriguing to me that I often found myself playing midwife as a little girl. Looking back, I can recall the times I would instruct my cousins to play the distressed woman in labor so that I could effortlessly birth a Barbie from under their skirts.

Pregnancy and Labor

As I grew older, my innocent curiosity for birth blossomed into something much bigger, a desire to become a midwife. And here I am today, in the middle of midwifery school at Georgetown University, finally doing what I've been dreaming of and practicing for decades. Without my abuela, her strength and unlimited support, I would not be here today. My journey toward becoming a midwife has taught me that midwifery is so much more than catching babies. Midwives are witnesses to women becoming mothers and to families beginning their life journey together. I chose to become a midwife because it allows me to be a part of what I think is the greatest gift of all, the gift of family.

By Susana Mendez, SNM, BSN, RNC-OB
Student Nurse-Midwife, Georgetown University



Q&A with Lori Trego, Distinguished Nurse Scholar in Residence at the National Academy of Medicine

Lori Trego, PhD, CNM, FAAN, a nationally recognized researcher, talks about her role at the National Academy, why midwives are the perfect providers for military women, and much more.*



Q. Tell us about the Distinguished Nurse Scholar in Residence program at the National Academy of Medicine.

A. I am here for one year, September 1, 2018 to August 31, 2019, and I am sponsored in this position by the American Academy of Nursing, the American Nurses Association, and the American Nurses Foundation. My job at the National Academy of Medicine (NAM), as is everyone's job here, is to provide scientific evidence and evaluation of health issues while remaining totally unbiased and impartial to any type of political influence, and as the Distinguished Nurse Scholar in Residence, impart my knowledge to whomever needs it at NAM.

I'm beginning my residence with this year's cohort of the Robert Wood Johnson Foundation Health Policy Fellows. So, I am getting the whole overview of what's going on in health policy in DC at this moment, which has been truly an eye-opening experience. It is like getting one year's worth of health policy graduate level education crammed into 12 weeks. We meet with people from think tanks in DC from all the way on the left to all the way on the right. We also meet with the agencies and the legislative branch, so we've been meeting with the Health Resources and Services Administration and the Congressional Research Service, as well as with other people who help shape health policy.

So, I've come here to understand how the health policy world works and how we make an impact and change the culture around veteran women's health care and the availability of health care services for military women and veterans.

Q. What do you hope to achieve by the end of your residency?

A. One of the ways I'd like to walk out of this year is by asking how do we start tying everything I'm learning together. It's about taking the whole picture of veteran women's health, for example, and gathering all the information and attacking the problem from many different perspectives, including the perspectives of hard science, the social determinants of health, and legislation.

As I form my next study, for example, I'm going to craft it through the lens of how can we use this study to drive legislation to change the law for this population. So, let me create just the right kind of study with the right kind of variables. I think this will be invaluable to my program of research.

Q: What about on a professional level?

A. I'm a fellow at the American Academy of Nursing, and I'm also on their expert panels for women's health and for military and veteran's health. My experience here will be invaluable to the academy on these expert panels in terms of the knowledge and connections I am making. It will help us get to the right information and data, talk to the right people, and write just the right consensus paper, academic paper, or brief.

Plus, for ACNM, every time I say in these meeting that I'm a nurse-midwife, eyes light up, and I think this is very good PR for midwives and good PR for ACNM. It is important to let advanced practice nurses know that they are well thought of here at NAM.

I can certainly bring to ACNM the exact same knowledge I'm bringing to the AAN in terms of health policy formation. I know there are people at ACNM and AAN who have much more knowledge than I have in this area, but now I'm another one of them, and I'm more than willing to share my knowledge.

Q. Tell us about the work you're doing at the Academy.

A. The consensus report is probably the most well-known product of the Academy. The National Academy of Science was given a charge in the Constitution, signed by Lincoln, to provide a scientific opinion on things that the government was thinking about doing. Today, they still have that charge. The National Academy of Medicine pulls together a committee in the consensus process that represents the multiple views of a particular problem. This committee doesn't just look at the

data; they have to agree on a bottom line, and this gets peer reviewed. The critical thing is that they produce a nonpartisan, unbiased list of recommendations for a problem related to health.

I will be working with the program director who has shepherded many veterans' consensus reports. We have to figure out what would be the most salient proposal for veteran women's health, and throughout the year, I'll be helping to craft a proposal for a project on a problem that we see that we need to have a consensus statement on. I'm excited about that process and will be working closely with the VA researchers and the Health Resources and Services Administration.

Q. You've mentioned that you're convinced midwives are the perfect providers for military women and veterans. Why?

A. First, I think every woman should have a midwife; it is just my philosophy. In the military health care system as a practicing midwife, I loved to see active duty women in my clinic. We certainly saw everybody. My background is labor and delivery and intrapartum care, but I was also the chief of a well woman clinic. So, I gravitated in my practice toward active duty women for their well women needs, their contraceptive needs, and things like that.

Who can better see the holistic perspective of a military woman than a midwife? Military women bring with them into those well-woman appointments so many different things that we need to be cognizant of. We need to be cognizant of their position in the military, how their supervisors and peers view them and their health care, and what their reproductive life planning needs are. Military women have different needs than civilian women, period.

And I think that midwives can fully address them [because] we understand family stresses and we understand the challenge that gyn issues bring to your life, and for military women, those stressors are compounded.

Your whole career takes place in a masculine society. You have to balance your career needs with your desires to take care of your body, and many things play into this. For example, if you're in a field environment, there is no bathroom, and there is no running water. You're out there for two weeks without a shower. This is just part of the job. Military women have to think about if they have a child, will it keep them from getting that next duty position or impact their unit's work. Is their spouse or partner deploying? Spacing or planning pregnancies is very important to military women. They are there to really figure it out. That's why I think we're the best providers. We can see the woman as a whole during these encounters, rather than just another prescription refill.

