



International Confederation of Midwives:

Deanne Williams, CNM, MS, FACNM, Executive Director and Katherine Camacho Carr, CNM, PhD, FACNM, President, represented the American College of Nurse-Midwives at the International Confederation of Midwives Council Meeting in Brisbane, Australia in July. 104 delegates from over 34 countries spent four days making decisions for ICM. The following is their report.

Since the late 1950s, ACNM has been a member of the International Confederation of Midwives (ICM). In fact, in 1972, ACNM hosted the Triennial Meeting of ICM in Washington, DC.

As a confederation of midwifery associations from around the world, ICM currently has 85 association members from over 75 countries. While in the past there could be several midwifery associations from a single country, currently new associations must come from countries where there are no current member associations. The ICM headquarters is located in The Hague, Netherlands and the organization leadership comes from an elected Board of Management (BOM) [Director, Deputy Director, and Treasurer] and a President (representing the host country for the Triennial meeting). The ICM Council is the policy-making authority and consists of two representatives from each member association in good standing. The Executive Committee currently consists of the BOM and nine regional representatives elected by member associations in that region. The Secretary General is based in The Hague and is responsible for staffing the office and meetings. Three regions (Africa, Americas, and Asia Pacific) elect two representatives to serve on the Executive Committee while one region (Europe) elects three repre-

sentatives. Every three years the Council meeting immediately precedes the Triennial Congress. Members of Council have a strong influence on the strategic direction and formal positions of ICM, although organizational realities dictate that a great deal of the responsibility rests with the BOM, the Executive Committee, and the Secretary General.



Her Excellency, Quentin Bryce, Governor of Queensland wears the ACNM Listen to Women button at the Opening Ceremony of the International Confederation of Midwives. More than 2,000 midwives attended the four-day congress in Brisbane, Australia in July.

For many years ACNM was the only association member from the Americas. Dorothea Lang, Peg Marshall and Joyce Thompson served at different times as the ICM Regional Representative from the Americas. We now enjoy the company of the Canadian Association of Midwives, MANA, Trinidad & Tobago Association of Midwives, the Colegio de Obstetricas de la Provincia de Buenos Aires (Argentina) and the Midwives Group of the Barbados Registered Nurses Association.

ICM 2005

Much of the time at Council was spent discussing a new ICM constitution and bylaws, the financial status of the organization, an updated international definition of a midwife, and the impact of two joint statements on the status of midwifery practice in some countries. Several position statements were updated and some new statements were adopted. These will be posted on the ICM website at www.internationalmidwives.org.

The new constitution was necessitated by the move to the Netherlands in 1999. Forced to comply with local laws, ICM experienced some challenges making this adjustment. The process has been more expensive than anticipated and we, along with other members, expressed our concern about a bylaws proposal for membership on the Executive Committee that, if implemented, would require a 12-year commitment from any individual/member association who might ultimately be elected to the ICM Board. The Council agreed to a transition plan over the next 3 years that will seek further member input into the bylaws and criteria for elected members. The financial viability of ICM is challenged by the fact that many organizations do not have the financial resources needed to pay dues or support their representatives to ICM activities. A recent Congress did not generate the predicted revenue and there has been no

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The ACNM Experience



Regional Representatives for the Americas Alicia Cillo (left) and Debbie Lewis, CNM.

increase in dues for many years. In a move designed to improve the financial stability, members voted to increase dues by 15 percent and to establish funding for travel to Board meetings for the regional representatives. The number of face-to-face meetings has decreased from three to four per year for the BOM to one with several teleconferences held throughout the year. The Executive Committee normally meets once during the Triennium, but with the new constitution will need to meet face-to-face annually. The European Region submitted a plan to decrease their representatives from five to three, and this was adopted. Attendees may see fewer frills at the Triennial Congress and more volunteer effort may be needed, but this seems like a small sacrifice in order to preserve the international organization.

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

2005 Meetings:

December 2, 3, 4 Washington, DC

Election results

The new Regional Representatives for the Americas are Debbie Lewis, CNM from the Trinidad and Tobago Association of Midwives and Alicia Cillo from the Colegio de Obstetricas de la Provincia de Buenos Aires. Judi Brown, from Australia was elected Director, Bridget Lynch from Canada is the new Deputy Director and Franka Cadee from Holland was re-elected as Treasurer.

Hot topics

The updated international definition of a midwife, which was supported by ACNM, appears on the right. Discussions regarding changing the definition began nine years ago, and much of the conversation centered on the content that referenced education, registration and licensure as key concepts. It is our impression, based on discussions and the number of votes cast, that a significant majority of members understand that in order to establish a profession we must have standards for education and must work with government officials for official recognition. In fact, this section of the definition was endorsed as written in 1972, having stood the test of time. Of course, a strong commitment to working with and learning from those who do not meet this definition was also supported.

Some members of Council were concerned about two documents that have been endorsed by ICM. The ICM-FIGO Joint Statement: Management of the Third Stage of Labour to Prevent Post-partum Haemorrhage, was criticized because

The International Definition of the Midwife

A midwife is a person who, having been regularly admitted to a midwifery educational programme, duly recognized in the country in which it is located, has successfully completed the prescribed course of studies in midwifery and has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery.

