MIDWIVES CARING FOR MIND, BODY & SOUL

65TH ANNUAL MEETING & EXHIBITION

MAY 30 – JUNE 1, 2020
VIRTUAL MEETING
THANK YOU TO OUR GENEROUS SPONSORS & PARTNERS!

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Midwifery Works 2020

OCTOBER 30 – NOVEMBER 2, 2020

Guesthouse at Graceland, Memphis, TN

SAVE THE DATE

Midwiferyworks.midwife.org
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Welcome to ACNM’s 65th Annual Meeting & Exhibition!

We are very excited that you have joined us. While we are saddened that we cannot meet in person this year, this provides a new and unique opportunity to congregate virtually. We have worked hard to develop a virtual platform that brings you a great Annual Meeting experience.

This year’s theme is, “Midwives Caring for Mind, Body and Soul,” which is ever more important while living and working during a pandemic. While this virtual meeting provides the usual education, networking, and collaboration opportunities, we are also providing time for wellness and self-care. This gives us the opportunity to recharge and rejuvenate.

It takes a village to organize our annual meetings. I would like to thank the ACNM Program Committee members for their dedication and meticulous attention to detail. In addition, I would like to thank the Local Committee, which is an exceptional group that has brought great ideas and speakers to our conference. Lastly, I would also like to thank the Ad Hoc members to the ACNM Program Committee, ACNM Staff, Stellato Meeting Solutions, and our sponsors and exhibitors.

I hope that over the next few days you will embrace this opportunity for virtual learning. Delve into all the recorded education sessions (you no longer need to pick one per time slot!), attend live events, venture into the virtual Exhibit Hall and Resource Center, and set up meetings with your fellow attendees to stay connected.

Thank you for joining us during our year, the Year of the Nurse and the Midwife! Have an enjoyable experience!

Sincerely,

Mandesa Smith, CNM, MSN, DNP
Chair, ACNM Program Committee
As Governor of Texas, I am pleased to welcome everyone participating in this year’s virtual meeting for the 65th annual gathering of the American College of Nurse-Midwives (ACNM), hosted by the Consortium of Texas Certified Nurse-Midwives (CTCNM).

Every day, across this great state, Texans receive invaluable care from our dedicated health care professionals. Whether in hospitals, schools, research institutions, the military, long-term care facilities, clinics, and even our homes, nurse-midwives go above and beyond to ensure the well-being of all they serve and showcase excellence in the medical profession.

As pioneers in the history of women’s health care, ACNM, CTCNM, and their members have provided research, administered continuing education programs, established clinical practice standards, and long-served women as primary care providers focusing on pregnancy and reproductive health. ACNM continues their work in women’s health care not just here at home, but worldwide with an emphasis on developing countries that are in desperate need of medical services.

As we have faced the unprecedented challenges of the novel coronavirus (COVID-19), our health care professionals have shown incredible skill and courage on the front lines of this global pandemic. Our nurses and midwives are playing a crucial role in treating patients and providing support to their families in this time of uncertainty and distress. As nurse-midwives bravely respond to COVID-19, their compassion and commitment demonstrate not only their vital role in our health care system but also the far-reaching impacts they have in the lives of their patients.

I commend you all for your dedication to caring for and improving the lives of countless Texans and Americans.

First Lady Cecilia Abbott joins me in sending best wishes.

Sincerely,

Greg Abbott
Governor
### Friday, May 29 (Pre-Conference Day)

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30 AM - 6:30 PM</td>
<td>Ultrasound Workshop** <em>(Live)</em></td>
</tr>
<tr>
<td>8:30 AM - 4:30 PM</td>
<td>Perinatal Mental Health Frontline • Provider Training** <em>(Live)</em></td>
</tr>
<tr>
<td>11:00 AM - 3:00 PM</td>
<td>ACNM Open Board of Directors Meeting</td>
</tr>
<tr>
<td>11:00 AM - 2:00 PM</td>
<td>JMWH Editorial Board Meeting*</td>
</tr>
<tr>
<td>3:30 PM - 4:30 PM</td>
<td>Future Midwives Gathering <em>(Live)</em></td>
</tr>
<tr>
<td>5:00 PM - 8:00 PM</td>
<td>National Volunteer Leaders Meeting: Strategic Planning Session*</td>
</tr>
</tbody>
</table>

### Saturday, May 30

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 AM</td>
<td>On Demand Library Open: Education Sessions, General Posters, and Research Posters Open for Browsing: Exhibit Hall, Local Committee Room, ACNM Foundation Room, ACNM Store and Resource Center</td>
</tr>
<tr>
<td>10:00 AM - 11:30 AM</td>
<td>Welcome: Opening Keynote Address and Fellowship Induction <em>(Live)</em></td>
</tr>
<tr>
<td>11:30 AM - 1:30 PM</td>
<td>Live Q&amp;A: Education Session Speakers</td>
</tr>
<tr>
<td>11:30 AM - 1:30 PM</td>
<td>ACNM Resource Center and Store Chat Open</td>
</tr>
<tr>
<td>11:30 AM - 1:30 PM</td>
<td>Interactive Exhibit Hall Open</td>
</tr>
<tr>
<td>11:30 AM - 12:30 PM</td>
<td>Live Q&amp;A: Myriad Symposium</td>
</tr>
<tr>
<td>12:30 PM - 1:30 PM</td>
<td>Heart of Midwifery <em>(Live)</em></td>
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<tr>
<td>1:30 PM - 3:30 PM</td>
<td>Opening Business Meeting <em>(Live)</em></td>
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<tr>
<td>3:30 PM - 4:30 PM</td>
<td>Designated Self-Care Break</td>
</tr>
<tr>
<td>4:30 PM - 5:30 PM</td>
<td>Midwives of Color Presentation &amp; Auction**</td>
</tr>
<tr>
<td>7:00 PM - 8:00 PM</td>
<td>Sister Circle (open to anyone who identifies as a student/midwife of color)</td>
</tr>
<tr>
<td>8:15 PM - 9:15 PM</td>
<td>Future Midwives Happy Hour <em>(Live)</em></td>
</tr>
</tbody>
</table>
### SCHEDULE AT A GLANCE

#### Sunday, May 31

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 AM</td>
<td>On Demand Library Open: Education Sessions, General Posters, and Research Posters Open for Browsing: Exhibit Hall, Local Committee Room, ACNM Foundation Room, ACNM Store and Resource Center</td>
</tr>
<tr>
<td>9:55 AM – 10:00 AM</td>
<td>Wellness Video and ACNM “Commercials”</td>
</tr>
<tr>
<td>10:00 AM – 11:00 AM</td>
<td>Plenary Session <em>(Live)</em></td>
</tr>
<tr>
<td>11:00 AM – 1:00 PM</td>
<td>Live Q&amp;A: Education Session Speakers</td>
</tr>
<tr>
<td>11:00 AM – 1:00 PM</td>
<td>ACNM Resource Center and Store Chat Open</td>
</tr>
<tr>
<td>11:00 AM – 1:00 PM</td>
<td>Interactive Exhibit Hall Open</td>
</tr>
<tr>
<td>12:00 PM – 1:00 PM</td>
<td>Heart of Midwifery Student Welcome Circle <em>(Live)</em></td>
</tr>
<tr>
<td>1:00 PM – 1:30 PM</td>
<td>Designated Self-Care Break</td>
</tr>
<tr>
<td>1:30 PM – 3:30 PM</td>
<td>Closing Business Meeting <em>(Live)</em></td>
</tr>
<tr>
<td>4:00 PM – 5:00 PM</td>
<td>Regional Meetings</td>
</tr>
<tr>
<td>5:00 PM – 6:00 PM</td>
<td>Midwives-PAC Rally**(Live)**</td>
</tr>
<tr>
<td>6:30 PM – 8:00 PM</td>
<td>Midwifery Awards Celebration <em>(Live, sponsored by AMAG Pharmaceuticals)</em></td>
</tr>
<tr>
<td>8:00 PM – 12:00 AM</td>
<td>Year of the Nurse and the Midwife Virtual Party with DJ <em>(Live, featuring DJ Neekola)</em></td>
</tr>
</tbody>
</table>

#### Monday, June 1

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 AM</td>
<td>On Demand Library Open: Education Sessions, General Posters, and Research Posters Open for Browsing: Exhibit Hall, Local Committee Room, ACNM Foundation Room, ACNM Store and Resource Center</td>
</tr>
<tr>
<td>10:00 AM – 11:00 AM</td>
<td>Premier Dondero Lecture <em>(Live)</em></td>
</tr>
<tr>
<td>11:00 AM – 12:00 PM</td>
<td>Medicines360 Fireside Chat/Product Theater</td>
</tr>
<tr>
<td>11:00 AM – 12:00 PM</td>
<td>Affiliate Leader Workshop</td>
</tr>
<tr>
<td>11:00 AM – 1:00 PM</td>
<td>Live Q&amp;A: Round Tables &amp; Education Session Speakers</td>
</tr>
<tr>
<td>11:00 AM – 1:00 PM</td>
<td>ACNM Resource Center and Store Chat Open</td>
</tr>
<tr>
<td>11:00 AM – 1:00 PM</td>
<td>Interactive Exhibit Hall Open</td>
</tr>
<tr>
<td>12:00 PM – 1:00 PM</td>
<td>Midwifery Business Network Presentation &amp; Raffle**</td>
</tr>
<tr>
<td>1:00 PM – 2:15 PM</td>
<td>Closing Plenary Speaker with Grand Prize Drawing <em>(Live)</em></td>
</tr>
</tbody>
</table>

Ancillary events taking place after the conclusion of the Annual Meeting can be found [here](#).

