# 2009 ACNM Elections:
## Vote for the Future of ACNM

by **Suzan Ulrich**, CNM, Chair, Nominating Committee

ACNM and the Nominating Committee are pleased to present the candidates for the 2009 ACNM elections. If you have an e-mail address on file at ACNM, you will receive an e-mail from our elections provider in January with a link to our secure elections page. If you don't have an e-mail address on file at ACNM, you will receive a paper ballot in the mail as well as information on how to vote online. If you prefer a paper ballot, you may request one by calling the national office at (240) 485-1801.

Visit *www.midwife.org* January 12 – 23 for access to an online forum where you can ask the candidates questions and find additional candidate information. Voting will be open January 26 – February 20. We look forward to your participation, as your membership and your vote are vital to the strength of ACNM. Q

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**For the following statements, the candidates were asked to answer this question: *Identify two major threats to the midwifery profession, and describe how you would address these as a board member of ACNM.***

### Holly Powell Kennedy, CNM, PhD, FACNM, FAAN
**Candidate for President Elect**

I believe the profession of midwifery, and the women and families we serve, are facing two major threats/challenges—fear and ignorance. We work in a culture infused with fear, especially surrounding pregnancy and childbirth. The AMA and ACOG statements against homebirth reflect these beliefs. "*ACOG acknowledges a woman's right to make informed decisions regarding her delivery…[but] choosing to deliver a baby at home, however, is to place the process of giving birth over the goal of having a healthy baby*." This statement is rooted in fear rather than evidence, suggesting women are willing to place their babies in jeopardy—we know they will not. The ignorance lies in its discount of the importance of the process of birth, which creates lifelong memories that can enhance or detract from a woman's sense of self and mothering. This culture of pervasive fear and ignorance has led to a crisis of spiraling rates of childbirth technologies applied to most women, rather than to those who need them. Many maternity care professionals have never witnessed a birth fully powered by a woman, nor have they witnessed her triumph as "she" births her baby and claims her strength in the process. Most US women have never experienced a labor and birth skillfully supported by a midwife who meets their individual health and social needs. A third of all women in the US will have a surgical birth, yet we have the worst perinatal outcomes of the industrial world. Our greatest challenge is to counter fear and ignorance and reverse these trends through individual and collective clinical excellence, scientific evidence, activism, savvy media and political connections, and partnership with ALL stakeholders in health care. Of these, women are the most important to enlist in the work ahead. As a 2008 Fulbright Distinguished Scholar in England, I was struck by a health care system's trust in a woman's ability to make an informed decision that is right for her and her baby and their support of her choice(s), including place of birth. It is my goal to work with the ACNM board and members to systematically address the challenges we face and embrace change through strategic and proactive coalitions. By reversing fear and ignorance we have the potential to assure every woman's right to excellent health care and a safe birth which leaves her (and her infant) physically, emotionally, and psychologically healthy. Q

### Jan Kriebs, CNM, MSN, FACNM
**Candidate for President Elect**

Threats to midwifery come at many levels—from local working relationships that limit a midwife's ability to provide care, to national policy issues such as lack of pay equity. Many of the threats we face play out at more than one level. Two major themes are lack of recognition and lack of numbers. Although these can be illustrated at the local level of clinical practice, it is at the policy level that they have the greatest impact on midwifery.

Lack of recognition is a threat because we cannot survive if we are not visible. More than ever, we are in an environment where resources are being rationed. Until we are part of every discussion about financial policy, health care education, or local resources, we continue to risk being marginalized. We cannot afford to not be present. Nor can we afford to be seen as "value added"; we provide an essential service. This is not just marketing midwifery, although public awareness and understanding remains a concern. This is a continuation of efforts to be included in Medicare language for pay equity. It is re-education of local and national politicians and policy makers about the skills, knowledge, and effectiveness of midwifery care. It is pressing for equitable laws that reflect scope of practice and clinical autonomy.

Lack of numbers is a circular problem. If we don't have enough midwives, then we can't train more midwives, then there aren't midwives to fill new practice opportunities. Recruitment and retention are challenging when the cost of education is high, the work is demanding, and the practice environment—pay, liability, professional relationships—may not provide rewards that are equal to the effort.

