



# Let's Get Started

by **Eunice K. M. Ernst, CNM, MPH, DSn(HON), FACNM, ACNM President**

It was another marvelous ACNM Annual Meeting and another year of tremendous volunteer work by the Board of Directors, the Divisions and Committees. It has been a challenge for me, in a short time, to wrap my arms around the amount of work that is being done by more than 400 volunteer members who contribute their time and talent and the nearly 30 staff that work closely with them to keep midwifery alive in America. From the work involved in getting those beautiful ACNM flags up in the great city of Chicago to a rousing keynote address by Dr. Joycelyn Elders, to Kathy Carr's presidential swan song report on the work accomplished by this great organization, to diverse opportunities for networking and learning, to the last dance at the closing party, the ACNM 52nd Annual Meeting was a huge success. Kudos to all who made it happen! There was much spirit and positive energy throughout the corridors and meeting rooms.

The pre-convention discussion of the proposed bylaws revision clearly energized our membership, and at the Annual Meeting we saw democracy in action. The result was that the voting members present at the business meeting approved an amendment to the current ACNM bylaws so that revisions to the bylaws can be voted on in the near future by the full membership by electronic and

postal mail. This is a great step forward for our organization. In the meantime, the proposed revision was returned to the Bylaws Committee for further deliberation by participants from all of the points of view expressed. Read more about the bylaws on page 17.

Now, back to work!

As part of the officer's election, for the first time ACNM included a candidate Question and Answer forum on our website. If you read that, you have a pretty good idea of what I would like to give priority to during my three years as ACNM President. In my first "President's Pen," I'd like to reassure you that my work to emphasize these priorities is already well underway.

**First and foremost, we must continue to pursue strategies such as those outlined in the ACNM 2005 Education Summit to expedite the expansion of enrollment in midwifery education programs.** If we are going to be part of the solution to health care reform, we must step up our output!

We need to continue to explore all pathways to affordable quality education. The potential of independent schools and affiliations with hospital, birth center and home birth networks is an option to be explored to solve the clinical teaching experience problems. As we continue to draw primarily from the nursing pool for students, we might want to explore with nursing organizations the possibility of offering a midwifery career track in their curriculum for which our senior citizen midwives could become faculty. This is not a time for those who can no longer practice to fade into the sunset!

Add to that the reality that the world grows smaller every day and the global need for midwifery services is enormous. We have one of the most comprehensive

midwifery education curricula in the world. I believe we must find ways to expand our offerings for international experience to enable graduates to become the ambassadors of this healing art to a world where women are dying in child birth in unconscionable numbers.

**The second priority is to collect and report data.** We can do little to move the profession into the position of being part of the solution to health care reform without evidence of who we are, what we do and how we can contribute to bringing quality, affordable care to all women in America. Mary Breckinridge built six district centers and a hospital in six years to demonstrate the midwifery model of care in the remotest region of the Kentucky mountains. But at the same time she collected data that provided the first report of how nurse-midwifery care could reduce maternal and infant mortality. This report and those that followed convinced her donors to continue support of the service and the school.

This type of data is critically important TODAY to ACNM's ability to advocate for you and for the families we serve. To move forward in a meaningful way, we must do all we can to get behind a single, comprehensive data collection tool. At the June ACNM Board of Directors meeting, the board charged the ACNM Division of Research (DOR, chaired by Amy Levi, CNM) to explore possibilities for collaboration with the MANA Division of Research and the American Association of Birth Centers on a web-based data collection system for midwives and normal birth. The board has asked the DOR to bring a work plan for this initiative to the September board meeting.

**In the recent ACNM Values Proposition Survey, you confirmed that you wanted the College to step up**

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

**2007 Meetings:**

September 27-30, Washington, DC area  
November 30-December 2,  
Teleconference

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## HBLSS Goes to Bangladesh

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Community Health Research Workers (CHRWs) to conduct meetings and family's time to attend meetings. Illustrations were also pretested and modified according to prior focus group discussions with families and traditional birth attendants. These discussions revealed problems with management of 3rd stage of labor. Recommendations also emerged regarding common community practices. One such recommendation reflected a common birthing position used in the community which was proudly named the "Matlab" position.

One goal of the program is to increase the percentage of facility deliveries from 50 percent to 70 percent. Through focus group discussions, barriers to families coming to facility were explored and found to be 1) poor staff interaction with families; 2) family members not encouraged to stay and support the mother; and 3) minimal options for laboring and birthing positions. In response, a number

of meetings were held with doctors, midwives, and nurses at Matlab Hospital to discuss and practice mother and baby friendly care skills.

Before trainers and CHRWs started the community meetings, test demonstrations and focus group discussions were conducted. The meeting on "Baby Has Trouble Breathing" was done with women and their support persons gaining valuable information about feasible meeting frequency, length and location. Community members responded to the test demonstrations with enthusiasm. It was decided that HBLSS meetings should be held at fixed site clinics rather than in the homes of women, and meetings should be held separately for men and women to maintain cultural norms. In addition, meetings would need to be worked around the harvest season in May and June when community members are busy in the fields.

A plan was developed for the continued support of trainers and CHRWs. Support of each trainer level is critical to maintain the quality of training and to

problem solve. The HBLSS team decided to conduct monthly meetings with CHRWs during which a meeting role-play will be practiced, program data will be reviewed, and problem-solving will occur.

Program evaluation will be completed through a variety of methods. To document if HBLSS steps were followed, complication audits will be done by the ICDDR,B evaluation and research team every two months. At the end of one year the same skill test used as the pre and post test will be repeated to evaluate information retention and the need for review. Through use of ICDDR,B's Health and Demographic Surveillance System, information will be collected monthly on HBLSS meetings attendance. Finally, Michelle Dynes will be returning in to conduct a process evaluation.

ICDDR,B and Matlab provide a unique opportunity to the HBLSS program. More data is needed to demonstrate to the international community the effectiveness of HBLSS in improving mother and baby outcomes. HBLSS and ICDDR,B will take us one step closer to reaching this goal. **Q** [dbeck@acnm.org](mailto:dbeck@acnm.org)

## President's Pen

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**work at the policy level.** I agree that we need to act now! I've had reports from Philadelphia of nurse-midwifery privileges being cancelled, obstetrical units closing, and maternity care providers retiring. This is a sure indication that the system of maternity care in this country is in a state of chaos. On June 12, busloads of consumers, midwives, and other health care providers marched on the state capital to attend a rally on this growing crisis. There are similar reports from other cities and rural areas. These are great examples of not only grassroots activity by midwives, but also great examples of midwives working together with consumers to rally for improved access to care.

The tipping point has arrived, my

friends, and you can play an important role in bringing on the solution. I challenge all ACNM members to get involved and involve your clients in advocating to remove the barriers to access to midwifery care. Looking down the road, we need 30,000 midwives tomorrow and we need to continue the efforts to work with our physician and nursing colleagues, their professional organizations and the institutions providing care to find ways overcome the barriers to do this.

In summary, I am asking all members to work with your board, staff, and formidable army of volunteers to help with the enormous work we have before us. Please recruit members wherever you find them. We need every CNM and CM to be a member of ACNM and support the work of this organization. We also need every midwife to become a spokesperson for making midwifery care

available to every woman in America. And we need to hear from you. Send those of us who are privileged to be elected to serve you your ideas on how we can serve you better. Feel free to email me directly at [kittyernst@comcast.net](mailto:kittyernst@comcast.net).

Remember this line, "Alone we can do so little, together we can do so much." - Helen Keller. **Q** [kittyernst@comcast.net](mailto:kittyernst@comcast.net)

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