**Ticketed Event *Invitation Only**
Principles and Expectations for Annual Meeting Participants

The American College of Nurse-Midwives (ACNM) acknowledges the freedom of expression of speakers, participants, sponsors, and exhibitors at the 65th ACNM Annual Meeting & Exhibition. Therefore, we offer the following general Code of Conduct with the expectation that all Annual Meeting participants will treat each other with respect and dignity.

ACNM Code of Conduct

In all proceedings, ACNM strives to maintain professional environments and interactions in which people are treated with dignity, decency, and respect. Such environments are characterized by mutual trust and the absence of intimidation, oppression, and exploitation. ACNM strictly prohibits any behavior that leads to the harm of any individual. ACNM will not tolerate unlawful discrimination, harassment of any kind, physical or emotional violence, negative biases, racial stereotypes, or any behaviors that disrupt the meeting or prevent constructive and meaningful participation for all conference attendees. Breaches of these policies by any party including staff, volunteers, speakers, guests, members, contractors, and military, government, and industry representatives would be cause for disciplinary action. This action may include removal from the meeting or cancellation of contract at the discretion of the CEO. Any meeting participant who witnesses or experiences any action or behavior in violation of these principles is encouraged to report the violation to the ACNM BIRTH Team (see below).

ACNM’s full anti-harassment and anti-discrimination statement can be found here. The ACNM position statement on racism and racial bias can be found here, and the ACNM position statement on bullying can be found here.

ACNM BIAS Incident Response Team

To help ensure that ACNM's meetings are free from bias and harassment, members have formed a Bias Incident Response Transparency and Healing Team (BIRTH Team). Attendees who experience or witness bias in any form at the ACNM Annual Meeting & Exhibition are encouraged to report the incident to the BIRTH Team. The report will be confidential and the attendee may remain anonymous. The team will offer support, resources, and coordination of individual and community healing, as well as education, outreach, and recommendations for organizational changes. The team may be reached at BIRTHTeam.ACNM@gmail.com or 240.485.1836.

Reproduction of Materials

ACNM reserves any and all rights to materials presented at the Annual Meeting & Exhibition, including posters and scientific exhibits. Reproduction of any kind, by any person or entity, without prior written permission from ACNM, is strictly prohibited. Prohibited reproductions include but are not limited to audio recordings, video recording, and still photographs. Persons who violate this policy will be removed from the meeting.

Research and Surveys

Data collection activities that have not been approved in advance by the ACNM Division of Research are not permitted, and no unapproved surveys, handouts, or literature may be distributed at the meeting. The policy can be found at www.midwife.org/acnm-research-guidelines.

For all attendee policies, please visit http://annualmeeting.midwife.org/attendee-policies/

Navigating the Virtual Meeting Platform

Our virtual meeting is hosted through Hubb, with live events on Zoom. For FAQs about navigating the Hubb platform, visit their Attendee Help page. You can also reach out to Hubb representatives for technical help at any time during the meeting via the Help and Contact Support buttons in the top right. For questions specific to ACNM, contact us at events@acnm.org or membership@acnm.org.
CLAIMING YOUR CONTINUING EDUCATION CREDITS

Claiming Your Continuing Education Credits (CEUs)

ACNM is committed to becoming a diverse and inclusive association that reflects the communities we serve. Attendees must complete a session evaluation for EACH session attended in order to receive credits from ACNM. Attendees can access the evaluations by clicking the Evaluations button in the Virtual Lobby.

All evaluations must be complete by June 30, 2020 to receive credit. A link will be sent to all attendees by July 15, 2020, where attendees can log in with their email and print their certificates for the meeting. ACNM is offering 52 CEUs and 2.5 RxCEUs/Pharm hours in the virtual Annual Meeting.

ACNM CE units are accepted by the American Midwifery Certification Board Certification Maintenance Program and the National Certification Corporation for obstetric, gynecologic, and neonatal nursing. Other professional groups may recognize ACNM CE units as well; non-CNMs/CMs should check with their certifying and licensing agencies.

<table>
<thead>
<tr>
<th>EDUCATION TRACKS</th>
<th>SESSION TYPES</th>
<th>RESEARCH PRESENTATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical</td>
<td>Education Session</td>
<td>Division of Research Forum</td>
</tr>
<tr>
<td>Education</td>
<td>Panel Discussion</td>
<td>Division of Global Engagement</td>
</tr>
<tr>
<td>Global Midwifery</td>
<td>Poster Presentation</td>
<td>Research Forum</td>
</tr>
<tr>
<td>Leadership</td>
<td>Round Table</td>
<td>Division of Research Symposium</td>
</tr>
<tr>
<td>Midwifery Matters – Business</td>
<td>Workshop</td>
<td>Research Poster</td>
</tr>
<tr>
<td>Midwifery Matters – Public Perception</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Racism and Health Disparities</td>
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</tr>
</tbody>
</table>
FEATURED SPEAKERS

OPENING KEYNOTE SPEAKER

Saturday, May 30, 10:00 – 11:30 AM ET

CHARLES JOHNSON

And Then She Was Gone… Charles Johnson has suffered an unimaginable tragedy that strikes too many families – and has made it his life's mission to save others from the same fate.

In April 2016 Charles' healthy and full-of-life wife, Kira, gave birth to their second beautiful child. But Kira immediately began struggling in ways that the hospital staff could not explain, even as Charles watched and implored the staff that something was horribly wrong. Kira died within hours.

Charles was understandably overcome by grief – grief that turned into outrage. He channeled his pain and his passion into founding a nonprofit, 4Kira4Moms, that is dedicated to changing systems to better prevent birth-related deaths. 4Kira4Moms advocates for improved maternal health policies and regulations; educates the public about the impact of maternal mortality in communities; provides peer support to victims' family and friends; and promotes discussion of maternal mortality as a human rights issue.

Charles has shared his story and advocated for change through countless live events and media appearances all over the country, including at the March for Moms rally in Washington, D.C., last year. Last September he testified before the U.S. House Energy and Commerce Subcommittee on Health about the need to pass the Preventing Maternal Deaths Act of 2017 – which, as you know, was indeed passed by Congress and signed into law. When he is not advocating to improve maternal health practices, Charles is busy raising his two sons, Charles V and Langston.

Sponsored by Myriad
FEATURED SPEAKERS

PLENARY SPEAKERS

Sunday, May 31, 10:00 – 11:00 AM ET

ANGELA L. CARR

Angela Carr is an experienced trial attorney and civil litigator, focusing her practice on professional liability defense, general liability, and health care law. She regularly provides risk consulting for hospitals and practice groups.

Angela has achieved a number of jury trial verdicts in favor of medical professionals and presented numerous seminars to Rhode Island and Massachusetts health care providers on best practices for transmitting and storing electronic medical records in accordance with HIPAA regulations. She has also been a panelist and lecturer at employment law seminars involving issues of Massachusetts, Rhode Island and federal law.


AIYANA DAVISON

Aiyana Davison is a Certified Nurse-Midwife and Women’s Health Nurse Practitioner-BC who currently practices in Southern California. Originally from Massachusetts, she has made California her home for the past 14 years. Her educational background consists of a Bachelor’s of Science in Biology and Nursing, as well as a Master of Science of Nursing with a concentration in Women’s Health.

She serves a diverse population but her passion rests in caring for teens and people of color (people) face in this country, provide safe, quality care for all individuals and families, and to preserve the legacy of black midwives and birth work.

Outside of midwifery, Aiyana enjoys writing and performing poetry, reading, and travel. She has a platform on Instagram (@thevaginachronicles) and website (thevaginachronicles.org) that serves to educate, engage, and create safe space for those interested in birth work, empowerment, and overall obstetric and gynecologic health.

Sponsored by Medicines360
PREMIER DONERO LECTURE SPEAKER

Monday, June 1, 10:00 – 11:00 AM ET

JULIA SENG

Julia Seng, PhD, CNM, FAAN is a professor of Nursing, Obstetrics, and Women's Studies and a researcher at the Institute for Research on Women and Gender at the University of Michigan. Her program of research focuses on how childhood maltreatment trauma and its mental health sequelae affect childbearing and women's health across the lifespan. She has used large dataset, qualitative, and clinical research approaches to understand effects of complex posttraumatic stress on physical, perinatal, mental health and bonding outcomes of first-time mothers.

Currently she is conducting hybrid implementation and effectiveness research on a frontline intervention for women who are pregnant and coping with maltreatment-related PTSD. Attend Seng’s Premier Donerdo Lecture: Maltreatment Trauma, PTSD, and Childbearing: Mobilizing a Trauma-Informed Continuum of Care.

CLOSING PLENARY SPEAKER

Monday, June 1, 1:00 – 2:15 PM ET

RENEE PETERSON TRUDEAU

Finding Balance in a 24/7 World: The Art & Science of Self-Renewal... Work-life harmony doesn't come from a new app or a better time management system—it comes from the inside-out. Learn how engaging the power of self-renewal, building a support network and managing your energy can increase your ability to be more creative, resilient and enjoy all areas of your life. Passionate about supporting people at all life stages in experiencing greater well-being in everyday life, Trudeau—a community activist, parent, wife and business owner—lives what she teaches. Trudeau will share simple, powerful strategies and science-based tools for feeling more focused, connected and calm no matter how full your life is. Join us for an engaging, interactive experience and prepare to walk away with a fresh perspective and renewed clarity about your career and life.