Q. What is your advice for beginning researchers?

A. First, you have to research something you are passionate about. Without the passion, you hit so many barriers and bumps along

the way that it may be easy to not proceed. [Second], consider your interprofessional colleagues. Just as our approach to women and women's health is holistic, we need to approach any investigation with that holistic perspective. Why not reach out to that colleague who is an expert in preventive medicine? Know the areas you don't know and reach out for collaboration in those areas. [Third,] always check the pulse of your population and confirm that you are really working for them. You are not doing [the work] for your own research portfolio, so check back and make sure that it is a salient study.

Q. What would you say to a student who is interested in pursuing midwifery through the Armed Services?

A. I would tell any nurse and any nurse-midwife to join the military, if you are interested in the population and if you want to grow as a professional. The military has a collaborative practice model that has been working for many years (bit.ly/2DC09nQ). Midwives work with the physicians in a hierarchy dictated by rank not profession. We work in an environment in which nursing is a respected profession, and we work as colleagues with our physicians. So, if someone is going to come to me and say, "I'm thinking about joining the Army as a midwife, I'm going to say, 'Oh yes. I wholeheartedly support that.'"

**Disclaimer: The views expressed in this interview of those of Dr. Trego alone and are not intended to communicate the official views of the National Academies of Sciences, Engineering, and Medicine.*



Dr. Lori Trego (front row, far right) joins the 2018 Robert Wood Johnson Health Policy Fellows in an immersion in current US health policy.

Exciting New Developments for Midwifery Practice at ACNM

Whether partnering on the Alliance for Innovation on Maternal Health's valuable work or addressing midwives' practice-related questions, MPEGO is working on behalf of members and midwifery.

Greetings from MPEGO! The past several months have flown by, and we have many updates from the Midwifery Practice, Education, and Global Outreach (MPEGO) Department at ACNM. For those who may not be familiar with the department, our scope includes, but is not limited to, CE approval for ACNM conferences, domestic and global grant management, representation of ACNM at various partner and community meetings, collaboration with other professional organizations, serving as liaisons to ACNM's volunteer leadership structure, taking questions from members, answering questions from members of the public, and supporting other ACNM departments in any way possible. Here are a few updates about what we are working on....

There are exciting developments about grant funding and continued partnerships! The Alliance for Innovation on Maternal Health (AIM) has received additional funding for the next several years. ACNM continues as a partner of this valuable work, and we are appreciative of the CNM/CM leadership being provided at the state level. Moving forward, ACNM has representation on the AIM executive team. On another front, ACNM is continuing to partner with the University of Alaska on work related to Fetal Alcohol Spectrum Disorders. We recently received the welcome news of new grant funding for the next several years. In addition, we are partnering with ACOG regarding immunizations for the upcoming year. This new project builds upon our previous work on immunization and will include updating patient education materials. The Interprofessional Education program (IPE) through the Macy grant is in its second year. We are continuing to explore additional global opportunities and will provide updates as they are available.

In September, we delivered a successful presentation to a malpractice insurance company. Ongoing discussions about areas of coverage, amounts, and policy offerings are occurring. We are hopeful that there

will be final news to share by the time of the next *Quickening* publication! Several years ago, ACNM had a membership drive that many states participated in. The MPEGO Department recently led a new pilot membership drive for one state, which included outlining steps, providing a timeline, developing a letter to members, and sharing the results with our Membership and Communications Department. Look forward to additional information being shared by the Membership Department about membership drives at the state level, and please feel free to reach out with any questions you might have.

ACNM continues as a partner of AIM's valuable work, and we are appreciative of the CNM/CM leadership being provided at the state level.

At our Midwifery Works conference in Ft. Lauderdale, FL, MPEGO hosted a panel presentation addressing important topics that we receive member calls about at the national office. Topics discussed include risk management/liability, politics, leadership, and productivity. Many thanks to **Nancy Jo Reedy, CNM, MPH, FACNM; Barbara Hughes, CNM, MS, MBA, NE-BC, FACNM; Christie Bryant, CNM, MS, CPC-A; Katie Page, CNM; and Mamie Guidera, CNM, MSN, FACNM** for contributing and presenting! The presentation was well received, and we are exploring ways in which panel presentations such as this one may be shared via live webinar.

Finally, it is our plan to launch a membership survey by the end of 2018. More information will be forthcoming, but please plan on participating!



By Elizabeth Hill-Karbowski, CNM, PhD, FACNM
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Helping Pregnant Women Navigate Microbiome Research

Neonatal microbiome research holds promise, but it can trigger concerns among women who may worry they're compromising their infant's microbiome. Midwives can provide perspective.

There is a growing body of research that focuses on the “critical window in early life” from conception through the first year, when maternal and infant exposures may alter the initial bacterial colonization, or microbiome, in the newborn. Much of this research suggests that, as a species, humans have evolved to receive our mother's bacteria during pregnancy, vaginal delivery, and an extended period of exclusive breastfeeding. These early bacterial colonizers are thought to teach the immune and metabolic systems how to function.

Exposures such as antibiotics, cesarean delivery, and formula feeding have been associated with disruptions in the baby's microbial colonies, and this early microbiome disruption has been further associated with health problems later in life, including asthma, allergies, type I diabetes, and obesity, by researchers, including the authors of a recent *Pediatrics* article (bit.ly/2E4AJSL).

