

ACNM 2004-2006 Strategic Priorities



by **Mary Ann Shah, CNM, MS, FACNM**
President

As I reported in my September/October 2003 President's Pen, the ACNM Board of Directors (BOD) began this year's strategic planning in conjunction with all of the Division Chairs who were assembled for their fall meetings. During a two-day joint session that was facilitated by a consultant, the following parameters were established: our priorities must be achievable, measurable, and limited to a three-year time-frame. The consultant's final report was shared with all participants as well as with all Committee Chairs for their input before the BOD reconvened to finalize the triennial priorities.

Categorized according to five approaches, the following strategic priorities have been established for January 1, 2004 – December 31, 2006:

1. **Policy:** Promotion of the hallmarks of midwifery as the standard for women's health care and pursuit of legislative, political, policy, and legal remedies that address barriers to practice.
 - A. Develop and disseminate information packets on credentialing CNMs/CMs for third party payers.
 - B. Develop and disseminate packets that describe models of successful midwifery practice.
 - C. Distribute to every Federally Qualified Community Health Center a packet designed to promote the provision of midwifery services to their clients.

Members are welcome to attend any open session of a Board of Directors meeting.

2004 Meetings:

Feb 27, 28, 29
Scottsdale, AZ

June 3, 4, 5
New Orleans, LA

Sept 19, 20, 21 (revised dates)
Calgary, Alberta

Dec 2, 3, 4, 5
Washington, DC

- D. Develop and implement a plan to assist rural hospitals to recruit and credential CNMs/CMs.
 - E. Conduct a survey of CNMs/CMs designed to identify anti-competitive behaviors and evaluate the need for intervention by the Department of Justice or other remedies.
 - F. Provide consultation at the chapter/state level designed to maximize reimbursement for CNM/CM services.
 - G. Provide a state-by-state analysis of the laws/regulations that need to be changed to improve the practice environment for CNMs/CMs and assist in the development of strategies to make these changes.
 - H. Pursue legislative remedies and avoid further erosion at the policy level of midwives' ability to receive adequate reimbursement and discharge pregnant women who are evaluated to rule out labor.
 - I. Pursue local, state, and national remedies that will reduce professional liability premiums.
2. **Research/Evidence-Based Practice:** Promote research activities that provide quantitative and qualitative evidence supporting midwifery practice.
 - A. Support the ongoing development of a strategy for collection of national data on CNMs/CMs.
 - B. Fund the benchmarking project within two years.
 - C. Employ a full-time data analyst.
 - D. Speak out on the need to assure that women are offered full informed consent on the known risks and benefits of cesarean section on demand.
 3. **Education:** Identify and address barriers to midwifery education.
 - A. Develop materials to assist in the recruitment of future midwives.
 - B. Develop a national databank of preceptors and their DOA required credentials.
 - C. Communicate with all relevant

- organizations and agencies the ACNM position regarding the value of degrees other than the MSN for nursing and midwifery educators.
- D. Support collaborative legislative efforts to increase financing for midwifery education.
- E. Facilitate and/or develop activities that promote business, leadership and advocacy skill development for midwives.

4. **Collaboration:** Strengthen coalitions around areas of common concern with physicians, other midwives, nurses, government agencies, non government agencies (NGOs) etc.
 - A. Create a program to facilitate interaction with CNMs/CMs, nationally and globally, who hold leadership positions within maternal-child health.
 - B. Launch a national campaign calling on physicians to work collaboratively with midwives and nurse practitioners.
 - C. Partner with state, local, national and international groups on initiatives to improve maternal and neonatal health including projects designed to reduce HIV transmission, especially to newborns and increase the number of women who breastfeed.
 - D. Expand the number of CNMs/CMs who provide professional consultation designed to decrease the incidence of maternal and infant mortality in countries with limited resources with particular focus on prevention of post partum hemorrhage, elimination of perinatal transmission of HIV/AIDS and utilization of Home Based Life Saving Skills.
5. **Visibility/Message:** Increase visibility and demand for midwifery services and expand the capacity for grassroots activities that support the practice of midwifery.

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We're moving!



by **Deanne Williams, CNM, MS, FACNM**
Executive Director

After almost 11 years at our current address and over 30 years in Washington, DC, ACNM will be moving the national office just across the border into Maryland. Located at the first red line metro stop outside the District, our new office brings an upgrade in space at a significant cost savings to the membership. Yes, leaving DC seems drastic to some, but our travel time to Capitol Hill will only increase by 15-20 minutes. Electronic communication has altered our abilities and needs, and many other professional organizations are already working outside the beltway. The Board of Directors approved an agreement that will save the organization almost a million dollars over the life of the lease and allow us to sublet unused space if we wish. The decision making process was arduous and anxiety provoking, but without a doubt this is a very good business decision. Occupancy rates and thus rents are high in the District and we got into this office just a few months before the base rent started to climb in Silver Spring. We are counting our blessings!

We look forward to hosting many of our members and professional colleagues in what will be an office that reflects the core values of the organization. Classy and comfortable. Wise and whimsical. Practical and provocative. Staff are very excited about the opportunity to spiff up our work environment, increase efficiency, organize a library and clean out our files.

By March 29, 2004 we will be in our new office at:

**8403 Colesville Road, Suite 1550
Silver Spring, Maryland 20910-6324**

Watch your mail and e-mail for more information.

New Member Services

We have also moved further into the electronic age with the introduction of online membership renewal, an expanded monthly version of Quick eNews, and a proposal to ask the members if they wish to adopt electronic voting for the ACNM elections. Based on your

strong usage of online orders, our publication fulfillment process has been outsourced which should result in speedier and more accurate service.

As always, we welcome your feedback. If you need more information or want to voice a complaint, please feel free to contact me at (202) 728-9866 or via e-mail. I look forward to working with you! **Q**

dwilliams@acnm.org

President's Pen

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- A. Launch www.MyMidwife.org to expand consumer support for CNMs/CMs.
- B. Publish *Every Baby* magazine every year and expand the number of copies distributed.
- C. Develop content and market the traveling exhibit - Wondrous Journey.
- D. Develop three Power Point presentations to market midwifery to consumers, third party payers, and professional colleagues.
- E. Double the number of members who utilize the ACNM table top exhibit in public relations activities.
- F. Develop age-appropriate educational material about midwifery.
- G. Issue at least 20 press releases per year that feature CNMs/CMs.
- H. Provide how to manuals, advertising templates and on site assistance to chapters and individual midwifery practices.

6. Organizational / Leadership

Development: Enhance communication and optimal functioning among and between ACNM's members, volunteer leaders and staff.

- A. Conduct a membership needs survey that focuses on lapsed members.
- B. Utilize consultant to explore options for enhancing governance structure.
- C. Identify and implement strategies to increase member participation.
- D. Double the number of members enrolled on regional e-midwife discussion lists.
- E. Develop and implement new strategies for increasing the number of student and new graduate members.
- F. Develop a series of activities designed to enhance leadership skills among members who currently hold leadership positions, potential leaders, and national office staff.

I hope it is clear to all of you that these priorities reflect the BOD's response to many of the concerns that are being communicated to us and to the national office on a daily basis. Please be assured that we have listened, we have heard, we share your angst, and we will take a proactive approach to seeking remedies to the barriers that you face in practice, education, and research. May 2004 mark the dawning of a pro-midwifery era! **Q**

mashah@acnm.org