Renée Peterson Trudeau is an internationally-recognized transformational coach, speaker and author. Her clients include corporations, national conferences and nonprofit organizations. Trudeau has been facilitating transformational events for more than 25 years and she’s on faculty at the prestigious Kripalu Center for Yoga & Health, 1440 Multiversity and Omega Institute. A sought-after life balance expert, Trudeau’s work has been featured in the New York Times, US News and World Report, Good Housekeeping, AARP and more. She is the author of three best-selling books on life-balance including The Mother's Guide to Self-Renewal. She and her team have certified hundreds of women leaders in more than 10 countries around the world to lead self-renewal groups based on her award-winning self-care curriculum. She lives with her husband and teenage son in Austin, TX.
The ACNM business meetings provide an excellent opportunity to see how ACNM works, learn about current issues affecting midwifery, and help shape the future initiatives and priorities of your professional organization. Business meetings are open to all members, although voting privileges are not extended to associate members or students. All members are permitted to share their opinions in accordance with the business meeting procedures. Your opinions are highly valued.

THE 2020 BUSINESS MEETINGS WILL TAKE PLACE ON SATURDAY, MAY 30, 1:30 PM – 3:30 PM AND SUNDAY, MAY 31, 1:30 PM – 3:30 PM.

Business Meeting Rule and Guidance

I Registration: All members and guests must be registered for the Annual Meeting before attending business meeting sessions.

II Online Discussion: When the motion becomes open for debate, a member shall access the virtual meeting Q&A room to post the motion #, their name, state and position on the motion (Pro or Con). During debate there shall be four voting members who post in favor of a motion and four voting members who post in opposition to the motion before the previous question is moved. A timekeeper shall signal when allotted number of pro and cons for the assigned motion number has been posted. After the pros and cons are posted and read aloud by the President, debate will be closed, then a vote is taken on the motion by use of the online voting poll.

III Motions: Motions proposing new business shall be assigned a motion #, presented in the proper format and in the order in which they have been filed with the national office and the parliamentarian. Should a proponent of a motion not be available when the motion is presented, the motion will be placed last.

IV Authority: Robert’s Rules of Order Newly Revised govern the proceedings of the business meetings in all cases not covered by ACNM bylaws or these procedures.

V Recording: Audio or video recording of business meetings is not permitted unless authorized by the President.

VI Can discussion take place without a motion? The general rule is that a motion must be made for online business meeting discussion to take place on an issue unless it is permitted by the President. This rule helps to keep the meeting on track.

VII Is a set percentage of attendees required at the Business Meetings for votes to take place? According to the ACNM Bylaws (Article IV. Membership, Section D, Quorum Requirements): “One-third of the voting membership registered at the Annual Meeting shall constitute a quorum at the Membership Business Meeting for the purpose of voting on all motions, questions, resolutions, and other actions, so long as the meeting has been properly announced and motions have been submitted in a manner consistent with these Bylaws and applicable law. “In other words, one-third of the number of voting members of the College registered at the Annual Meeting on each day of the Membership Business Meetings is a quorum. Attendees who may have registered for days other than the days that the Membership Business Meetings fall on are not counted. Only members who have registered for the full meeting, or daily conference attendees who are registered on the days of the Membership Business Meetings, are included in the total voting members count. For example, if 2000 registered conference attendees that will attend the entire annual meeting – 1350 voting members, 500 students (who are not voting members), and 150 other non-voting attendees, what’s needed to form a quorum is 450 voting members (1/3 of 1350) in attendance.

To learn more about ACNM Business Meetings and how to submit a motion, visit http://annualmeeting.midwife.org/business-motions/business-meeting-motions-faqs/.

FREE Online Continuing Education (CE) Activity

Nurse-Midwives: You make a difference every day...

Some of your youngest patients, babies younger than 1 year of age, are at risk for Sudden Infant Death other sleep-related causes of infant death. Syndrome (SIDS) and other sleep-related causes of infant death. But you can help reduce that risk.

Take our free CE activity to learn how to teach parents and caregivers about keeping their babies safe and healthy, so they can grow up to make a difference — just like you.

Take the free CE activity: http://bit.ly/NursesCE

Approved for 1.5 contact hours by the Maryland Nurses Association, an accredited approver of the American Nurses Credentialing Center’s Commission on Accreditation 2020.
**Recurring Events**

<table>
<thead>
<tr>
<th>Date &amp; Time</th>
<th>Event</th>
</tr>
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<tbody>
<tr>
<td><strong>Saturday, May 30, 11:30 AM – 1:30 PM;</strong></td>
<td><strong>INTERACTIVE EXHIBIT HALL OPEN</strong></td>
</tr>
<tr>
<td><strong>Sunday, May 31 &amp; Monday, June 1, 11:00 AM – 1:00 PM</strong></td>
<td>Visit the virtual Exhibit Hall to learn more about the top products and services in women’s health and maternity care. We encourage you to make the most of your time by meeting the participating organizations and companies that support ACNM’s meeting. Visit with 5 exhibitors each day for the chance to win an Amazon gift card, iPad, or the grand prize, a handheld Digital Doppler, sponsored by Huntleigh!</td>
</tr>
<tr>
<td><strong>Saturday, May 30, 11:30 AM – 1:30 PM;</strong></td>
<td><strong>ACNM RESOURCE CENTER AND STORE CHAT OPEN</strong></td>
</tr>
<tr>
<td><strong>Sunday, May 31 &amp; Monday, June 1, 11:00 AM – 1:00 PM</strong></td>
<td>ACNM staff members will be available to answer any questions you may have about membership and products in the ACNM Store. visits to the ACNM Store count towards the five required to enter to win prizes.</td>
</tr>
<tr>
<td><strong>Saturday, May 30, 11:30 AM – 1:30 PM;</strong></td>
<td><strong>LIVE Q&amp;A: EDUCATION SESSION SPEAKERS</strong></td>
</tr>
<tr>
<td><strong>Sunday, May 31 &amp; Monday, June 1, 11:00 AM – 1:00 PM</strong></td>
<td>Select session speakers will be available during these times to answer questions and facilitate discussion about their presentations.</td>
</tr>
<tr>
<td><strong>Saturday, May 30, 3:30 PM – 4:30 PM;</strong></td>
<td><strong>DESIGNATED SELF-CARE BREAKS</strong></td>
</tr>
<tr>
<td><strong>Sunday, May 31, 1:00 PM – 1:30 PM</strong></td>
<td>Take these times for yourself – stretch, go for a walk, have a snack, recharge for the rest of the day’s events!</td>
</tr>
<tr>
<td><strong>Ongoing</strong></td>
<td><strong>POSTER SESSIONS</strong></td>
</tr>
<tr>
<td></td>
<td>Posters offer the opportunity for individual presenters to present data and have substantive discussions with interested colleagues. Attendees can circulate among the posters, and ask questions of presenters during the live Q&amp;A hours.</td>
</tr>
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**Live Events**

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<thead>
<tr>
<th>Date &amp; Time</th>
<th>Event</th>
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<tr>
<td><strong>Friday, May 29, 3:30 PM - 4:30 PM</strong></td>
<td><strong>FUTURE MIDWIVES GATHERING</strong></td>
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<td>This event brings students together with ACNM board members, staff, and other volunteer leaders to learn about roles within ACNM, current projects, and other initiatives in a relaxed, social atmosphere.</td>
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<tr>
<td><strong>Saturday, May 30, 10:00 AM – 11:30 AM</strong></td>
<td><strong>WELCOME: OPENING KEYNOTE ADDRESS &amp; FELLOWSHIP INDUCTION</strong></td>
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<td>Sponsored by Myriad</td>
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<td>The Fellowship Induction is a special honor that distinguishes members for their outstanding leadership and achievements. Following the induction, the Opening Keynote Address will feature speaker Charles Johnson, who has suffered an unimaginable tragedy that strikes too many families – and has made it his life’s mission to save others from the same fate.</td>
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| Saturday, May 30 | 11:30 AM – 12:30 PM   | **LIVE CHAT SYMPOSIUM** *Sponsored by Myriad*
|              |                       | **SAVING WOMEN’S LIVES THROUGH GENETICS:** The role of hereditary cancer screening and testing in midwifery practice. This session focuses on the science that changed the standard of care and the steps to efficiently and effectively incorporate genetic screening, counseling and testing in a midwifery practice setting. There is a critical unmet challenge to identify and diagnose patients who have an increased risk of genetic cancer. A group of 17 providers representing obstetrics and gynecology, midwifery, physician assistants and nurse practitioners from Syracuse, NY, and two obstetricians and gynecologists from Connecticut have proven that clinicians from multiple backgrounds can be trained to efficiently screen, counsel, and genetically test patients at risk for inheritable cancers. |
| Saturday, May 30 | 12:30 PM – 1:30 PM    | **HEART OF MIDWIFERY – 25TH ANNIVERSARY CELEBRATION**
|              |                       | Heart of Midwifery is a gathering of midwives who share testimonials from our profession with the purpose of renewing our calling and reminding ourselves of why we do this work as midwives. The event features inspirational readings, storing telling, dancing, and singing. |
| Saturday, May 30 | 1:30 PM – 3:30 PM     | **OPENING BUSINESS MEETING**
|              |                       | The ACNM business meetings are an excellent opportunity to see how ACNM works, learn about current issues affecting midwifery, and help shape the future initiatives and the priorities of your professional organization. Business meetings are open to all members, although voting privileges are not extended to associate members or students. All members are permitted to voice their opinion in accordance with the business meeting procedures. Your presence and opinions are highly valued, and we strongly encourage your participation! |
| Saturday, May 30 | 7:00 PM - 8:00 PM     | **SISTER CIRCLE**
|              |                       | The Sister Circle is an event for students and midwives who identify themselves as being of color. It is here, we celebrate the sisterhood of strength. |
| Saturday, May 30 | 8:15 PM - 9:15 PM     | **FUTURE MIDWIVES HAPPY HOUR**
|              |                       | This event is an informal gathering of student midwives in a relaxed, social atmosphere. |
| Sunday, May 31  | 11:00 AM - 12:00 PM   | **PLENARY SESSION: Aiyana Davison and Angela L. Carr**
|              |                       | *Introduced by Medicines360*
|              |                       | **Aiyana Davison** is a Certified Nurse-Midwife and Women’s Health Nurse Practitioner-BC. Aiyana sheds light on the crisis that black women (people) face in this country, how to provide safe, quality care for all individuals and families, and to how to preserve the legacy of black midwives and birth work.**
|              |                       | **Angela L. Carr** is an experienced trial attorney and civil litigator, focusing her practice on professional liability defense, general liability, and health care law. She regularly provides risk consulting for hospitals and practice groups. |
| Sunday, May 31  | 12:00 PM – 1:00 PM    | **HEART OF MIDWIFERY: STUDENT WELCOME CIRCLE**
|              |                       | Heart of Midwifery: Student Welcome Circle is an opportunity for the community of established midwives to welcome our new midwives to the circle of our profession. This event has invited storytellers, a hand-washing ceremony followed by a blessing of the hands, and singing. |
**SPECIAL EVENT DESCRIPTIONS**