Potential and Promise

As news about the potential and promise of neonatal microbiome research spreads among the public, women are wondering what it all means. Midwives can play an important role in helping women put neonatal microbiome research into perspective.

Encourage women not to individualize this risk, but, rather, to inform themselves about the kind of care they will receive.

I recently completed a study following 36 mothers from delivery through their baby's first month of life to understand how certain birth interventions affect the newborn gut microbiome during that time. The mothers who participated were heroic in their commitment to the project. They carried sampling packets to their births, took swabs from themselves and their babies in the precious moments following delivery, and sampled dirty diapers in the midst of postpartum sleep deprivation. Yet in heavy counterbalance to their inspiring enthusiasm, was the darker side of the equation: the mother-worry that springs tangibly from our instinct to protect and nurture our young. Amplifying these concerns are our cultural imperatives to assume responsibility for every aspect of our children's growth and development. Invariably, during the course of their participation, women would voice some version of that dark, nagging question: “Have I harmed my baby?”

A New Realm of Risk?

While microbiome research offers new insights that may strongly inform the way we care for women during pregnancy and birth, it also presents a powerful new addition to the long list of do's and don'ts surrounding pregnant women and new mothers. In addition



to concerns about age, testing, diet, medication, exercise, vitamins, delivery, parenting, breastfeeding, and lying too long on one's back, women can now individualize and internalize a new realm of risk and responsibility—namely, whether they are robustly enough transmitting a vital, yet invisible, universe of bacteria to their newborns. The stakes of failure in this proposition can seem high. As the author of a 2017 *Scientific American* blog post (bit.ly/2l4Qyvq) put it, women who have a cesarean delivery or formula feed may be breaking “the chain of maternal heritage that stretches through female ancestry for thousands of generations.” This is a seriously daunting chain to break! Never mind that those thousands of generations haven't actually been studied.

An Empowering Response

So, when the women we care for come to us with microbiome worries, how do we help them find a rational and empowering response? Here are a few points to remember as you talk through a new mother's questions:

- As an emerging area of science, the microbiome is being investigated in relation to many areas of human health, including depression,

ADHD, obesity, asthma, and cancer, to name a few. However, all of these health outcomes are multi-factorial. Disruptive exposures during pregnancy and birth may or may not prove to be significant contributing factors in relation to other life events.

- Currently, neonatal microbiome research is based primarily on observational data, rather than randomized controlled trials. While associations have been noted between microbiome disruption and subsequent health outcomes, one cannot assume that these disruptions are responsible for causing the observed outcomes. The mechanism of action explaining these associations is not yet fully understood.
- As midwives are aware, making inferences about individuals based on observational data from groups is statistically inaccurate. Midwives can and should help women understand that microbiome research that aggregates population-level data cannot, and should not, be used directly to explain their individual experiences.
- A great deal of microbiome research is done on animal models. These models, again, cannot always be assumed to explain human experience directly.
- The findings of microbiome research are more relevant to health-care delivery than to the behavior of an individual woman. That

is, research findings generally support the proposition that the least possible intervention in the normal, physiologic process of pregnancy and childbirth is best in terms of preventing microbiome disruption. The key here is to encourage women not to individualize this risk, but, rather, to inform themselves about the kind of care they will receive. Do their providers tend to intervene without medical reason? Do they follow evidence-based practice for the wellness event of physiologic childbirth? Remind women that midwifery care is consistently associated with low-intervention, high-quality care with excellent outcomes for mothers and babies, as findings detailed in *The Lancet* (www.thelancet.com/series/midwifery) and elsewhere demonstrate.

- Microbiome research proposes radical new avenues for female power and self-acceptance. Consider sharing the message that vaginal bacteria is a healthy and life-supporting force, rather than something dirty, which must be scrubbed away. Encourage women to absorb this positive message and be part of changing the culture of the way we view and honor our natural bodies.



By Joan Combellick, CNM, MPH, MSN

Women's Health Research Fellow at Connecticut VA

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Midwifery Education

The Value of Birth Simulation: An Unexpected Breech

With vaginal breech birth declining, simulation learning can help ensure the transfer of key knowledge and skills, as one new midwife's successful breech delivery shows.

The authors of the following piece are connected: Veniese Lawrence, CNM, MS is a graduate of Georgetown's midwifery education program, now a year into her career as a midwife. Cindy Farley, CNM, PhD, FACNM, an associate professor of Nurse-Midwifery and Women's Health Nurse Practitioner Programs there, was one of her professors and was teaching at the vaginal breech birth skills station with Veniese and her classmates. Recently, Veniese reached out to Cindy to describe a unique birth. Cindy's reflection follows.

Veniese related the following: "Last night, I admitted a multiparous woman at 36 weeks' gestation to the hospital for a medically indicated induction due to preeclampsia with severe features. An ultrasound upon admission showed a vertex fetus. Induction was accomplished with a Cook catheter followed by oxytocin. Artificial rupture of membranes was done when labor was established, and assessment revealed a 7 cm cervix with vertex at 0 station. The woman was coping well. I was called from the room briefly to check on another laboring woman, and when I returned, the woman's labor had intensified with a stated strong urge to push."

No Panic

Veniese continued her story: "I assessed her cervix, and she was completely dilated, and I felt digits... not sure if they were fingers or toes. She could not resist the urge to push, and the next thing I know, there was a knee and then a leg. I immediately called for my back-up doc while thinking about this scenario in my head. The only experience I had with a breech was during a skills simulation where you [Cindy] showed me how to deliver a breech with a very slippery doll. I did not panic, and in that moment, I quickly explained the situation to the woman and her family. The second leg was not delivered, and I gently hooked the knee to deliver it. Then hands off! The abdomen came, and I grabbed a towel and guided the body. Now my biggest fear...the head!"