The problems are interrelated, and occasionally give the appearance of a Gordian knot, with no end to catch hold of. ACNM's leadership devotes their energy and intelligence to working on solutions. If we are going to resolve these issues, however, we cannot rely on the work of a small number of formal leaders. The board identifies priorities and develops strategies, and relies on the activism of ACNM members to magnify their efforts.

I am committed to working with the board and the membership to achieve legislative and regulatory solutions at the policy level, and to promote practice environments that support midwifery values and care. Q

## Karen Burgin, CNM, MA

**Candidate for Secretary**

One of the most serious threats to our profession is the lack of consumer awareness of midwives' roles, philosophy, scope of practice, and unique contribution to women's health care. Birth is being increasingly portrayed in our society as a fearful, high-tech scenario; many women seek providers who will follow a high-tech script. Even consumers who select midwives as providers are all too often unaware of the benefits to mothers and babies of a low-tech birth, and expect midwives to employ some of the same unnecessary interventions that many physicians regularly use.

We can turn this around, as we did in the 1960s and 70s with the grassroots consumer advocacy that grew out of the women's movement. Visionary authors and consumer advocates clearly exposed the hazards of the way that births were being conducted. Consumer demands for a family-centered approach to birth and women's health care resulted in a facilitative climate in which midwifery grew and prospered. Rather than waiting for the pendulum to swing back of its own accord, we need to proactively push it along.

As an ACNM board member I would do everything possible to enhance recognition of midwifery's safe and satisfying outcomes by publicizing and sharing with consumers, legislators, and policy makers some of the significant new evidence-based studies proving the excellence of our care. In addition, we need to expand the use of Web sites to educate the public on the many benefits of midwifery care. An outreach to television shows popular with young women is also essential.

The second major threat is the shortage of midwives to meet clients' needs. Educational programs are reporting smaller applicant pools, and a few programs have recently closed. Many programs are finding increasing difficulty placing students in appropriate clinical sites, in addition to diminished funding and a shortage of qualified faculty.

As a board member I would collaborate with others to come up with strategies and solutions so that ACNM's goal of graduating 1000 new CNMs/CMs per year by 2015 can become a reality. Again, strengthening public relations is essential. Innovative educational structures need to be developed to appeal to a wider applicant pool, to include students from a wide variety of backgrounds, and to educate them in a variety of ways. One example of the many ways midwives could contribute to recruitment of candidates would be to teach undergraduate nursing students and mentor them in clinical settings. Q

## Kate Harrod, CNM, PhD, RN, APNP, FACNM

**Candidate for Secretary**

As candidate for secretary, I have identified two major threats to the midwifery profession as a lack of visibility and ongoing reimbursement issues. The face of health care has changed much since I entered the profession of midwifery. In fact, midwifery has changed as well. Since I became certified in 1988, thanks to all the midwifery education programs, the numbers of midwives have increased dramatically across the country. But we still need more midwives! I have often heard the saying "There should be a midwife for every mother." In fact, there should be a midwife for every woman, but there still are not enough.

Not only are there not enough midwives, but too many women do not know about us and/or do not have access to our care. Too often, the work we do as midwives is invisible. Many employers bill for us under a physician's name and title, not ours. This results in inflating the numbers of births for physicians and further makes the work we do invisible. Several reasons exist for billing like this. The first reason is continued problems with reimbursement. Until we are reimbursed fairly for the work we do, this will continue to be a problem. When we are reimbursed only at 65% of the physician fee schedule, the methods of billing will not change. As long as Medicare continues to reimburse us at this level, other insurance providers will also reimburse midwives at inappropriate levels.