**SUNDAY, MAY 31, 1:30 PM – 3:30 PM**

**CLOSING BUSINESS MEETING**

The ACNM business meetings are an excellent opportunity to see how ACNM works, learn about current issues affecting midwifery, and help shape the future initiatives and the priorities of your professional organization. Business meetings are open to all members, although voting privileges are not extended to associate members or students. All members are permitted to voice their opinion in accordance with the business meeting procedures. Your presence and opinions are highly valued, and we strongly encourage your participation!

**SUNDAY, MAY 31, 6:30 PM - 8:00 PM**

**MIDWIFERY AWARDS CELEBRATION** *Sponsored by AMAG Pharmaceuticals*

Come celebrate the achievements of certified nurse-midwives and certified midwives and their important role in clinical excellence, education, research, and advocacy.

**SUNDAY, MAY 31, 8:00 PM - 12:00 AM**

**YEAR OF THE NURSE AND THE MIDWIFE VIRTUAL PARTY**

Following the awards celebration, we're continuing the fun with a virtual dance party! DJ Neekola will be spinning tunes and giving shoutouts all night long. Bring your champagne and a sparkly outfit and join the party! Whether you want to dance or sing along or simply kick back and enjoy the show, this event will be a great way to take a break and have some fun.

**MONDAY, JUNE 1, 10:00 AM – 11:00 AM**

**PREMIER DONDERO LECTURE**

**Julia Seng** is a professor of Nursing, Obstetrics, and Women’s Studies and a researcher at the Institute for Research on Women and Gender at the University of Michigan. Her program of research focuses on how childhood maltreatment trauma and its mental health sequelae affect childbearing and women’s health across the lifespan.

**MONDAY, JUNE 1, 10:00 AM – 12:00 PM**

**FIRESIDE CHAT/PRODUCT THEATER** *Sponsored by Medicines360*

COVID-19 has created additional barriers for women trying to access birth control. Many are newly unemployed and uninsured. Coupled with a shutdown in transportation and childcare services, some women are experiencing access issues for the first time and may not know where to begin.

Dr. Jessica Grossman, CEO of Medicines360 and Dr. Mitchell Creinin, Senior Research Advisor for Medicines360 and Professor and Director of Family Planning, Department of Obstetrics and Gynecology, University of California, Davis Health will provide practical tips and resources to help women access birth control during this unprecedented time. The doctors will discuss birth control options amid COVID-19 and offer practical solutions on how to access reproductive health services.

**MONDAY, JUNE 1, 1:00 PM – 2:15 PM**

**CLOSING PLENARY ADDRESS**

**Renée Peterson Trudeau** is an internationally-recognized transformational coach, speaker and author. Learn how engaging the power of self-renewal, building a support network, and managing your energy can increase your ability to be more creative, resilient, and enjoy all areas of your life.

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**Ticketed Events** *(add on with registration)*

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| Saturday, May 30, 4:30 PM – 5:30 PM | **MIDWIVES OF COLOR PRESENTATION & AUCTION**  
This is the primary fundraising activity to endow three Midwives of Color-Watson Basic Scholarships and one Carrington-Hsia-Nieves Doctoral Scholarship for Graduate Education. The event is also an opportunity to celebrate the work of the ACNM midwives of color. Everyone who is supportive of MOCC’S goals and mission is welcome. |
| Sunday, May 31, 5:00 PM – 6:00 PM | **MIDWIVES-PAC RALLY (ACNM MEMBERS ONLY)**  
Midwives-PAC Rally is a fundraiser event. Contributions create a relationship between legislators and midwives, so that they see us as a resource when issues of women’s health come up before the Congress. |
| Monday, June 1, 12:00 PM – 1:00 PM | **MIDWIFERY BUSINESS NETWORK (MBN) RECEPTION**  
Midwifery Business Network (MBN) Reception is a fundraiser event. This reception provides time to meet, network, and share the needs of the midwifery business community within ACNM. |
The unique set of challenges that students face as they try to successfully navigate studies to alter the trajectory of midwifery careers. Students face work-related tension and stress have been shown in multiple settings. Education Session – Education – 0.1 CEU
Erin Wright
Students and Their Faculty
Building Professional Resilience Plans: A Primer for Midwifery Students and Their Faculty
Erin Wright
Education Session – Education – 0.1 CEU

Work-related tension and stress have been shown in multiple studies to alter the trajectory of midwifery careers. Students face a unique set of challenges as they try to successfully navigate the rigors of midwifery training and subsequently as new graduate midwives. This session is designed to enlighten midwifery students, their faculty, and new graduate midwives about the benefits of building a resilience plan to help lay the foundation for a robust and life long career. By exploring sample plans and available evidence based modalities for the reduction of student and professional stress, students and their educators may experiment with building resilience plans which are tailored to their specific needs. Multiple studies have shown the positive impacts of midwifery care on their clients. By providing future midwives with tools for career longevity we have the opportunity to improve outcomes for birthing parents and their infants.

Buprenorphine for Opioid Use Disorder: Understanding the Pharmacology
Angela Mitchell
Education Session – Clinical – 1 CEU – 1 RxCE

Buprenorphine has been noted to be an effective treatment in caring for those with opioid use disorder (OUD). In 2018, the Support for Communities and Patient Act further expanded the OUD treatment workforce to include certified nurse-midwives (CNMs). CNMs are now able to apply for the SAMSHA DATA 2000 waiver, which would allow them to prescribe buprenorphine. Buprenorphine has multiple pharmacological benefits such as suppressing opioid withdrawal symptoms, blocking effects of illicit opioid use, reducing cravings, reducing or stopping illicit use of opioids, and facilitating patient engagement in recovery activities. It has been shown to significantly reduce the illicit opioid use, maintain patients in treatment, and reduce HIV risk behaviors. This is a great opportunity for CNMs to meet the unmet needs of so many of their patients.

Sessions are listed under the day they will be made available. Each day's sessions will be released at 8:00 AM ET and available for the rest of the conference and for 30 days after.

SATURDAY, MAY 30, 2020

Birth in Eight Cultures
Melissa Cheyney, Robbie Davis-Floyd
Education Session – Education – 1 CEU
This presentation, based on Birth in Eight Cultures, edited by Robbie Davis-Floyd and Melissa Cheyney (2019), takes a comparative cross-cultural approach to birth in the US, the Netherlands, Japan, Brazil, Greece, New Zealand, Mexico and Tanzania. It describes how the core values of each culture are reflected in their birthingways, an important part of the process of turning young women into mothers. Each chapter in the book this presentation describes is based on intensive and lengthy ethnographic fieldwork conducted by the authors on the maternity care systems of their respective countries. This presentation shows that obstetric systems in most countries are not founded on science but on cultural belief and tradition, yet evidence-based systems such as those of the Netherlands, Japan, and New Zealand are possible to achieve and can offer valuable lessons to midwives in the US on how to transform maternity care in this country. It concludes with a global overview of key issues in childbirth, midwifery, obstetrics, and maternity care.

Brief Behavioral Therapy for Insomnia: All Midwives Can Help Women Sleep and Improve Mood
Jennifer Hensley
Education Session – Clinical – 1 CEU – 0.25 RxCE
Insomnia is the leading sleep disorder in developed countries. Inadequate sleep has adverse consequences in the physical, psychological, and relational realms. Lack of sleep can precipitate or worsen a mood disorder. For chronic insomnia, the proven treatment is cognitive behavioral therapy (CBTi). CBTi requires multiple sessions with extended visits with a paucity of qualified providers. An alternative to CBTi is brief behavioral therapy for insomnia (BBTi). BBTi can be learned by all professionals and woven into short clinic visits such as annual or problem GYN and return OB visits. BBTi is a useful tool that every midwife should have in her back pocket. Come and learn!