Veniese faced her biggest fear in a similar manner to a scene in the popular television show *Call of the Midwife*, shown to students prior to vaginal breech simulation practice. Just as new midwife Chummy called out her diagnosis to the laboring woman, "Your baby is coming ass first!" and then talked through the breech birth step by step so the woman and all in the room knew what was going on and what

actions were required, Veniese did the same. And similarly to Chummy, Veniese was nervous, but prepared and was able to breathe, focus, and perform the guidance and maneuvers to safely accomplish this breech birth. By the time the consultant physician had arrived in the room, everyone was smiling with tears of joy. The baby was transitioning skin-to-skin, and all was well.

A Readiness to React

Veniese concluded by reflecting on her education: “Thanks to your teachings, I always honor my patients after each birth. After this birth, I felt as though this was the greatest bonding experience I could ever have. I told the woman this was my first vaginal breech birth, and I had just completed my first year of practicing midwifery. She said she would not have known. I appreciate that midwifery values, such as supporting birth and readiness to react in emergencies, were instilled in me. I had to share this story with someone who knew the journey I went through in school.”



Enhancing Confidence

Simulation learning of labor and birth skills in a variety of situations has been shown to enhance confidence by giving students a risk-free environment to explore and practice hand skills, care strategies, and clear communication. It also develops body memory and mental scripts for action. Simulation learning can be especially important for critical, time-sensitive conditions that are rarely encountered. As first responders at an unexpected event during birth, midwives need to learn to maintain focus under stress and deal with the unfolding situation while the rest of the team is called.

“I gently hooked the knee to deliver [the leg]. Then hands off! The abdomen came, and I ... guided the body. Now my biggest fear ... the head!”

Approximately 3%–4% of fetuses are in breech position at term, and many are diagnosed prenatally. At this time, options for external version, alternative methods of encouraging fetal version, and route of birth—vaginal versus cesarean section—can be discussed with consideration of risks, benefits, and harms while giving the woman time to make her choice. But in some cases, the breech is missed until labor is underway or the fetal lie is unstable and, as in this case, converts to breech during labor.

Reclaiming Knowledge

Vaginal breech birth has declined in favor of cesarean birth due to higher risks, but this is being re-examined for selected breech positions and other maternal-fetal conditions favorable to vaginal birth, balanced against the risks of cesarean birth. Many physicians and midwives have lost the skill of safely conducting a vaginal breech birth. Simulation learning can help reclaim the knowledge and skills for both planned and emergent vaginal breech birth. And who better than the midwife to be a leader in this effort? Midwives bring a sense of centered calm and focus to all births as well as an intimate knowledge of pelvic architecture and cardinal movements of birth.

Cindy responded to Veniese with the following: “I had tears in my eyes reading your story! You are amazing! Thank you so much for sharing. It is heart-warming to know that what we do in school helps you beyond the classroom.”



By Veniese Lawrence, CNM, MS

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Service in Honduras: Trading OB Triage for Basic Midwifery Care

While long-term global health work isn't an option for many midwives, short-term volunteering opportunities can also provide the experiences of a lifetime.

When I volunteered for a week as a midwife with Samaritan's Purse in Honduras this past summer, travel itself to the Loma de Luz Hospital in Balfate, Colon, was an adventure. It started with a delayed flight causing a missed flight, arriving in the dark, and then driving on unpaved roads through the blackest jungle. That same night included running across two swinging bridges in the rain at 4 am to the hospital to attend and deliver a laboring client. As some might say, it's "not for the faint of heart!"

Even so, after working as a nurse-midwife at a large tertiary hospital where the primary focus is on providing care to women in the Obstetrics Triage unit, returning to basic midwifery care was a joy. At Loma de Luz Hospital, there are no pain medications in labor, not even with labor inductions. Although fetal monitoring is available for screening and during labor, for the most part, I had women walking and squatting while I provided effleurage and back rubs. Deliveries generally occurred uneventfully within short periods.

Steadily on Call

During the time I was at the hospital, I was steadily on call, while simultaneously participating in prenatal and newborn clinics in the mornings. Although this arrangement left me attending to any laboring woman in the birthing area concurrently, if a delivery were about to occur, the family medicine physician saw the clinic patients. These in-house physicians are educated in the United States, live onsite, and are available for consultations, including with pregnant women who have HIV or any of a myriad of morbidities. Honduran nurses use walkie-talkies, so they can summon physician support as needed.

When a patient in clinic at term reported decreased fetal movement, I was able to send her to the birthing area where we were reassured with a reactive nonstress test. I worked to help her understand how to monitor fetal movements with instructions to return to the clinic in a few days. In the pre-labor area, I would conduct monitoring and perform history and physicals to rule out preterm labor.

While in labor, Honduran women are supported by their family members. Their kids sleep on mattresses placed on the floor in the same room throughout the labor and birth. The hospital kitchen provides the patients with food, with rice, beans and chicken as the mainstays, while family members can buy food in the cafeteria. In this way, the family can remain together with the patient. I feel this is a beautiful model from which we all might learn.

During a less busy time, one of the labor nurses convinced me to visit a gorgeous spot along the nearby river for a swim. Afterwards, dinner with the local resident families was wonderful. Equally enchanting



Making time to enjoy a waterfall during a lull added to a rich and rewarding experience.

were views of the foliage, the fauna, and the Caribbean Sea, as well as being up on the hillside during the night and seeing the Southern Cross constellation.

Rich and Rewarding Time

Volunteering can indeed be the experience of a lifetime. For me, it was a rich and rewarding time when I learned much from the pregnant and laboring women in Honduras: their tenacity, commitment to family, and the universal joy of welcoming a new one into the family.

