

State of the ACNM: Mission & Vision



by **Katherine Camacho Carr, CNM, PhD, FACNM**
President

The American College of Nurse-Midwives (ACNM) is called upon to do great things in 2005 and undoubtedly all of us will rise to the occasion. The Board has approved a balanced budget to continue to move forward on our mission and vision, as outlined in our strategic priorities. The staff is enthusiastic and able. As we begin our 50th anniversary celebrations, I want to remind you of our mission and discuss what I think is our collective vision for the future of midwifery and women's health care.

A mission describes the business we are in (midwifery), defines who the customers are (women, newborns, families and communities) and captures the very essence of the enterprise – our relationship with women and the promotion of their health and well-being through the support of the profession of midwifery. Our mission connects our actions today with our actions in the future, as detailed in the strategic priorities. Focus is a primary benefit of a mission statement. Our mission statement is focused, yet broad enough to allow for new directions that might be needed to ensure our success. The mission of the American College of Nurse-Midwives is to promote the health and well-being of women and newborns within their families and communities

through the development and support of the profession of midwifery as practiced by certified nurse-midwives and certified midwives.¹ The periodic review of ACNM's mission and strategic priorities helps us to assess accomplishments and gauge our progress. In December 2004 a joint meeting of the ACNM Board, Divisions and Committee chairs, as well as key staff, participated in such a review. We want to make sure that the ongoing work of the organization and all its parts (members, Board, staff, divisions and committees) are moving in a direction consistent with our mission and our vision.

A vision begins at some point in the future. A vision must be compelling and challenge us to grow. ACNM needs a vision of the future for the profession and for women's health care that we can all embrace. Our passion for our work and our dedication to our clients and this organization will be rekindled with such a vision. It must carry us through the good times and the difficult times that lie ahead as we prepare for the next 50 years! So, what is our collective vision for the future? What does the future look like for us as midwives and for women as recipients of our care? Please notice I said vision, not delusion. What really matters to us as midwives and as human beings? Who among us cares?

I would venture a guess that we all care about women, newborns, families, our local and global communities, or we wouldn't be doing this kind of work. We are each in our own midwifery way trying to improve the world, trying to improve the lives of other human beings, as well as our own. That matters. A vision can be figurative, rather than literal, so I will take a chance and try to describe my vision of the future for midwifery and women's health.

Our vision is nothing less than changing the paradigm of women's health care in this country. As you know, paradigms are frameworks for understanding and organizing the world to make it productive and useful. The present paradigm of healthcare in the United

States is broken. It is inadequate despite its ability to generate miracle cures, invent complex technologies and apply advanced biomedical knowledge to cure disease, while producing social prestige and economic benefit for the primary health care workers in the system. Yet today's model of American health care is failing to serve millions of people, is consuming more and more resources every year, is unevenly distributed, has varying standards of quality, and causes thousands of avoidable deaths every year. We as midwives do not want to continue to support the maintenance of this paradigm of health care, yet we must continue to participate in it and offer resources to it. However, we must avoid letting it drain all of our individual and collective energy. We must devote some of our energy to creating a new vision, a powerful and clear vision to inspire, motivate and unify us on our path forward. We want to be part of a health care system where midwifery is the standard of care for women, where basic health care is available to all, where quality is high, and unnecessary risk and expense are avoided. A sea of values lies within the hallmarks of midwifery and it would take a book to really delve into our collective vision properly, so let this short description suffice for now.

In order to promote this change, live our mission, and foster a new paradigm of women's health care, ACNM has become proactive in taking stands on controversial topics. We are putting out more press releases, position statements, letters to the editor, and consumer-oriented materials, including Web-based information, than ever before. These strategies focus on the risks and benefits of various health care options for women, based on scientific evidence. We are actively engaged in the legislative process, especially as it pertains to midwifery practice and public health. In addition, midwifery researchers and clinicians are continuing to document outcomes associated with midwifery care

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

2005 Meetings:

March 11, 12, 13 Seattle, WA

June 16, 17, 18 Washington, DC

September 9, 10, 11

Location TBD

December 1, 2, 3, 4 Location TBD

Get to Know the Uniformed Services Committee

by **Kathryn F. Tate**, Maj, USAF, NC
Chair, Uniformed Services Committee

At the 2004 ACNM Annual Meeting & Exhibit, a new committee was proposed, accepted by the board, and the Uniformed Services Committee was born. Like all new arrivals, the people involved wonder who they are going to look like and how the new personality is going to develop. This article is to try and help answer some of those questions.