Building Professional Resilience Plans: A Primer for Midwifery Students and Their Faculty
Erin Wright
Education Session – Education – 0.1 CEU
Work-related tension and stress have been shown in multiple studies to alter the trajectory of midwifery careers. Students face a unique set of challenges as they try to successfully navigate
Correlates of Reproductive Coercion among College Women in Abusive Relationships*

Karen Trister Grace

DOR Research Symposium – Research

This session will discuss the results of a study conducted to examine correlates of reproductive coercion (RC) among a sample of college women in abusive relationships. RC describes coercive and controlling behaviors that interfere with a woman’s autonomous reproductive health decision-making. College age (18-24 years) women are known to experience the highest prevalence of intimate partner violence and sexual violence and reproductive coercion may be an important facet of such violence exposure, with significant impact on reproductive health and well-being. RC may be an indicator that a young woman is experiencing more severe violence and is at risk for severe sequela such as Traumatic Brain Injury. RC remained a significant predictor of depression after adjusting for severity of IPV, which indicates that RC is independently associated with depression. This finding has important implications for midwives working with college-aged women, regarding the need for depression screening and referral to mental health services concurrent with providing services related to IPV and RC. A larger proportion of women who experienced RC sought help from a healthcare provider for contraception, which indicates an important opportunity for midwives to intervene when women are experiencing RC.

Co-Sleeping Confusion: Are Families Best Served by Current Practice?

Michelle Collins

Education Session – Clinical – 1 CEU

In the recent past, there has been an intentional movement on the part of some maternal-child health stakeholders, to aggressively “warn” parents as to the “dangers” of co-sleeping. Despite sound evidence to prove the benefits of, and lack of harm, when practiced in the absence of all known hazards especially by breastfeeding mothers, and with likely over 2 million USA mothers at least intermittently bedsharing with their infants, the US government NICHD has launched a nationwide educational campaigns to inform the public as to the inherent “danger” of co-sleeping. This session will discuss the current climate of support (and lack thereof) for co-sleeping (in various forms) between infants and their parents. The biologic imperatives that underlie the practice and which support the co-sleeping relationship will be presented, as well as diverse lines evidence that justifies and legitimizes co-sleeping. Finally, directives on how to best counsel clients amidst a sea of conflicting information on the topic will be presented.

Disparities in Access to Reproductive Health Care: A Presentation by the ACNM Ethics Committee

Kimberly Allard, Ira Kantrowitz-Gordon

Panel Discussion – Racism and Health Disparities – 1 CEU

Disparities in access to reproductive health care in the United States exist along multiple dimensions, including race, citizenship, gender diversity, geographic location, and disability. The scope of access disparities ranges across the continuum of care offered by midwives, including infertility treatment, perinatal care, and family planning. Differences in access to health care and services may be an important mechanism for disparities in health outcomes. This presentation will provide an overview of the scope of the problem and the clinical and ethical challenges of combating systems that directly and indirectly restrict access to care. An ethical and social justice lens will be used to analyze the health care access disparities across racial, ethnic, and cultural differences. A panel discussion of representative clinical cases will present diverse perspectives to guide ethical strategies to increase health care access at the individual and population level.

Duration of the Latent Phase of Labor: Characterization and Outcomes Associated with Longer Latent Phase Among Low-Risk Women in Spontaneous Labor*

Mia Ahlberg, Nicole Carlson, Aaron Caughey, Mekhala Dissanayake, Julia Phillips, Jonathan Snowden, Ellen Tilden

DOR Research Forum I – Research

This session will discuss the results of a study conducted to characterize entire latent phase duration and evaluate the association between latent phase duration at five points of distribution (mean, median, 80th, 90th, and 95th percentiles) and perinatal processes/outcomes. Little is known about the full duration of the latent phase of labor or if duration of the latent phase predicts labor processes or outcomes. The study found that the duration of the latent phase of labor was longer than described in previous U.S. studies. Longer latent labor duration may signal longer total labor processes, increasing dystocia, interventions to manage dystocia, and epidural use. Women's hospital admission during the latent phase may be a result of longer latent labor duration rather than a true causal risk factor for intervention use. Longer latent labor in multiparous women may signal underlying complications that lead to NICU admission.

Exploring Experiences of Structural Racism and Its Influence on Maternal and Child Health*

Kamila A. Alexander, Kelly Bower Joffe, Keyona Hough, Kelley Robinson, Amber Summers, Brielle Weber

DOR Research Forum I – Research

This session will explore how structural racism influences the health of pregnant and postpartum people and their infants in Baltimore, Maryland. Systematic racism has been proposed as a significant risk factor that contributes to health disparities in maternal and child health outcomes for African American families. There is evidence to suggest that racism is associated with poor birth outcomes and limited evidence to suggest a link between racism and maternal health outcomes. However, most studies examine the role of interpersonal racism, whereas few explore the role of systemic racism or examine the mechanisms by which it impacts health from the perspective of those affected. Preliminary results have identified a variety of systems that play a role in the health of pregnant and postpartum people and infants including: medical, justice, government, neighborhood environment, schools, and commercial/retail. For most systems, racism acts by way of the quality and availability of goods and services; bias, stereotyping, and racial profiling; and power imbalance. Specific examples will be provided.
Group Counseling for Shared Decision Making (GCSDM) about Birth after Cesarean for Haitian Speaking Women: A Mixed Methods Study*
Somphit Chinkam, Alison Shorten, Courtney Steer-Massaro
DOR Research Forum I – Research
This session will discuss the results of a study conducted to develop culturally appropriate group counseling sessions about the mode of birth after cesarean for Haitian Creole-speaking women. Haitian women in Massachusetts have high rates of cesarean and low rates of vaginal birth after cesarean (VBAC), despite evidence suggesting many are eligible for labor after cesarean (LAC). Limited English and Haitian Creole reading comprehension coupled with cultural norms, including limiting questions of providers, challenges the traditional approach of written educational material and clinic prenatal visits. The study found that the Group Counseling and Shared Decision Making (GCSDM) session was acceptable to Haitian Creole-speaking women and was feasible to implement in practice. Evaluation of ongoing program effectiveness is planned for continuous quality improvement. The GCSDM session could be adapted to improve shared decision making discussions for other non-English speaking women.

Hypoxic Ischemic Encephalopathy: An Unexpected Event*
Maribel Morgan
Education Session – Clinical – 1 CEU
Hypoxic ischemic encephalopathy is a common cause of neonatal morbidity and mortality. This session will discuss the epidemiology, risk factors, presentation and available management strategies for this disease. Since it is typically an unexpected tragic event, the session will also discuss how to discuss findings with involved families in a sensitive and comprehensive manner.

Improving Care for Women with Urinary Incontinence
Bailee Burningham, Samantha Lawson
Education Session – Education – 1 CEU
A significant evidence-practice gap exists in the diagnosis and management of urinary incontinence (UI). There are many effective treatment options and there are several practice guidelines from professional organizations outlining the management of UI; however, providers do not screen for or treat this condition and many women live with the burden of UI unnecessarily. This session will describe the barriers, facilitators and strategies for implementation, as well as the role of the midwife, to improve care for women with urinary incontinence.

Let’s Talk About Post-Menopausal Sex
MaryJane Lewitt
Education Session – Clinical – 1 CEU – 0.25 RxCe
As women mature, many factors influence their ability to form caring, intimate relationships with others. We know these relationships influence all aspects of women’s lives. Menopause creates physiologic and psychologic changes that directly impact a woman’s sexual relationships in the second half of their lives. This presentation will review these changes and provide concrete examples of how we can work with women to address their sexual concerns as they enter and navigate menopause. With the average US life expectancy now almost 80 years, women will live over 1/3rd of their lives with the physiological and psychological changes associated with menopause. Sexuality in older people is often overlooked by current health care providers, yet it is critical to an individual’s overall health. The presenter will discuss these physical and psychological changes and offer solutions that you can bring to your care of women in this part of their life.

Making More Midwives: Midwifery Education in an Academic Medical Center
Susan DeJoy, Susan Krause
Education Session – Education – 0.5 CEU
The present education of new CNMs/CMs is not robust enough to meet the growing demand, with a stagnant number of CNM/CM education programs. There is an existing but underutilized model for CNM/CM education: programs based in academic medical centers. Numerous academic medical centers with robust midwifery practices exist and midwives are involved in the education of residents and medical students throughout the nation. It is possible to develop midwifery education programs within such academic medical centers. Using Baystate Midwifery Education Program as a model, this presentation will explain how a clinical service can expand to include a midwifery education program, adding CNM/CM positions while improving job satisfaction and CNM/CM retention. Opportunities for interprofessional education will be discussed. Discussion will also include the possibility that this program design may provide the opportunity to increase the diversity of the midwifery workforce. Feedback is meant to bring about improvement for the student and the skilled educator/preceptor can nurture this change.

Maternal Mortality in the U.S. – What is Being Done to Decrease the Problem*
Katrina Nardini
Education Session – Racism and Health Disparities – 1 CEU
Sponsored by March of Dimes
The goal of this session is for participants to understand the importance of maternal mortality reviews as a means of identifying underlying causes of maternal death and examining disparities to inform prevention strategies. It is important for midwives to understand what is being done at a national level as well as on their own state level, including the coordinated efforts of the CDC to bring together state entities to try to optimize solutions to this problem. Midwives/participants will leave the session with an understanding of the recommendations that have come out of state data sharing, in order to better understand the strategies and solutions to decreasing maternal mortality and improving health inequities.

Continue the conversation with March of Dimes following this session by clicking on their logo in the virtual lobby.
Maximizing Midwifery*

**Ginger Breedlove, Wendy Gordon, Karen Jefferson, Elle Schnetzler**

**Education Session – Midwifery Matters – Public Perception – 1 CEU**

**Sponsored by Überlube**

This session will bring together thought leaders from all nationally certified midwives for a panel discussion regarding the barriers that we face as a profession in meeting the reproductive healthcare needs of the US. We will discuss various perspectives on the barriers that exist to scaling up and integrating midwifery in the US and what changes are needed in order to establish midwifery care in all settings as the new norm. After you view the session, let us know how you are moving our profession forward by maximizing midwifery by using this hashtag #maximizingmidwifery.