Now the mission organization that runs Loma de Luz hospital, the Cornerstone Foundation, has invited me to come to Guatemala for a short trip in early 2019. The Cornerstone Foundation was founded in 1992 by Jefferson McKenney, MD, and family. Career missionaries, medical personnel, and supporting churches and individuals volunteer their services there through the World Medical Mission, the medical arm of Samaritan's Purse, for whatever length of time that they can contribute. Besides ongoing continuous work in Honduras and other countries, Samaritan's Purse has also organized disaster relief in a number of hard-hit locations.

By Nola Holness CNM, PhD, APRN-BC
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Share what's happening in your life. To submit an announcement, please write a short description of the award, appointment, practice update, birth, or obituary and send it to quick@acnm.org.

Honors, Awards & Achievements



The National Academy of Medicine (NAM) has named **Susan Stone, CNM, DNSc, FACNM, FAAN**, president of ACNM, as a member of the Academy. Dr. Stone was one of 75 individuals in the US and 10 internationally who are being recognized for their outstanding professional achievements. In particular, the Academy has honored Dr. Stone “for achievements that have opened the door to more than

5000 nurses to achieve graduate education and positively impact the accessibility of quality health care for rural families across the United States.” bit.ly/2qbM5dR

An anonymous bequest has established the Carol A. Howe Endowed Professorship in Nurse-Midwifery at OHSU. The bequest, valued at \$2 million, will allow substantial protected time to focus upon scholarship in support of the profession. “This is truly transformative to the profession and to the program at OHSU,” said **Dr. Howe, CNM, DNSc, FACNM**, vice president of the ACNM Board of Directors. “In solving an eternal dilemma that inhibits the fullest integration of research into the practice and education of nurse-midwifery, this bequest will allow the profession to realize its greatest potential as an essential service to women and children.” Dr. Howe is program director and professor emerita at OHSU. bit.ly/2AtEeOJ



The New York Academy of Medicine has honored **Ruth Watson Lubic, CNM, EdD, FACNM, FAAN** as its first Urban Health Equity Champion



for her major contributions to improving health and eliminating disparities. Dr. Lubic is a visionary midwifery pioneer who received a MacArthur Fellowship in 1993 for establishing the country's first freestanding birth center. In 1998, Dr. Lubic also founded the Family Health and Birth Center in Washington, DC, which put health care in its social context with the additional supports of case management,

social services, and child care. Dr. Lubic is known for her “her passion, her conviction, and her dedication to our future generations,” noted philanthropist Thomas Gaiter, of the Thomas Gaiter Foundation, on whose board Dr. Lubic serves. bit.ly/2CQzm8E



Mavis Schorn, PhD, CNM, FACNM has been named principal investigator for a new \$1.43 million grant awarded by the US Health Resources and Services Administration to Vanderbilt University School of Nursing to develop and implement a Sexual Assault Nurse Examiner (SANE) education program for emergency nurse practitioner (ENP) students.

Melissa Avery, PhD, CNM, FACNM, FAAN, who leads the Doctor of Nursing Practice specialty in nurse-midwifery at the University of Minnesota School of Nursing, and Professor Phillip Rauk, associate OB-GYN residency director at the University of Minnesota Medical School, have received first place for their submission on Safe Reduction of Primary Cesarean Birth from the Council on Patient Safety in Women's Health Care. The resulting award, which has grown out of Interprofessional Education work funded by a grant from the Josiah Macy Jr. Foundation, will enable residents and midwifery students to complete interprofessional quality improvement projects related to fetal heart rate assessment during labor at the University of Minnesota Masonic Children's Hospital.



Anne Jeffries, CNM, RNFA, MPH, PhD has earned a PhD in Public Health, Health Promotion and Disease Prevention from Florida International University. She states, “My educational journey started in international volunteerism; my dissertation is on cervical cancer screening in Alta and Baja Vera Paz Guatemala; hoping to publish three articles within the year.”



Paul Quinn, PhD, CNM, RN-BC, NEA-BC, CEN, CCRN, director of Women & Children's Services at The Valley Hospital in Ridgewood, New Jersey shares the good news of the recent publication of his book, *Sexually Transmitted Diseases: Your Questions Answered*, by ABC-CLIO/ Greenwood publishers. bit.ly/2yM3r5L





Cathy Collins-Fulea, MSN, CNM, FACNM, Division Head of Midwifery for the Henry Ford Health System in Detroit, is a co-Principal Investigator for a new \$600,000 three-year grant from the Rita & Alex Hillman Foundation that will support the expansion of the Women-Inspired Neighborhood (WIN) Network: Detroit through an approach that integrates an evidence-based group prenatal care program led by certified nurse midwives (CNMs) with community health workers as key system change agents. bit.ly/2OwC3h4

Practice Openings and Milestones

Congratulations to **Martha (Marti) Churchill, CNM, APRN**, and her team of midwives at the University of Vermont Medical Center, which is celebrating 50 years of providing midwifery care. The program, which opened in 1968 and is the second-oldest in the country, has handled 13,000 births. CNMs there attend nearly 20% of births. bit.ly/2yM7pLH



Maimonides Medical Center Midwifery Service, located in Brooklyn, New York, is celebrating 25 years of successful collaborative care, education, and leadership. The highly-regarded practice, which was founded in 1993, by Director **Phyllis Lynn, CNM, MS**, excels at offering reproductive health care for women throughout their lives.



