

# Midwifery on the Edge of the Future

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President

As we start the 51st year of the American College of Nurse-Midwives, we stand on the edge of the future of our profession and women's health care. There are many questions that come to mind. What role will midwives play in the future? How will we overcome the constraints, obstacles and conflicts we experience on a daily basis, deal with the constant stress of constant change, as well as the inequities in our society? Will pregnancy and birth be revered, or continue to be feared by women and health care providers? How will we change the culture of maternity and women's health care and help women understand and value midwifery care? How do we heal the midwifery-medicine divide, as well as the midwifery-midwifery divide and the nursing-midwifery divide? How we do stop the delusional thinking that health care providers and technology have the power to overcome every possible illness or complication? Obstetrical practice has become an industry of fear and risk aversion, which has altered our practice and driven some of us, and our colleagues, out of practice. Fear has become the loudest voice in the labor room and risk aversion the motivation for care decisions in many places. One need only look at the induction rates, epidural rates, Cesarean section rates and the numbers of practitioners leaving practice or not starting out in the first place.

In this environment, in order to thrive and not become an endangered species, our profession must adapt and change. In short, we need a midwifery make over. We must become a first rate option, not a second class choice. In order to change our image and role, we must be well educated, clinically competent and safe practitioners, morally strong, evidence-based and politically savvy. Now, if you are feeling tired or apathetic and don't want to be

political, you can leave this profession. Apathy, or going along with the current direction of obstetrical care, will get us nowhere. Keeping the status quo will not get us where we want to go. We need to refocus on caring for women, preserving normalcy and standing up to those who want to medicalize birth. We also need to recognize our role in the preservation of global midwifery and saving the lives of women abroad. We need to take action. We must adapt and change. ACNM is already working in many arenas to become more relevant, reflective and responsive to the changing environment and we need your help.

In order to set the course for the future, I would like to offer a vision of where we can go, although I cannot detail all of the strategies and work we need to do to get there, as that is up to all of us, especially our students. They are our future.

So, here is my 2020 vision for midwifery and women's health care: We will have a well educated and large midwifery workforce by 2020. Our students, young midwives, educators and service directors are already committed to an expansion of educational options. We will have exponentially increased the number of educational programs, interdisciplinary training sites in all settings, and practitioners will be paid as preceptors, as they are an important partner of the education system. More funding will be available for midwifery education as our demonstrated excellent outcomes have finally convinced Congress that we should be mainstreamed as the health care provider of choice for healthy women seeking maternity and well woman care. The economy will have improved. Anyone who wants to go to college, an accredited midwifery education program or medical school will have the ability to do so. We will need many more primary health care providers

for women since our universal health care system will be in place and functioning well. Access to care will no longer be the huge problem that it was at the turn of the millennium. We will be working in partnerships with our colleague midwives and physicians in new models of care delivery.

As I survey the landscape of the 2020 health care system, I will see signs of progress. Everyone will have access to affordable and effective health care. Safety will be improved, errors reduced. We will have created a more patient-centered health care system and made health care delivery more efficient with a community-based model.

Of course, midwives will be part of these monumental changes through advocacy, political action, appropriate use of technology, partnering with our colleagues, sharing our ideas and philosophy for improving care, researching, and adapting best practices in women's health care. We will use technology to help with tasks, such as scheduling, charting and billing, patient education, translation services and to eliminate unnecessary bureaucracy. We will focus on prevention, patient-centered care and efficiency, which we already excel at. Liability insurance will be reduced because of the reduction in medical error, alternative dispute resolution and other strategies, as well as personalized, patient-centered care. If a child or mother suffers a less than ideal outcome, the health care and support they need will be made available without resulting in litigation.

In my 2020 vision, as a country, as health care organizations and as individuals, we will be making decisions based on science, the facts, the evidence, rather than ideology, opinion or because we "always did it that way." We will have recognized the connection between the envi-

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## The President's Pen

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ronment and health. The excesses of the popular culture of today will have faded and women will once again value normal labor and childbirth, have faith in their own abilities, and not automatically accept any intervention without full disclosure unless an emergency is experienced. Media will portray the benefits of normal birth and family centered care (no matter how the family is configured) and breastfeeding for at least a year will be the norm. Family leave will be available for parents. The midwife/obstetrician team will be seen as the provider team of choice. Women will make their own informed and personal decisions about reproductive health care without coercion.

Some may say that my 2020 vision of our future is totally unrealistic. I certainly do not have all the answers on how we get there from here. I think this is an optimistic view based on who we are and what we have done collectively. I hope

you share this vision, along with a fervent determination to achieve it. It is very important that we have a vision and that we think positively about our future and not just sink into a collective depression become cynical and withdraw.

We must care for each other, negotiate through the conflict and have the courage to bring our ideas to the table. Remember the old adage of politics, "If you are not at the table, you are on the menu." I am excited about our focus on restructuring the organization as that will help us all work together through ACNM more effectively. We need your involvement in ACNM, as well as other organizations, to make this vision a reality.

I want to be clear that I do not see our success in the future as dependent upon the failure of another group. We must continue to bridge the gap between us, advocate for change, and keep our focus on future goals. We must negotiate through the conflict and chaos that surrounds us, keep our friends close, and never compromise the beliefs and values

we hold dear. There is nothing more wonderful than making these dreams come true and realizing what soul-satisfying work we all do. As Mary Breckinridge said, "take heart, even though the trail is hard in the blazing."

*References: Dahlen, H. (2005). Midwifery on the edge of the future. Closing speech. International Congress of Midwives, Brisbane, Australia.*  
*Clinton, HR (2005). America in 2020. Blueprint Magazine, 2005(4). Accessed at [www.ppionline.org/ndol/ndol\\_ci.cfm?kaid=132&subid=193&contentid=253571](http://www.ppionline.org/ndol/ndol_ci.cfm?kaid=132&subid=193&contentid=253571).* **Q**

## Fill Out the Core Data Survey Online

The College's premier data collection program – the annual Core Data Survey (CDS) – is online and ACNM urges members to participate. The Core Data Survey allows the national office to update essential information about midwifery practice in the United States. The collection of these critical data enables the comparison of our data with other vital data such as those collected by other professional organizations and the US Government.

To complete the survey, visit the ACNM Web page [www.midwife.org/CDS2006.cfm](http://www.midwife.org/CDS2006.cfm). There you will find some questions and answers about the CDS program, and link to the survey. We encourage all members to use the online survey, as it improves the quality of the data and decreases costs.

Have questions about the Core Data Survey? Contact Kerri Schuiling, ACNM Senior Staff Researcher, at [kschuiling@acnm.org](mailto:kschuiling@acnm.org).

Thank you for participating in the Core Data Survey collection and for helping ACNM decrease costs while collecting important information to help the profession. **Q**

## Blankets for Babies™



Nurse-midwives and other staff from the Ellis R. Shipp Clinic in Salt Lake City received over 150 blankets to distribute to needy women and newborns as part of this year's Blankets for Babies™ campaign.

At the 2006 Annual Meeting, ACNM donated over 500 blankets to three non-profit organizations serving the women and families of the Salt Lake City area. ACNM thanks all the members and others who donated blankets during this year's Blankets for Babies™ campaign.

The recipients of the blankets were:

**Intermountain Health Care Community Health Partnerships**  
**Ellis R. Shipp Clinic**  
**Centro de Salud Familia**