History and Future of the US MERA Joint Project

Partner Organizations

Accreditation Commission for Midwifery Education (ACME)

American College of Nurse-Midwives (ACNM)

American Midwifery Certification Board (AMCB)

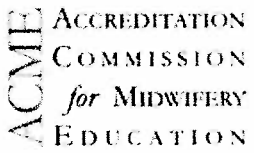
Midwifery Education Accreditation Council (MEAC)

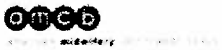
Midwives Alliance of North America (MANA)

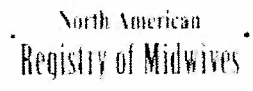
National Association of Certified Professional Midwives (NACPM)

North American Registry of Midwives (NARM)

August 2013







Executive Summary
History and Future of the US MERA Joint Project

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In the triennium between 2008-2011, the International Confederation of Midwives (ICM) took the bold step of developing a group of essential documents that described the "Three Pillars" of midwifery, namely education, regulation and association, which were built upon the foundation of the *ICM Essential Competencies for Basic Midwifery* and the *ICM Definition of a Midwife.* The Three Pillars are meant to be interdependent and interrelated and embody ICM's vision to strengthen midwifery worldwide in order to provide high-quality, evidence-based care for women, newborns, and childbearing families, and decrease maternal and infant mortality and morbidity. The documents together comprise the global standards for midwifery education, practice and regulation and are a complete package of information for midwives, policy makers, regulators and governments.

In response to this significant international initiative, the seven U.S. organizations that are responsible for education, regulation and midwifery associations for the three U.S. midwifery credentials—Certified Professional Midwife (CPM), Certified Nurse-Midwife (CNM) and Certified Midwife (CM)—convened a work group to articulate a collaborative response to the ICM global vision. In order to strengthen the midwifery profession in the United States and expand the delivery of high quality evidence-based midwifery care, these American midwifery organizations agreed to examine and strengthen the three pillars of midwifery as defined in the core ICM documents.

In November 2011, these seven organizations inaugurated strategic conversations that continued through March 2012 when, with the assistance of funding from the Transforming Birth Fund, they agreed to hire a professional firm, Managance Consulting & Coaching. Managance facilitated the process of preparing for and convening a face-to-face summit at the Airlie Conference Center on April 19-21, 2013. At that time the collaborative group agreed upon the name of *United States Midwifery Education, Regulation and Association (US MERA.)* The seven organizations came to consensus about the goals for the meeting, and five representatives from each of the seven organizations were chosen to attend the summit, along with two facilitators from Managance. The meeting was high-energy, intense and effective, and participants agreed that the goals for the summit were met, and even exceeded. Afterwards, the boards of directors of the seven organizations agreed to continue participation in US MERA as an official entity, moving forward with the work of next steps to strengthen and unify the midwifery profession in the United States. This report describes in detail the history and future of the US MERA Joint Project.

History and Future of the US MERA Joint Project

Introduction

Midwifery in the United States encompasses a range of professional care providers. Seven organizations are responsible for education, regulation, and professional associations linked with the three national midwifery credentials: Certified Professional Midwife (CPM), Certified Nurse-Midwife (CNM), and Certified Midwife (CM).

Two national organizations are accredited by the National Commission For Certifying Agencies to issue the midwifery credentials: the CPM is administered by the North American Registry of Midwives (NARM), and the CNM and CM are administered by American Midwifery Certification Board (AMCB). There are three national professional associations for midwives: American College of Nurse-Midwives (ACNM), Midwives Alliance of North America (MANA), and the National Association of Certified Professional Midwives (NACPM). There are two national accrediting agencies for midwifery education recognized by the U.S. Department of Education: Accreditation Commission for Midwifery Education (ACME) and the Midwifery Education Accreditation Council (MEAC). The midwifery profession is also supported by a strong advocacy community among women seeking access to options for maternity care. The US MERA project was developed to help these seven organizations work toward achievement of identified mutual goals.

Overview of the History

In the triennium between 2008-2011, the International Confederation of Midwives (ICM) developed a group of essential documents through diligent work by the Board, guidance from consultants who directed expert task forces, and support and participation by ICM member associations across the globe. These documents describe the "Three Pillars" of midwifery, which are **education**, **regulation,** and **association—E.R.A—**and are built upon the foundation of the ICM Essential Competencies for Basic Midwifery Practice and the ICM Definition of a Midwife. The Three Pillars are interdependent and interrelated and embody ICM's vision to strengthen midwifery worldwide in order to provide high-quality, evidence-based care for women, newborns, and childbearing families and decrease maternal and infant mortality and morbidity. The documents together comprise the global standards for midwifery education, practice, and regulation and are a complete package of information for midwives, policy makers, regulators, and governments [1-5]. In June 2011 the ICM global standards, competencies, and tools were endorsed by the ICM Council. There are currently 108 ICM member associations—each with two delegates on the ICM Council—representing 95 countries from every continent and more than 300,000 midwives globally. Two U.S. midwifery associations—ACNM and MANA—are active ICM member associations.