Elizabeth (Beth) Quinkert, CNM



Alison Reid, CNM



Nicole Sichtung, CNM, APRN, WHNP



Jennifer Hayes, CNM, CLC

Elizabeth (Beth) Quinkert, CNM, shared that they have a four CNM group in southern Indiana, WomanCare, whose team includes: **Alison Reid, CNM; Nicole Sichtung, CNM, APRN, WHNP**; and their new member **Jennifer Hayes, CNM, CLC**. They opened a new freestanding birth center in October, Tree of Life Family Birth Center, and held a ribbon-cutting ceremony on October 23. It is the first birth center in the Southern Indiana area, with the nearest facility 100 miles to the north in Indianapolis and 100 miles to the east in Cincinnati. The community is very excited about the center opening. treeoflifefbc.com

Births

Sarah Koenigseker, CNM, and her husband, Darrel Uchbar, are pleased to announce the birth of their second child, Chloe Rosemary K. Uchbar, born August 23, 2018 at 6:20 am into the hands of her father and **Teresa Edwards, CNM**. She weighed in at 7 pounds 12 ounces and was 21 inches. Sarah and Teresa are midwives at Summa Health in Akron, Ohio. Chloe joins proud big brother Colin.



Remembering



Colleen Conway-Welch, CNM, PhD, FAAN, FACNM, passed away on October 12 after a courageous battle with cancer. A nursing education pioneer and visionary, Dr. Conway-Welch served as dean of the Vanderbilt University School of Nursing (VUSN) from 1984 until 2013, when she was named dean emerita. Under her leadership, VUSN became a nationally ranked professional school known for its excellence and innovation. Colleen was also active nationally in health policy and education and served on numerous national health committees. "Dean Emerita Colleen Conway-Welch was a true visionary leader," **Michelle Collins, PhD, CNM, C-EFM, FACNM, FAAN**, director of the nurse-midwifery specialty at Vanderbilt, said recently. "She had the innate ability to envision the future of health care and facilitate the changes in nursing education to ensure that nurses would be poised to be prominent players in that future. Nurse-midwifery education at Vanderbilt University School of Nursing and nurse-midwifery practice at Vanderbilt Medical Center would not be what they are today without the vision and direction of Dean Emerita Conway-Welch." bit.ly/2RhIcIV



Elisabeth Howard, CNM, PhD, FACNM sent *Quickening* the following special remembrance of **Colleen Conway-Welch**, which we are honored to share:

"I met Colleen in the spring of 1993 when the possibility of a midwifery education program at the Vanderbilt School of Nursing was realized through a training grant. Immediately, it was obvious to me that Colleen was powerful, connected yet so down to earth. Her poise and skill as a visionary leader were evident in the first 30 seconds of meeting her. Her vision for midwifery education was enhanced by her business acumen. She understood then that a successful education program needed a thriving faculty practice. In my interview with Colleen, she said, "I'm looking for someone with a sense of humor and someone that can teach middle Tennessee what a midwife does." In the wake of the midwifery restraint of trade settlement, the first faculty practice would be in rural Tennessee. Two years later, the connections Colleen established led to the first midwifery privileges and birth at Vanderbilt Medical Center in January of 1997. For Colleen, there were no obstacles, only possibilities. Her creativity and optimism to think beyond traditional boundaries served midwifery well. I will always be grateful for her courage, generosity, and vision."

Janice Shapiro, CNM, PhD, MFT of San Francisco, died peacefully at her home on August 30 after living with cancer for four years. A graduate of Temple University and Georgetown University, Janice worked as a certified nurse-midwife at San Francisco General Hospital and then earned a doctorate in psychology and created a successful psychotherapy practice. She loved dance and music and attended rhythm and dance classes regularly for 35 years. She was a devoted wife, mother, and friend and is remembered for her "humor, irrepressible curiosity, and unforgettable smile." "Janice was the most authentic and honest person I ever knew," said **Betty Farrell, CNM, MSN, MPH** recently. "She was ever-curious, and we both taught each other so much from our very different life experiences. Janice is indelibly in my heart."



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IT'S TIME TO SHINE!

ACNM award nominations & Fellowship applications are now open for 2019!

ACNM is now accepting nominations for the 2019 awards, including our most prestigious honors, the Hattie Hemschemeyer Award and the Kitty Ernst Award. Nominate a deserving midwife today!

ACNM Fellowships honor midwives for leadership within ACNM, clinical excellence, outstanding scholarship, and/or professional achievement. Apply today for a 2019 Fellowship

DEADLINES:

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FOR MORE INFORMATION:

www.midwife.org/Awards

www.midwife.org/ACNM-Fellowship



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Federal and military employees can now support The A.C.N.M. Foundation, Inc. with their donations to the Combined Federal Campaign (CFC). Simply choose the Foundation's CFC charity CODE #43413!

Krazy Karaoke Fundraiser Breaks Records with Help from Florida Affiliate!

Attendees at Midwifery Works 2018 in Ft. Lauderdale, Florida, were treated to an action-packed, fun-filled fundraiser on October 12, breaking all previous Midwifery Works fundraiser records. Florida's own Karaoke DJ Arlen Mathewz, "Man of 100 Voices," led a high-energy competition that was emceed by the Sonny and Cher of midwifery, **Michael McCann, CNM, MS, FACNM** and **Patricia Olenick, CNM, PhD, FACNM**. Ticket sales were augmented by a



Michael McCann



Patricia Olenick

Chicago-style "vote-buying" option leading to the award of several "krazy" prizes, including: Most Hilarious, Most Entertaining, Most Gong-Worthy, Best Solo, Best Group or Duo, and "Most Likely to Turn All 4 Chairs!" Special thanks go to the Florida ACNM Affiliate, which supported the event with a \$1000 sponsorship, and to midwife auctioneer extraordinaire, Florida's own **Jane Houston, CNM, DNP, MSN, FACNM**, who added more than \$3000 to our total revenue of close to \$15,000. Gratitude to all who made this annual event so successful!