Midwives have made great progress, but have much yet to do. If I am elected to the Board of Directors (BOD) I'll support the national office, BOD, members, and the A.C.N.M. Foundation, Inc., to continue and increase outreach to the public. Hiring the public relations firm was a great idea, and I would evaluate and support initiatives to promote midwifery to the public. To help with visibility, we need to have a seat at the table with decision-makers. We need to work to get midwives appointed to decision-making boards, from boards of midwifery or nursing to credentialing boards. We need to promote midwives as the experts of normal birth and women's health care. Too often, attorneys or physicians are influencing policy makers, not midwives. I will work to support midwives all over the country

through promoting who we are, what we can do, and education of new midwives who will be our future. I ask for your vote to be your next secretary. Q

## Cathy Collins-Fulea, CNM, MSN, FACNM

### Candidate for Region IV Representative

The two major issues that currently threaten the profession of midwifery are how we define ourselves and how we define our place in American health care. We are at a tipping point right now. In the next decade, we will have an insufficient number of any type of obstetric provider to be able to meet the needs of the population in this country. This is our time to step up and offer the solution. We need to establish a physiologic approach to birth as the standard for all women. We need to establish midwifery as the minimum standard for all women.

How do we do this? We need to produce sufficient numbers of well qualified midwives willing and able to practice in a variety of settings. We need to provide care to women where *they* want, when *they* want, and in the manner *they* want. We need to stop fighting among ourselves over what real midwifery is and listen to what women want. I see my role as a midwife as empowering women to achieve the birth experience they want. My role is to educate and facilitate. If she wants to be home, we should be there; if she wants to be in a hospital, we should be there; if she wants unmedicated birth, we should facilitate that; and if she wants an epidural, we should facilitate that. In my mind, the midwifery model of care is being with the woman and stewarding her through health care experiences so that her self-determined needs are met in a safe and satisfying way.

To define our place in this health care system, we need to be everywhere women look. Only when we are seen as mainstream will we be the first choice for women when they seek care. Be a visible force in the community; give a lecture at the local library; help at health fairs; publish an article in the newspaper; join women's groups. Then we need to join with others interested in women's health rather than isolate ourselves. Be a visible presence at grand rounds, volunteer for a hospital committee, teach the residents one of your secrets. Homebirth midwives need to also have a presence in the hospitals to build relationships and understanding that midwifery care is safe in all settings. Everywhere the physicians are, the midwives should be also. If there is no support for midwifery private practice in a community, consider starting with staffing a labor and delivery triage area. Once inside, we can change much more than if we stand outside looking in. We need to build bridges, not walls around ourselves. We also need to remove barriers to practice, such as mandatory nursing degrees, supervisory language in regulation and legislation, and liability insurance restrictions. Our challenge is to find the forward path that encompasses the needs of women, the needs of the health care system, and the philosophy of midwifery. Q

## Kathryn Osborne, CNM, MSN

### Candidate for Region IV Representative

The outlook for the future of CNMs and CMs should be bright. We offer high quality maternity care with documented evidence of cost effectiveness and excellent outcomes to a health care system in desperate need of reform. However, CNMs and CMs are faced with several barriers to the expansion of midwifery practice in the US. Foremost among those barriers are state practice acts that diminish the ability of CNMs/CMs to practice independently, including provisions that require "permission to practice" from physician groups. For example, licensure requirements in many states still require a written agreement with a physician as a condition of practice for CNMs and CMs. We have truly come a long way in the last decade with prescriptive authority granted in all 50 states, and with the removal of statutory requirements for physician supervision in most states. However, until CNMs and CMs are granted state licensure as the independent practitioners we are educated and nationally certified to be, our ability to practice will continue to be influenced, if not controlled, by physician groups.

Achieving fully independent practitioner status under state law is just the beginning. The lack of public awareness about CNM/CM practice and an insufficient number of CNMs/CMs to meet the demand for high quality maternity services represent additional key barriers that must be addressed. Fortunately, ACNM leadership has recognized the importance of overcoming these barriers and is taking steps to address them.