Millennial Women are Having Postpartum Sex Before They are Ready. What is the Midwifery Response?*

**Diana Spalding**

**DOR Research Symposium – Research**

This session will discuss the results of a study conducted to examine the sexual practices of millennial women (defined as women born between 1981 and 1996) following birth to better understand where support is needed during this vulnerable time. Additional qualitative research is needed regarding why a significant portion of women are having postpartum sex before they feel ready. Regarding implications for practice, there are both individual clinical and societal investigations and improvements needed. Midwives are in an excellent position to work with women to understand the potential physical and emotional consequences of reengaging in sexual activity before they feel ready. And, as advocates for women, midwives can be instrumental in influencing cultural shifts that are more supportive of all aspects of the postpartum experience.

The New ASCCP Risk-Based Management Consensus Guidelines for Abnormal Cervical Cancer Screening Tests and Cancer Precursors: Understanding and Using the New App

**Sally Hersh, Jeanne Murphy**

**Education Session – Clinical – 1.0 CEU**

Cervical cancer prevention strategies in the United States are complicated and, at times, controversial. HPV vaccination will eventually prevent most cervical precancer and cancer. However, cervical cancer screening will remain important as efforts to increase vaccination rates in the U.S. continue. This session will review the new ASCCP Risk-Management Consensus Guidelines for Abnormal Cervical Cancer Screening Tests and Cancer Precursors. ACNM, along with other women’s health organizations and advocacy groups, has participated in development of the consensus guidelines. Controversies around setting of risk benchmarks and other challenges will be reviewed. Explanation and a walk-through of the new app will be provided.

Probiotic Interventions to Prevent Antenatal Group B Streptococcus Colonization: A Systematic Review and Meta-Analysis

**Lisa Hanson**

**Education Session – Clinical – 1 CEU – 1 RxCE**

This systematic review will provide midwives with the available evidence concerning the efficacy of antenatal probiotics to reduce GBS colonization. Implications for practice and future research will be discussed. The scientific evidence concerning probiotic interventions to reduce antepartum GBS colonization will be systematically reviewed and meta-analyzed. Probiotic species, strains, dosage, route and intervention onset and duration shown effective against GBS in available clinical trials will be presented.

Reproductive Coercion Among Latina Women and Strategies for Minimizing Harm*

**Karen Trister Grace**

**DOR Research Symposium – Research**

This session will discuss the results of a study conducted to explore risk factors for reproductive coercion (RC), association with pregnancy intention and intimate partner violence (IPV), and the use of RC safety strategies among Latina women attending an urban clinic. The study articulates the risk of RC in abusive relationships for Latina women. Results are contextualized with qualitative interview data from Latina women who have experienced RC. Midwives working with racially and ethnically diverse women have an important role in screening and support for safety/harm reduction strategies that include informing women about less detectable methods of contraception.

Transgender Persons Contemplating Gestation: Midwifery Considerations for Care

**Tanya Vaughn-Deneen**

**Education Session – Racism and Health Disparities – 1 CEU**

Research is lacking for reproductive care of transgender individuals considering gestation. It is important for midwives to have a general understanding of the reproductive options and necessary counseling of preconception care for the transgender community. Transgender individuals may desire to have children while undergoing gender affirming hormonal or surgical therapy that can complicate fertility. Assisted reproductive technologies can offer options for this population, however, it is imperative to discuss issues that can arise associated with hormonal or surgical gender affirming interventions. Midwives should be able to understand and navigate the barriers and disparities of care that transgender people may endure. Information offered at this presentation will help the midwife provide culturally competent, sensitive reproductive healthcare for the transgender individual considering gestation.
SESSION DESCRIPTIONS

SUNDAY, MAY 31, 2020

“Arrival” of a Big Problem: Interpreting the Evidence on 39 Week Elective Inductions
Rebecca Dekker
Education Session – Clinical – 1 CEU
New findings from the highly publicized ARRIVE trial (A Randomized Trial of Induction Versus Expectant Management) have led to an upsurge in elective induction across the U.S. In some practices, providers are informing all of their clients that they must be electively induced at 39 weeks! Many midwives are finding themselves caught between collaborating physician desires, hospital administration pressures, client preferences, and ACMN guidelines. This session will provide clarity on the ARRIVE trial and help you develop an action plan for facing clinical challenges related to 39-week inductions in your community. It will examine the methods of the ARRIVE study, as well as its outcomes, strengths, and limitations, and discuss the evidence from other randomized trials on this topic. Following this examination of the evidence, attendees will discuss whether or not these research findings can be generalized to clients in their communities. Midwives will leave this session with confidence in their ability to face the clinical challenges created by the publication of this influential study.

Assessing the Consistency of Carrier Screening Guidelines Across Seven Populations and 408,000 Individuals
Summer Pierson
Education Session – Clinical – 1 CEU
Current guidelines recommend carrier screening for several genetic conditions only in certain ethnicities. A recent study analyzed carrier rates of 176 serious conditions to determine whether current guidelines support consistent care across all ethnicities. Many conditions have population-specific incidence comparable to CF in the Southeast Asian population—the rarest population-condition pair currently recommended for carrier screening by both ACMG and ACOG. Expanding guidelines to include additional conditions with comparable or higher incidence in select populations would improve equity of medical care across populations. Simultaneously, however, it would further complicate ethnicity-specific testing by inflating the panel of conditions—in excess of four-fold—for each ethnicity. This added complexity could be mitigated by adopting pan-ethnic expanded carrier screening as the recommended approach to carrier screening.

Breast Cancer Survivor Care for Midwives and Advance Practice Nurses
Dwynn Golden, Dawn Lovelace, Linda McDaniel
Education Session – Clinical – 1 CEU
Women are increasingly surviving breast cancer but the majority (up to 90%) experience unexpected long-term sequelae as a result of treatment. Symptoms can include physical, functional, emotional, and psychosocial changes that can dramatically alter the quality of life for breast cancer survivors. Midwives and nurse practitioner should be familiar with common symptoms, treatment, and best practices to avoid permanent dysfunction. A holistic approach to assessment and treatment as needed is an effective strategy and falls within the philosophy and the scope of practice of midwives and nurse practitioners.

Evidence on Term Breech since the 2000 Term Breech Trial
Rixa Freeze
Education Session – Education – 1 CEU
This presentation explores emerging evidence on term breech birth. It first shows how the 2000 Term Breech Trial (TBT) cemented a policy of universal cesarean for breech around the world. However, the TBT has since been criticized for flaws in recruitment, inclusion criteria, and protocol implementation. The findings from a PubMed search of “breech” and “pelvic presentation” in title & abstract from Jan 2000-Jan 2018 are presented, and all studies of term breech outcomes are examined, including single-center, multi-center, national registry/birth certificate studies, systematic reviews, and meta-analyses. Analysis includes short- and long-term outcomes for both mother and baby. Studies since 2000 do not support the findings of the TBT. Because of the long-term benefits of vaginal birth to both mother and baby, the session argues that providers and clinics should prioritize vaginal breech training, implement policies to support breech providers, and offer access to vaginal breech birth or referrals to breech specialty centers. This proposed approach also supports maternal autonomy and protects health providers from violating women’s legal and ethical rights to informed consent and refusal.

Lived Experience of Lay Midwives’ Struggle with Obstetrical Emergencies in Urban Guatemala
Kimberly Garcia
DOR Global Health Forum – Research
This session will discuss an observational study conducted to evaluate methods for teaching Guatemalan Lay Midwives (LMs) about obstetrical emergencies. The study had two objectives - to examine the effect of a culturally sensitive training on LMs’ knowledge of obstetrical emergencies, and to evaluate LMs’ interpretation of drawings of obstetrical emergencies used in the training. Government programs have not changed LM knowledge about obstetrical emergencies, primarily because the programs are in Spanish with written material even though most LMs are illiterate and speak Mayan dialects. Recent studies revealed oral interpretation of drawings of obstetrical emergencies used in the training. This presentation explores emerging evidence on term breech birth. It first shows how the 2000 Term Breech Trial (TBT) cemented a policy of universal cesarean for breech around the world. Because of the long-term benefits of vaginal birth to both mother and baby, the session argues that providers and clinics should prioritize vaginal breech training, implement policies to support breech providers, and offer access to vaginal breech birth or referrals to breech specialty centers. This proposed approach also supports maternal autonomy and protects health providers from violating women’s legal and ethical rights to informed consent and refusal.
Management of Menopause Symptomatology
Desiree Clement
Education Session – Clinical – 1 CEU
Midwives may devote only a small percentage of their clinical practice to the management of menopausal symptoms and complaints. This may lead to discomfort in the care management for menopausal women with further potential to necessitate a referral instead to another provider. Although the research shows evidence that midwives remain knowledgeable and updated in traditional areas of women’s health including the management of menopausal complaints and health screenings for women transitioning from childbearing into menopause can be complex (i.e. non-hormonal or hormonal management for menopause symptoms). This all affords an opportunity for potential practice improvement within midwifery, along with the ability to increase one’s comfort level with managing menopause which remains a necessary part of being a full-scope midwife. The purpose of this educational session is to assist with increasing the midwifery comfort level with when caring for menopausal women supported by the research. The clinical implications are the hopeful stated increase in midwifery comfort level and plan for the utilization of various safe options for managing menopausal symptoms. The ability for evaluation derives from the perceived intent to change practice and active participation within this educational session.