The Uniformed Service Committee represents all members (active, retired and reserve) of the commissioned corps (Army, Navy, Air Force, and the Public Health Service) to the College. Members of the commissioned corps work for the federal government in a variety of capacities, from direct patient care to administrative duties. Commissioned corps members are employed worldwide and work in a variety of practice settings, from the Indian Health Service to theater (combat) hospitals on military duty. The mission of

the commissioned corps is to provide highly-trained and mobile health professionals, who carry out programs to promote the health of the nation, understand and prevent disease and injury, assure safe and effective drugs and medical devices, deliver health services to federal beneficiaries, and furnish health expertise in time of war or other national or international emergencies.

Unique challenges are faced by the commissioned corps not only because they work for the federal government but because of their distinctive mission. It is because of the exceptional experiences and challenges faced by these ACNM members that this committee was developed.

Join the military midwives listserv by registering at www.midwife.org/membership/emidwife.cfm. **Q**

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Updated ACNM Code of Ethics Approved

The Board of Directors gave final approval to the revised ACNM Code of Ethics at the December 2004 meeting. The new Code of Ethics is available at www.midwife.org/prof/display.cfm?id=136. Details about the revision process and significant changes will appear in a future issue of the *Journal of Midwifery & Women's Health*. The BOD is very pleased with the number of ACNM members who participated in the revision of this important document and wishes to recognize, with gratitude, Elizabeth S. Sharp, chair of the Ad Hoc Committee to Revise the Code of Ethics and members of the Committee: Terri Clark, Jeanne McDermott, Nancy Jo Reedy, Jo-Anna L. Rorie, Kathleen Martin, Katy Dawley, Margaret McGill, Elaine Mielcarski, Joyce E. Thompson, and Anne Scupholme. A new Resources & Bibliography on Ethics in Midwifery & Women's Health is available at www.midwife.org/prof/rb.cfm. **Q**

Expectations Met in New Great Expectations

by **Claire Westdahl**, CNM, MPH, FACNM

Great Expectations: Your All-In-One Resource for Pregnancy and Childbirth was released this fall by Barnes and Noble. This book fills an empty niche in the book market as a comprehensive one-stop reference for pregnant women and their partners. The book comforts and empowers women rather than frightens them. Authors Sandy A. Jones and Marci Jones, a mother and daughter team, collaborated to write a comprehensive volume that would be easy to read, accessible, honored women as intelligent and was based on evidence from the most up-to-date sources.

An extensive Pregnancy Dictionary features over 800 medical and pregnancy terms translated into easy-to-grasp language. A Resource Guide offers a huge array of Web addresses for additional information on pregnancy, childbirth and baby care. The book is "midwife friend-



ly," offering information about all sites of birth and accurate descriptions of the role of midwives and the benefits of midwifery care. Breastfeeding is assumed to be the norm while addressing the major barriers women face when making feeding choices.

Sandy A. Jones is a veteran parenting advisor and author of six books, including multiple editions of *The Guide to Baby Products* from Consumer Reports and *Comforting Your Crying Baby*. Marci Jones, mother of a three-year-old, Zoe, is a prize-winning newsletter editor and reporter with a master's degree in publication design from the University of Baltimore. The result of their collaboration is a warm supportive book that speaks to today's expectant mothers.

I was pleased to have the opportunity to work with the authors as a contributing editor. **Q**

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President's Pen

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and study normal processes. We are working on restructuring the organization to better serve the needs of the members. We continue to form alliances with those who share our conviction that midwifery care is humanistic care and that its hallmarks set the gold standard of care for the women of the world.

There are some dark clouds ahead. We must avoid backsliding with loss of members, a declining number of midwifery education programs and graduates, increased liability insurance, decreased autonomy in our practices or closed practices. In the coming months of 2005 we will celebrate, but we also must be acutely aware of the problems inherent in the old paradigm, rekindle our passion for what we do, live our mission and keep our vision alive. **Q**

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1. ACNM Executive Committee. Approved by the Board of Directors: 10/92 Last Revised: 12/03