The midwife is recognized as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period, to conduct births on the midwife's own responsibility and to provide care for the newborn and the infant. This care includes preventative measures, the detection of complications in mother and child, the accessing of medical or other appropriate assistance and the carrying out of emergency measures.

The midwife has an important task in health counselling and education, not only for the woman, but also within the family and community. This work should involve antenatal education and preparation for parenthood and may extend to women's health, sexual or reproductive health and childcare.

A midwife may practice in any setting including the home, community, hospitals, clinics or health units.

*Adopted 19th July 2005
Supersedes The International Definition of the Midwife 1972 and its amendments in 1990.*

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Member-Get-A-Member

2005 ACNM MEMBERSHIP DRIVE

On The Heels of the Successful 2004 Member-Get-A-Member Campaign, the ACNM Board of Directors Once Again Asks That You Join Them in a Recruitment Campaign To:

- Strengthen Midwifery & ACNM
- Earn recognition for your recruitment efforts
- Earn the chance to win valuable prizes.

A Member-Get-a-Member campaign works just like it sounds. The ACNM Board of Directors is challenging each member of ACNM to recruit at least one new member by the end of 2005. Recruits can be non-member CNM/CMs or students in ACNM-accredited midwifery education programs. Even your non-CNM/CM friends and colleagues who want to support ACNM and learn more about midwifery care can join as Friends of the College. Please visit the ACNM web site at www.midwife.org/getamember/index.cfm for complete information and instructions.

Recognition

Each ACNM member who recruits at least one (1) member by December 31, 2005 will be recognized for her or his effort in *Quickening*. In addition, at the end of the campaign, recruiters will be further recognized with gift certificates redeemable in the ACNM online store at the following recruiter club levels.

- **Stage I Club:** 1-3 new members recruited, \$25 gift certificate for the ACNM online store, *Quickening* listing
- **Stage II Club:** 4-7 new members recruited, \$50 gift certificate for the ACNM online store, *Quickening* listing
- **Stage III Club:** 8+ new members recruited, \$100 gift certificate for the ACNM online store, *Quickening* listing

Grand Prize Drawing

There will be a drawing for valuable prizes at the end of the campaign. Recruiters will receive one drawing entry for each member that they recruit during the course of the campaign. More recruits equals more chances to win. Prizes will include a complimentary registration to the 2006 ACNM Annual Meeting, a free stay at a Marriott hotel, and other exciting prizes.

President's Pen

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some do not believe the evidence-based findings, others are seeing the document misused as a reference to require active management of the first and second stages of labor vs. "offered" in the third stage, and others believe the document should have done more to promote physiologic management. While the discussion revealed that there was not a common definition of physiologic management nor active management (a fact noted in the joint statement) and some were not familiar with recent evidence regarding the timing of cord clamping, the discussion revealed an excellent opportunity for ICM to generate some new documents to help assure this statement is not misused and to push for collection of new data. It was also a reminder that such joint statements are not static documents and will need to be updated as the evidence for action changes.

The 2004 ICM-FIGO-WHO joint statement *Making pregnancy safer: the critical role of the skilled birth attendant* also brought mixed reviews. Most people seemed to agree that it is very important for ICM to be at the table when documents such as this are developed. The fact that the definition of a skilled birth attendant references the core midwifery skills as defined by ICM is a significant accomplishment and should bring increased recognition of the role midwives play in improving the lives of women. There were anecdotal reports that the document is being misinterpreted in some countries where support for midwifery education and licensure may be decreasing. While the unfortunate fact is that many countries do not have enough midwives to meet the needs of women so we cannot expect midwives to be the only answer to the problem, there is concern that the word midwife will be inappropriately substituted with skilled birth attendant. A proposal to withdraw ICM endorsement was passed. But, because a motion to close debate was made before any debate had taken place, Council revisited that decision, rescinded it, had an informed debate and ended up

supporting ICM participation in development of such global joint statements. Council ultimately opted to be proactive with a new position statement promoting the midwife as the first choice of health care professional for childbearing women. We were very supportive of the final outcome.

ICM has selected the sites for ICM Congress in 2008 (Glasgow, UK) and 2011 (Durban, South Africa).

At the subsequent ICM Congress, a four-day series of meetings and education sessions, much like our Annual Meeting, over 20 midwives from the US gave presentations. Attendees enjoyed plenary presentations from midwives from around the world in addition to Her Excellency Quentin Bryce, Governor of Queensland, Joy Phumaphi, Assistant Director General for Family & Community Health, WHO, Geneva, and Sabaratnam Arulkumaran, former Executive Director and current Board member of FIGO.

ACNM Past President, Joyce Thompson, has been a member of the ICM Executive Committee for the past 15 years. Initially a Regional Representative for the Americas, Joyce was elected to two terms as Deputy Director and two terms as Director. During her tenure, ICM adopted several major documents (for example: International Code of Ethics for Midwives and the Essential Competencies for Basic Midwifery Practice) that, while difficult from a global perspective, help place the ICM in the position to work collaboratively with other professionals, public officials and non-government organizations on behalf of midwives and women around the world. We all know that the development of these types of documents is a process that forces us to face hard questions and to ultimately speak on behalf of what is good for the profession rather than individual midwives. Joyce would always note that it took a village to do this work, but at the close of the ICM Congress Kathy and Deanne were proud to help honor her for the wise and tireless leadership she provided to ICM. **Q**

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