Metabolic Predictors of High- vs. Low-Oxytocin Requirements During Labor Induction*
Nicole Carlson
DOR Research Forum II – Research
This session will discuss the results of a study conducted to identify metabolic profiles activated in serum collected during late pregnancy from African-American women who experienced difficult labor induction (e.g. high dose of synthetic oxytocin infusion following cervical ripening). During the past few decades, the use of labor induction has increased substantially. However, wide variations in labor induction success by hospital and maternal factors have been demonstrated. Little is known regarding the mechanism by which maternal variations cause labor inductions to require higher doses of synthetic oxytocin. The findings suggest that a prolonged, high-oxytocin induction phenotype may be predicted in part by a pro-inflammatory state characterized by low levels of circulating omega-3 fatty acids during pregnancy. Moreover, high levels of omega-6 fatty acids may have caused the cases in this study to be less likely to respond to cervical ripening medications, thereby leading to synthetic oxytocin infusions being initiated before effective cervical ripening was complete.

Midwifery Legislation In Action*
Zoe Guterman, Emily Hart, Amy Kohl
Education Session – Midwifery Matters – Public Perception – 1 CEU
This session will help give midwives up-to-date information and effective techniques to bring about policy change at local, state and federal levels. The presentation will review and discuss legislative successes and challenges since the 2019 ACNM Annual Meeting, and will look at upcoming legislation of importance to ACNM members. Additionally it will offer practical advice will be included on how midwives can influence health policy.

Midwives Leading Quality Improvement Teams to Improve Quality and Outcomes for First Time Births
Cathy Emeis, Susan DeJoy, Lisa Kane Low, Katie Page
Panel Discussion – Leadership – 2 CEUs
Midwives are increasingly called upon to lead and participate in interdisciplinary quality improvement teams. These may be part of institutional initiatives, regional collaboratives, or statewide improvement initiatives, such as AIM. In this panel discussion, midwife leaders will share their leadership techniques used to engage interdisciplinary teams. These skills will be helpful for midwives participating in any quality improvement or change initiative. Presenters for this session are RPC coaches and nurse midwives who led improvement teams in their hospitals as part of ACNM’s Reducing Primary Cesareans (RPC) national quality improvement collaborative and their state’s AIM initiatives.

Persistent Occiput Posterior Position 20/20
Elizabeth Arnold-Leahy, Barbara Reale
Education Session – Clinical – 1 CEU
This session will discuss the results of a survey conducted to analyze occiput posterior position, the most common malposition in labor. While up to 90% of fetuses rotate to a more favorable position before birth, those fetuses remaining posterior result in an operative (vaginal or cesarean) birth rate of up to 73% and multiple sequelae for mothers and infants regardless of mode of birth. Persistent occiput posterior has been attributed to up to 12% of cesarean birth. The study found that No identifiable characteristic accurately predicts OP position at delivery before the onset labor or in early labor. Factors that appear to be associated with fetal position include nulliparity, short maternal stature, narrow supra pubic angle, posterior fetal spine position, anterior placental location, and increased epidural rates and oxytocin use in labor. Midwives can use these characteristics to increase awareness of posterior fetal in laboring women, allocate resources, and initiate corrective measures as needed. The fetal spine was identified as a better predictor of fetal position and outcome compared with the fetal occiput position. Additionally, the fetal spine may be more amenable to correction via position and manipulation. This may be a more beneficial area of research for pursuit.

Physiologic Latent Labor – What is Known, Unknown, and Mis-Known: A Critical Collaboration of Midwife Scientists
Nicole Carlson, Elise Erickson, Katherine Kissler, Julia Phillips, Ellen Tilden
Education Session – Clinical – 1 CEU
Professional organizations recommend women in spontaneous labor complete latent phase at home based on evidence linking early hospital admission to increased intervention, including augmentation and cesarean birth. However, current guidelines do not discuss how to care for women who present to the hospital in latent labor.
Five midwife-scientists from universities across the country will present a latest research on latent labor and labor onset from a physiologic and symptoms-based approach. We will critically analyze the physiologic and symptoms literature to describe what is known, not known, and misunderstood about latent labor and labor onset in women with healthy, term pregnancies. We will explore best evidence for caring for women in latent labor, strategies for future innovation, and recommendations for research.

Screening for Human Trafficking in the Health Care Setting
Pamela Glenn
Education Session – Clinical – 1 CEU
The health care team is a vital partner in addressing the human trafficking situation in the U.S. and around the world. This session takes on the extraordinarily hidden and complex challenge of screening for human trafficking in the health care system. One study notes that approximately 88% of sex trafficking victims had contact with a health care professional. Each of these contacts is an opportunity for identifying and assisting a victim. It is a goal of this talk to provide an increased awareness of the trafficking situation to all members of the health care team. Included in this presentation is the identification of the multiple trafficking types, behaviors and dynamics which play out in these situations, as well as “red flag” warning signs. Stereotypes surrounding this issue, barriers to screening, and the unique challenges faced when trying to identify trafficked victims are also discussed. Most importantly, techniques for effectively screening victims, as well as follow-up recommendations and resources, are provided. As a result, it is hoped that all members of the health care team are empowered to incorporate effective screening techniques into their everyday practice, along with strategies for identifying and assisting trafficking victims.

Second Victim: Impact of an Adverse Outcome
Linda McDaniel, Charlotte Morris
Education Session – Midwifery Matters – Public Perception – 1 CEU
Health care providers may experience multiple adverse events during their professional career. As a result of being directly or indirectly involved in the adverse event, health care providers are considered second victims. The second victim phenomenon leads to significant physical, psychological, and psychosocial sequelae that negatively impacts their personal and professional lives for either a short or long period of time. It is imperative for second victims to incorporate self-care behaviors and that health care organizations implement an efficacious support program to assist second victims during the recovery process. The literature shows midwives may be equally if not more affected by adverse events because of the intimate nature of their care. Since health care providers have a high probability to encounter adverse events they should be aware of this phenomenon, associated symptoms, appropriate treatment, and peer support options to avoid consequential negative outcomes.

Team-Based Learning Online: The New Frontier in Midwifery Education
Laura Kim Baraona
Education Session – Education – 1 CEU
Team-based learning (TBL) is an exciting, powerful form of small-group learning that actively engages students in critical thinking, supporting deeper long-term learning. While team-based learning has been successfully implemented in face-to-face national and international professional healthcare educational programs, its use in online programs is just beginning to emerge. This presentation will describe TBL’s essential elements, advantages and disadvantages, address barriers to integrating TBL to an online format, and describe a course design used for successfully adapting TBL to an online program with students from a variety of geographic locations.

MONDAY, JUNE 1, 2020
Building Maternity Care Teams via Distance Online Simulation
Tia Andrighetti, Dominic Cammarano, Robin Grant, Audrey Perry
Education Session – Education – 1 CEU
The U.S. healthcare system often fails to meet the needs of women and their families. Providers are rushed and responsibilities are often fragmented. The projected deficit of maternity care providers, current poor maternal-child outcomes and uncoordinated care compounds the care crisis. Simulation is an effective teaching method to expose students to clinical situations prior to real-life encounters. Distance online interprofessional simulations may be an effective, cost-efficient and convenient intervention to bring student nurse-midwives and OB/GYN residents across the country together to lay a foundation for future collaborative practice. This session discusses the results of a project demonstrating how to accomplish interprofessional education when all students are not in the same physical location, and provides strategies to overcome challenges.

‘Chimwemwe Mu’bereki’ (Joyful Motherhood): Closing the Gap in Unmet Need for Home Based Nurse Midwifery Care in High Risk Infants and Postpartum Women in Malawi*
Joanne Chiwaula, Marciana Nosek
DOR Global Health Forum – Research
This session will discuss a study conducted to evaluate the home visit nurse midwife programs of Joyful Motherhood (JM), or Chimwemwe mu’bereki. JM is a Malawian nonprofit organization, founded by a US midwife in 2008, and provides care to high risk, critically ill postpartum women and infants in rural villages of Lilongwe, Malawi. JM employs three nurse-midwives who perform all community visits. Women served include, but are not limited to, those who experienced postpartum complications such as severe anemia, sepsis, eclampsia or ruptured uterus. Infant clients include premature, low birth weight, multiples, and orphans who lost their mother in childbirth. All are enrolled for up to two years. JM’s success for over 10 years demonstrates it is a viable model for unmet home care for high risk infants and postpartum women in Malawi. Financial challenges prevent scaling up of services and expansion of clientele. Efforts to improve data collection are ongoing.
SESSION DESCRIPTIONS

Designing an Effective Anti-Racism Workshop for Midwives and Other Clinicians
Jatolloa Davis, Melicia Escobar, Mari-Carmen Farmer
Education Session – Racism and Health Disparities – 1 CEU
Are workshops and trainings that address implicit bias, racism, and health disparities an effective strategy for change? What ingredients are essential to make educational approaches to these topics relevant and effective? How can facilitators prepare for leading trainings and workshops focused on a topic fraught with challenging historical narratives and a wide spectrum of participant experience and belief? Are there skills that midwives have that lend themselves to designing and facilitating a workshop of this kind? Finally, and most importantly, are these trainings being implemented primarily to reduce harm, to prevent the loss of lives occurring as a result of racism, or are mixed motivations impairing outcomes? Participants will leave this session with a toolkit of strategies designed to help create an individual workshop or training to their own healthcare settings. The content that will be presented will be based in the evidence found in literature from various disciplines that has examined what is most effective in creating change, particularly among healthcare providers and in healthcare institutions.

