



by **Eunice K. M. Ernst, CNM, MPH, DSc(Hon), FACNM, ACNM President**

The Winds of Change

I hope that all of you are feeling the winds of change—not just in the national campaigns that have glutted the airways, but with the work of moving your professional organization into a viable position to participate in changing the way care is delivered to women and childbearing families.

ACNM continues to form alliances on many fronts with our professional colleagues, consumers, and policymakers at local, state, and national levels. There are differences in approaches to change, to be sure, but the dialogues necessary to arrive at common goals and understanding are progressing.

Never before in our history has there been so much at stake. Never before in our history has there been so much attention to midwifery—in films, books, plays, and in legislative activity. Never before in our history has there been a greater need for *all* midwives to be members of the American College of Nurse-Midwives and to actively participate in the efforts to integrate the time and education intensive care that has been the hallmark of the profession into a workable system of care. Comprehensive care can only be provided by a seamless system of collaborating and cooperating providers—each with their special talents focused on the need of the individual woman and her infant and family.

I am excited and optimistic, in spite of the barriers still faced by the profession, that if we can become a truly unified force, we can realize a quantum leap forward toward improving the delivery of care. We can reduce low birth weight, prematurity, and the surgical birth that is turning too many women into obstetrical cripples. We can contain or lower costs and find a solution to the lottery of liability. We can move much closer to having the lowest infant mortality rate in the

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world. The place of birth will not continue to be an issue. The focus will shift to who is with the mother and whether they are educated, responsible, and accountable providers who can ensure care on a well-planned continuum to whatever level of assistance may be needed.

Unlike the Netherlands or Britain, the United States is a huge geographical area with diverse populations and needs that

are crying out for the development of systems of care that supersede professional turfs or vested proprietary interest. But as my father taught me, “Kitty, the possible I know you can do. The impossible takes a little longer, that’s all!” It all starts with the will to take on the challenge and the passion and drive to make it happen.

Trauma teams in this country offer proof that a seamless system of care is possible. Years ago I served on the Regional Medical Program for our local area. I remember a surgeon introducing the idea of a network of volunteer ambulance corps who could be first responders to accidents and emergencies. Years later, my neighbor, a volunteer fireman and EMT, pulled me out of my crushed car and lifted me into a volunteer fire department ambulance to transport me to the hospital. It was change of shift time in the ER, but I learned later that all nurses and physicians stayed on for over six hours to rescue me from what appeared to be certain death.

A year later, when I went in for one of my many orthopedic surgeries, the admitting nurse said, “You don’t remember me do you?” I replied, “No, I don’t. I’m sorry.” She said, “I was going off duty the afternoon you came in. We all worked our tails off for you.”

I know we can build the teams it will take to develop a better system for improving the care of mothers and babies if we learn to function like the trauma teams and have the will to do it.

So, let’s make our meeting in Boston a real “tea party” for setting goals to bring about change. I look forward to seeing you there. And remember again the words of Helen Keller, “Alone we can do so little. Together we can do so much.”

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