As chair of the Wisconsin Chapter's legislative committee, and more recently as chapter chair, I have gained invaluable experience participating in the legislative process. In 2002, the Wisconsin Chapter was successful in removing the statutory requirement for physician supervision, and we are currently working to update our practice act to remove the statutory requirement for a written agreement with a physician. As the Region IV representative, I hope to share lessons learned in the capitol with chapters in the region who are attempting to address similar legislative issues. Many state chapters have experienced legislative successes, and we must share the lessons learned along the way to move us toward independent practice in all 50 states. I would also like to work with ACNM leadership to develop a campaign to increase public awareness regarding CNMs and CMs, and to establish a plan to increase enrollment in all CNM/CM education programs. We have a great product and the evidence that supports the effectiveness of CNM/CM care. I look forward to the opportunity to work with chapters in Region IV to get that word out to policy makers and the general public. Q

## Linda Lonsdale, CNM, JD

**Candidate for Region V Representative**

Externally, midwifery is threatened by the continuing industrialization of health care. Health care, including midwifery, has its business aspects. Many educational offerings have rightly focused on helping midwives do better at business and present the good their practices do in a more business-like manner. But, cost-benefit ratios that take a very limited view of costs and benefits can lead to pressures to see the most patients in the least amount of time or to keep labor moving on an artificial timetable. Such pressure takes its toll on women, their families, and their midwives not only in terms of outcomes, but in terms of personal satisfaction with the experience.

Midwifery can and should use cost-benefit ratios, etc., to show its practical contributions to the business of health care in terms that business understands and values. But we need also to continue to provide the care that is midwifery and emphasize the personal rewards for consumers and providers involved in a midwifery model of care.

As a board member, I would support ACNM continuing to promulgate standards for midwifery, to create and to respond to position papers relating to women's health, midwifery, and the health care system. We should promote best practices for the health of women and for midwifery's contribution as tactfully as possible and as candidly as necessary.

Internally, midwifery is threatened by pressure to conform. We are not immune from a "circling the wagons" response to perceived competition for "our" piece of the pie, be it other career opportunities competing for our students, other professions competing for our clients/patients, other needs competing for our funding sources, or what have you. We need to remember to value our diversity, to remember that the difference between a "maverick" and a "pioneer" may just be time and perspective. We can continue to encourage midwives from a variety of backgrounds, via a variety of paths, who work for good health care for women and their families in a variety of venues.

As a board member, I would accept the privilege and the responsibility of learning about the deeds, concerns, questions, and opinions of the members in our very diverse region and present these fully to the rest of the board, including minority views. Then, with respect for the diversity within ACNM, I would work with the entire board on compromise and consensus to make the best decisions we can. Q

## Heather Swanson, CNM, APRN, FNP, IBCLC

**Candidate for Region V Representative**

There are several potential and apparent threats to midwifery here in the US. I believe two major ones are *not being at the table when women, maternal, and infant health are the topics of discussion and lack of unity among our profession*. With my first point, though cliché, I feel it is true, "If you aren't at the table you are on the menu." I feel ACNM has done well with being "at the table," with having liaisons to various organizations, and working on relationships with other women and maternal health groups and organizations. Such involvement and relationships need to continue and to be consistently fostered.

My second point has more written between the lines than the obvious that I feel more nurse-midwives and midwives need to be members of and involved with the College. To facilitate growth and respect for our profession, I feel unity is essential as well as consistent support of the ACNM position statements and goals. When our fellow midwives across the nation or down the road need support, and their efforts are consistent with those statements, I feel we should rise to the call, ask how we can help, and get involved. I know many of us have the desire but lack the time due to other valuable priorities or, perhaps, the professional freedom for a variety of reasons. With a balance of nurturing and boldness amongst us, our profession can thrive, impact health outcomes, and witness even more grateful women. We cannot be idle and accomplish such things though. We need to be united in our causes and involved to some measure. It may be as simple as supportive words or a patient ear or as detailed as taking on legislative change efforts. I feel board members need to exemplify that (as they do by taking the time to serve) and encourage that among the members of the College to the point where it is expected from us all. I for one cannot sit idle when the number of CNMs in my home state has seen minimal increase in years, when women I know and grew up with must drive hours to have a CNM care for her, or when perfectly healthy women are denied their preferred birth location. Q

# Candidates for the Nominating Committee

Voting members will have the opportunity to select two members for the Nominating Committee. The Nominating Committee helps shape the future of ACNM. The two candidates with the most votes will be elected for three year terms. Biographies of these candidates are available at *www.midwife.org*.

**Mavis Schorn, CNM • Margaret McGill, CNM, MN • Diana Jolles, CNM • Jennifer Hensley, CNM, EdD**