The Effects of Oral Contraceptive Pills on Sexual Pain and Dysfunction
Kathy Herron
Education Session – Clinical – 0.5 CEU
Oral contraceptive pills (OCP) are an excellent choice for some women and have many health benefits. In some cases, however, OCP use can lead to sexual dysfunction and pain. This session will discuss the physiologic basis for this, including which pills are more likely to cause an issue and which women are more likely to be affected. Midwives will learn to identify and treat these women. Physical examination, laboratory tests, medications, and complementary therapies will be discussed.

Evidence-Based Practice and Waterbirth: A Three-Pronged Approach
Elizabeth Nutter
Education Session – Clinical – 1 CEU
The goal of evidence-based practice is to improve patient outcomes, quality of care, and to provide standardization of treatment. This session will present a framework to help midwives articulate how waterbirth is an evidence-based practice through discussion of research findings, clinical expertise, and consideration of patient preferences and values.

Exercise in the Perinatal Period: Myths Explored and Debunked
Tanya Tringali
Education Session – Clinical – 1 CEU
Education and encouragement regarding exercise is a critical component of midwifery care, yet it is commonly overlooked or minimized by busy clinicians. Additionally, this subject is riddled with outdated information and myths, especially when applied to women in the perinatal period. Considering the positive perinatal outcomes associated with regular exercise including fewer newborn and maternal complications, improved birth outcomes, overall improved health throughout the lifespan and no association between complications such as miscarriage, preterm labor and stillbirth, it is important that midwives provide accurate, up to date and evidence-based care regarding exercise to their clients as a routine part of prenatal and postpartum care. An interdisciplinary approach to exercise in the perinatal period with a special emphasis on the postpartum period is warranted. Examples of individual exercise counseling and group exercise programs will be described.

Exogenous Oxytocin in Labor: Postpartum Hemorrhage and Third Stage Labor Duration Following Term Vaginal Birth*
Elise Erickson
DOR Research Forum II – Research
This session will discuss a study conducted to determine the level of risk for postpartum hemorrhage and prolonged third-stage labor associated with varying duration and peak dosage of oxytocin used during labor among women having a vaginal birth. Both oxytocin use during labor and postpartum hemorrhage are increasing in the United States. Oxytocin use may contribute to postpartum uterine atony as the oxytocin receptors available for postpartum uterine contraction have been down-regulated or desensitized during an oxytocin-stimulated labor. Oxytocin is also the first-line recommended uterotonic for postpartum hemorrhage prophylaxis and immediate treatment of postpartum blood loss after birth. The specific dose or duration of oxytocin that contributes to adverse postpartum outcomes is not known. The study found that both oxytocin duration and peak dose influenced the risk for postpartum hemorrhage. The definition of prolonged oxytocin use may need to be shortened to increase vigilance around postpartum hemorrhage prediction.

The Fellows’ Panel: Midwives Mentoring Midwives*
Heather Bradford, Ginger Breedlove, Heather Findletar Hines, Deborah Walker
Panel Discussion – Leadership – 1 CEU
Many challenges in midwifery advancement exist within the practice and professional environment, such as bullying in the workplace, barriers to autonomous practice, lack of diversity in leadership, and uncertainty as to how to attain leadership positions within ACNM. The Fellows of ACNM recently initiated a formal mentorship program in conjunction with the Students and New Midwives Committee, offering a mentorship program between Fellows and midwifery students and new midwives. Panel members will discuss successful mentoring strategies that play an important role in meeting mentee goals, developing mentee leadership skills and encouraging aspiration to leadership roles in the professional organization. Mentors will receive guidance on establishing and maintaining a satisfying mentor-mentee relationship. This session will provide skills for a successful relationship for both the mentor and mentee and is
The National Academy of Sciences, Engineering, and Medicine Consensus Study: Assessing Health Outcomes by Birth Settings

Jilli Alliman, Melissa Cheyney, Michelle Collins, Wendy Gordon, Debbie Jessup, Lori Trego

Panel Discussion – Racism and Health Disparities – 1 CEU

In 2019, the National Academies of Sciences, Engineering, and Medicine (NASEM) formed an ad hoc committee to examine and synthesize the available research on birth settings, focusing particularly on health outcomes experienced by sub-populations of women. This panel session will bring together representatives from the NASEM consensus study committee, staff, and sponsor for a discussion of the findings as presented in the recent NASEM report, Assessing Health Outcomes by Birth Setting.

Transform Nursing Students into Professional Allies, Clients, and Future Midwives

Barbara McAlister

Education Session – Midwifery Matters – Public Perception – 1 CEU

Although vast pregnancy and childbirth resources are available digitally, lack of understanding of the midwifery model of care persists. For midwives interested in enhancing the public’s perception of midwifery while potentially cultivating the future midwifery workforce, student nurses are a pragmatic choice for focusing efforts. This session shares approaches for midwives to educate student nurses about midwifery and normal birth. Maternity nursing faculty are sometimes hesitant to explore normal birth topics with students when medicalized birth experiences are exclusively witnessed in their clinical setting. Midwives can fill that crucial gap. Topics such as the midwifery model of care, physiologic vs. medicalized birth, research evidence for maternity care practices, and birth as a transformative process, can heighten nursing students’ awareness and ignite their curiosity.

Violence Update for Midwives: Emerging Topics and Promising Interventions

Karen Trister Grace

Education Session – Clinical – 1 CEU

Midwives often encounter patients who have experienced violence and coercion. Understanding the variety of forms of violence and coercion is critical to providing sound, compassionate care. Best practices for screening, documentation and management will be discussed, along with recent phenomena such as “stealthing” and emerging technological interventions to aid survivors of violence. Attendees will develop an understanding of the barriers to disclosing violence and what to do if violence is disclosed.

Bridging the Gap: Innovative Approaches to Increasing Access to Holistic Midwifery Care for Populations Vulnerable to Health Disparities in a Culturally Diverse Environment*

Sunday Smith

Round Table Session – Midwifery Matters – Business – 0.5 CEU

Curandera-Parteras, Midwives, and Nurse-Midwives: A Legacy of Caring for Mind, Body, and Soul in Texas*

Eileen Thrower

Round Table Session – Midwifery Matters – Public Perception – 0.5 CEU

Implementation of Preeclampsia Prevention Guidelines in a Birth Center Setting*

Lana Giles

Round Table Session – Clinical – 0.5 CEU

Implementation of a Perinatal Telemedicine Program to Address Health Disparities in an Urban Federally Qualified Health Center*

Catherine Daily

Round Table Session – Clinical – 0.5 CEU

Inclusion of Reproductive Justice in the Education and Health Care System*

Lodz Joseph

Clinical – 0.5 CEU

The International Childbirth Initiative (ICI): 12 Steps to Safe and Respectful Mother-Baby-Family Maternity Care*

Robbie Davis-Floyd

Round Table Session – Education – 0.5 CEU

Socioeconomic Disparities as Root Causes of Obesity and Midwifery Interventions to Support Those With Obesity*

Cecilia Jevitt

Round Table Session – Racism and Health Disparities – 0.5 CEU

Stress, Acculturation, and Preterm Birth in Mexican-Origin Women*

Robin Page

Round Table Session – Racism and Health Disparities – 0.5 CEU

Tips for Getting Published: Turning Your Presentation into a Publication*

Patricia Murphy

Round Table Session – Education – 0.5 CEU

Triple Oppression: A Primer for Midwives. Understanding the Confounding Effects of Structural, Institutional and Interpersonal Racism, Classism, and Transphobic Attitudes Affecting the Health of Black Gender Nonconforming and Transgender Men*

Theresa Coley-Kouadio, Michelle Drew

Round Table Session – Racism and Health Disparities – 0.5 CEU

Vaginal Birth After Two Cesarean Sections*

Christina Shutters, Rebecca Winnike

Round Table Session – Clinical – 0.5 CEU

Changes in Reimbursement and Why Every Midwife Should Be Excited*

Iain Holmes

Round Table Session – Midwifery Matters – Business – 0.5 CEU

ROUND TABLE SESSIONS (MONDAY, JUNE 1)
WORKSHOP DESCRIPTIONS

FRIDAY, MAY 29, 8:30 AM - 6:30 PM ET
OB/GYN Ultrasound Hands On Workshop | Live
Julie Gaston, Sabrina Speer
Workshop – Clinical – 12 CEUs
Let us begin by saying, that the ACNM Annual Meeting is the highlight of our year! We love gathering with such an amazing group of midwives all at once. We are beyond sad not to see you all in person this year. Flexibility has become our mantra! In that spirit, we have created an interactive learning experience that will include more than we could have squeezed into a live workshop with individual scanning stations.

The one-day workshop will consist of lecture, immediately followed by a live interactive scanning demonstration. We will have staff available to answer your questions on demand. The day will include image orientation, machine knobology, basic first trimester scanning including CRL measurements, m-mode, gestational sac evaluation, ovaries, and anomalies. We will also include the third trimester scan and review fetal lie, viability, placenta, amniotic fluid assessment, biometry to include estimated fetal weight percentile, and the biophysical profile. Space is limited. You will receive a total of 12 CME credits for this workshop, which is the required amount to sit for the ARDMS Midwifery Ultrasound Exam.

FRIDAY, MAY 29, 8:30 AM - 4:30 PM ET
Perinatal Mental Health Frontline Provider Training | Live
Ann Smith, Christena Raines
Workshop – Education – 5.75 CEU
Frontline Healthcare Provider is the first, and often the only, provider to which new moms turn. The Postpartum Support International Frontline Provider Training is designed to equip healthcare providers with the skills necessary to assess patients for perinatal mental health complications and, as appropriate, provide treatment with medication(s) or connect individuals with additional resources and care. The training is provided by PSI perinatal psychiatric experts with curriculum developed specifically for primary healthcare providers.
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