The 2018 Thacher-MBN Fellows (from second to the left): Jodie Simms-MacLeod; Susan Hernandez; and Maryanne Scherer, with Foundation President Elaine Moore (far left).

New Thacher-MBN Fellows Announced at Midwifery Works

The Ft. Lauderdale fundraiser was also the setting for the presentation of certificates to three CNMs who received \$1000 Thacher-Midwifery Business Network (MBN) Fellowships to attend Midwifery Works. Awards are funded through the Frances T. Thacher Midwifery Leadership

Endowment, with matched support from the MBN. Fellows build leadership skills in business management and marketing midwifery practices while receiving invaluable mentorship from meeting attendees. In a thank-you note to benefactor **Frances Thacher, CNM, MS, FACNM, Maryanne Scherer, CNM, MSN, APNP** wrote: "I am so thankful for the opportunity to attend Midwifery Works this year as a Thacher Fellow. This has been the most beneficial and uplifting event I have attended in years. I feel inspired and empowered and cannot wait to apply what I have learned to grow as a leader in midwifery. My sincere thanks!"

Texas Affiliate Awards Three More Scholarships in 2018

The amazing fundraising efforts of the Texas Affiliate have made possible three more \$1000 scholarships with the aim of increasing the number of practicing CNMs/CMs in Texas. The 2018 Texas Midwifery Creation Scholarships, awarded to student midwives with Texas roots who intend to practice midwifery in Texas after graduation, go to: student nurse midwives **Carrie Culbertson, MSN, FNP-C** and **Erica Eggebrecht, MBA**, both of Texas Tech University Health Sciences Center, and **Megan Pena, BSN, RN-C**, of Frontier Nursing University. Their scholarships were given in honor of Texas midwifery legend, **Melanie Dossey, CNM, MSN**, founder of Nativiti Women's Health and Birth Center, a freestanding birth center in the Woodlands, Texas.



The 2018 Texas Midwifery Creation Scholarship winners (from left) Erica Eggebrecht, Megan Pena, and Carrie Culbertson with Foundation Board member Patricia Olenick.

Texas Affiliate midwives have created a fantastic prototype for other affiliates who might wish to establish a similar scholarship or award within the Foundation. Interested in knowing more? Contact Foundation Board member, **Patricia Olenick, CNM, PhD, FACNM** at ivan-patricia@sbcglobal.net.

Foundation Honors Founders and Builds Strength with Unrestricted \$10,000 Pledges!

The A.C.N.M. Foundation, Inc. was founded as ACNM's philanthropic arm in 1967 by five visionary officers, midwives **Kitty Ernst, CNM, MPH, FACNM**; **Vera Keane, Sr., CNM, MA, FACNM**; **Mary Stella Simpson, CNM, FACNM**; and **Ruth Lubic, CNM, EdD, FACNM**, along with "Bill" Lubic, bolstered by expert advice from "Marty" Ginsburg, late husband of Supreme Court Justice Ruth Bader Ginsburg. In 2017, as the Foundation's 50-year history was being celebrated, the board vowed to forever honor these founders by helping supporters recognize the Foundation's unlimited potential as a nonprofit charitable organization and as a supporting organization to ACNM. The board decided the best way to honor the founders was to guarantee future prosperity by securing a strong fiscal and administrative base through

an unrestricted giving program. It would be similar to the Mary Breckinridge Founder's Club established more than 20 years ago. In this way, ACNM's future prosperity could also be more certain. Hence, a board-directed Founder's Challenge Fund was established in 2017 to which unrestricted \$10,000/five-year pledge donations would be directed.

Message from the Founder of the Mary Breckinridge Club

"In 1995, my husband, Brian, and I made a challenge to Foundation donors for what would ultimately become the Mary Breckinridge Founder's Club. Forty-two individuals stepped forward to match our unrestricted donation pledge of \$5,000 over five years. That's almost \$8,500 in today's dollars! We are thrilled to see the original idea renewed and updated to keep pace with inflation, creating an important source of funding to help the Foundation thrive! Brian and I are honored to be among the first 15 to make a \$10,000 Founder's pledge."



Suzanne M. Smith, CNM, MS, MPH, FACNM

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—Suzanne M. Smith, CNM, MS, MPH, FACNM

Interested in joining the Founders Challenge by making a \$10,000/ five-year pledge? Contact Dr. Lisa Paine, Foundation CEO at fdn@acnm.org. She will review the many donation options available, including monthly contributions, and tell you more about this new opportunity.

Eligibility for most Foundation's Scholarships and Awards includes ACNM Membership! Yes, it's an important member benefit!

Upcoming 2019 Scholarship Application Deadlines

Applications for all scholarships may be accessed at www.midwife.org/Foundation-Scholarships-and-Awards

- January 15** Louis M Hellman Midwifery Partnership Award
- February 15** 20th Century Midwife Student Interview Project
- March 1** Basic Midwifery Student Scholarships, including Midwives of Color-Watson Scholarship
- March 1** Varney Participant Award
- March 15** Dorothea M. Lang Pioneer Award
- March 15** W. Newton Long Award

QUESTIONS ABOUT DONATIONS OR AWARDS?

Lisa L. Paine, CNM, DrPH, FACNM, CEO
The A.C.N.M. Foundation, Inc.

PO Box 380272 . Cambridge, MA 02238-0272
P: 240-485-1850 . F: 617-876-5822 . E: fdn@acnm.org

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

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

Reminder to Federal & Military Employees - You may now support The A.C.N.M. Foundation, Inc. with donations to the 2018 Combined Federal Campaign using CFC charity code #43413!

**Gifts to The A.C.N.M. Foundation, Inc.
July 1, 2018 to September 30, 2018**

**UNRESTRICTED GIFTS-INDIVIDUALS:
Founders Pledge (\$10,000 by 2022)**

- Mary Kaye Collins
- Laraine Guyette
- Barbara Hughes
- Timothy R.B. Johnson
- Holly Powell Kennedy
- Cara Krulewitch
- Ellen Martin
- Kate McHugh
- Teresa Marchese
- Michael McCann
- Denise McLaughlin
- Elaine Moore
- Lisa Paine
- Suzanne M & Brian L. Smith
- Susan Stone

**Mary Breckinridge Club (\$1K/yr)
\$1000**

- Denise Henning
- Marianna Holland, *In honor of Maria Eva Zubia*

\$500-\$999

- Group Health Nurse-Midwives, *In*

memory of Sharan Love, CNM

\$100-\$499

- Kathleen Bentley
- Rebecca Garrett-Brown
- Kathy Higgins
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- Carol Hayes

Fran Knoll, In memory of Sharan Love, CNM

- Kathryn McFadden
- Michelle McKenna, *In honor of Military-Navy Nurse Corps- Trish Farrell*
- Megan Munson
- Renee M. Quezada, *In honor of Military-Navy Nurse Corps*
- Diana Sanders
- Nell Tharpe

RESTRICTED GIFTS - INDIVIDUALS:

Dorothea M. Lang Midwifery Pioneer Fund
\$25,000-\$30,000
Estate of Dorothea M. Lang

Teresa Marsico Memorial Fund
\$100-\$499

- Carmela Caverio, *In memory of Dr. Kenneth Bell*
- Jennifer Foster, *In memory of Alexander Whitman*
- Joan Slager

\$1-99

- Kathryn Kravetz Carr

Marsico Research Fund

\$100-\$499
Lisa Hanson, *In honor of the Division of Research BOG*

Midwives of Color Scholarship Fund

\$1000-\$2500
Marianna Holland, *In honor of Maria Eva Zubia*

\$500-999

- Nora McDermott Lewis, *In memory of Nivia Nieves Fisch, CNM*

\$100-499

- Ann Mason, *In memory of Noreen C. Moran, CNM*

Midwifery Legacies Project Fund

- Royda Ballard

Frances T. Thacher Midwifery Leadership Endowment

\$1500

- Midwifery Business Network, *Match funding for 2018 Thacher-MBN Fellowships*

CTCNM Texas Midwifery Creation Scholarship

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\$1-99

- Samantha Pierce
- Andie Wyrick

Bonnie Westenberg Pedersen International Midwife Fund

\$500-\$999
Nora McDermott Lewis, *In memory of Alice Forman, CNM*

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Support for the work of ACNM's C-MAC Committee Visibility Project \$15,000
The Sparacio Foundation, Inc.

Newly Certified Midwives

**Congratulations to the following midwives for passing the AMCB Midwifery Certification Exam,
July 1, 2018 - September 30, 2018**

Samantha Jean Aabel CNM	Rachel Annette Clark CNM	Anna Marijo Gomez CNM	Sarah Beth Krajewski CNM	Ayesha Mujtaba CNM	Haley Smith CNM
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Batsheva L Bane CNM	Lauren E Cox CNM	Kimberly Nicole Guadalupe CNM	Kathryn Lee CNM	Jennifer Nelson CNM	Tenley Maris Spatz CNM
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Sarah Grout Bates CNM	Lindsey Elyse Crossman CNM	Ashley Harlan CNM	Jessica Levin CNM	Heather Lynne ONeal CNM	Kate Suire CNM
Rachel Baum CNM	Yachit Rachael Dandam CNM	Allison Harr CNM	Jacqueline Linder CNM	Jamie Lee Ott CNM	Shelby Nicole Szych CNM
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Karrian Andrea Benejan CNM	Rushea Amoy Dawes-Moore CNM	Annette Ranae Himes CNM	Brittany Meagan Lowery CNM	Kathryn Rose Peck CNM	Jessica Taylor CNM
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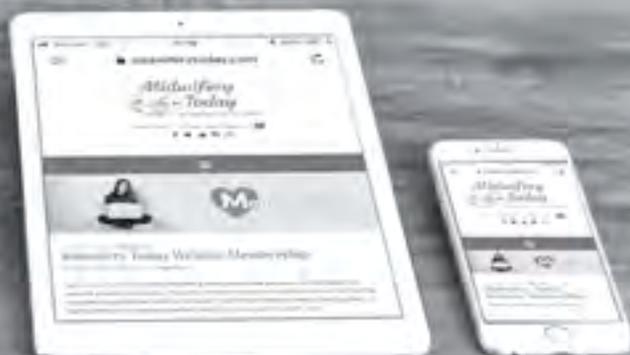
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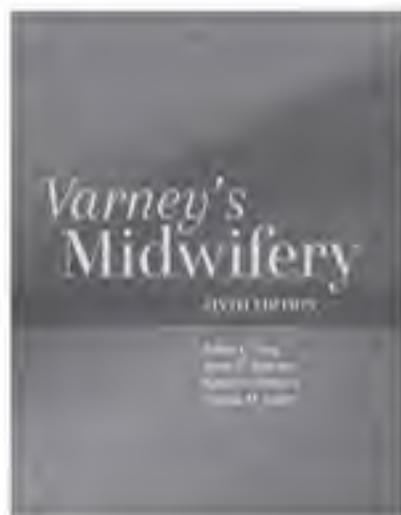


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