Along with these standards, the ICM provided tools for member associations to identify gaps between the ICM global standards and the profession of midwifery as it exists in their respective countries [6].

Following this, discussion occurred among the seven U.S. midwifery organizations to determine if there was a desire to articulate a U.S. response to these global standards. Leadership from MANA and ACNM organized an initial meeting to discuss this concept. MANA and the Canadian Association of Midwives (CAM) hosted the meeting at their joint annual conference in November 2011 in Niagara Falls, Canada. Leaders from all seven U.S. midwifery organizations, as well as leaders from the professional associations of Canada and Mexico, attended a meeting facilitated by ICM North American Region representative, Frances Ganges, CNM. At this meeting, a common desire was expressed to be able to articulate a response from the U.S. to the ICM, by the next triennial ICM Congress in 2014, with regards to the ICM global vision and the standards, competencies, and tools.

In order to strengthen the midwifery profession in the United States and expand the delivery of high quality evidence-based midwifery care, American midwifery organizations agreed to examine and strengthen the three pillars of midwifery as defined in the core ICM documents [1-4].

The U.S. midwifery representatives in Niagara Falls agreed that some internal work based on misunderstandings, miscommunications, and mistrust needed to be addressed in order for a clear response to come from the U.S. midwives. Representatives of each midwifery organization agreed to conduct gap analyses comparing the ICM Global Standards for Education, Regulation, and Association, as well as the Essential Competencies, with comparable standards, competencies, regulations, and member association capacity of the U.S. midwifery organizations.

Representatives from all seven U.S. midwifery groups met via conference calls a number of times between December 2011 and February 2012 to discuss a facilitated process that would develop a framework to discuss the ICM Standards and the U.S. joint response. A work group was appointed (Table 1) with one representative from each of the seven organizations. They were charged with developing the framework for moving forward with a facilitated meeting. It was at this time the name *United States Midwifery Education, Regulation and Association (US MERA)* was agreed upon.

Table 1

Founding US MERA Work Group Representatives
Education/Accreditation
Accreditation Commission for Midwifery Education: Katherine Camacho Carr, CNM, PhD, FACNM
Midwifery Education Accreditation Council: Jo Anne Myers-Ciecko, MPH
Regulation/Certification
American Midwifery Certification Board: Cara Krulewitch, CNM, PhD, FACNM
North American Registry of Midwives: Brynne Potter, CPM
Professional Associations
American College of Nurse-Midwives: Cathy Collins-Fulea, CNM, MSN, FACNM
Midwives Alliance of North America: Geradine Simkins, CNM, MSN
National Association of Certified Professional Midwives: Mary Lawlor CPM, LM, MA

Steps in the Process: Part One

The Work Group met together regularly with the following agreements:

1. Commitment to monthly phone meetings
2. Identify goals for a facilitated meeting (Table 2)
3. Seek initial endorsement from decision-makers in each collaborating organization
4. Identify a facilitator and develop detailed proposal for facilitated process
5. Finalize and send proposal to potential funders
6. Secure funding and begin working with facilitator to prepare for in-person meeting

Working Through the Process: Part One

Initial meetings focused on review and evaluation of the ICM Gap Analysis Tools to determine if they were appropriate for use as common tools for individual and collaborative review of U.S. midwifery. It was agreed that this was an opportunity to find common ground among our groups, using the ICM lens as a 'third party viewpoint' to reflect on the current state and future of midwifery in the United States.

There was significant discussion about the structure and purpose of a facilitated meeting between the organizations. The consensus was that we needed skilled help to identify places that have held us back from moving forward together in the past and ways to move forward in the present and future. In order to find common ground, we needed to look at the past first and all the different paths we have taken to get to where we are standing now. The US MERA Work Group identified the need to produce a statement of how we related to the ICM and U.S. midwifery goals, and reviewing the ICM standards was a catalyst to start the conversation.

Through this continued dialogue, goals for a facilitated meeting were developed and approved by all seven organizations (see Table 2). Work then focused on finding a facilitator. The work group reviewed four proposals submitted by companies who have expertise in meeting facilitation. We identified three companies who were asked to join the Work Group for a phone interview of which two agreed. A second interview identified a clear leader, Managance Consulting & Coaching (www.managance.com), because of their experience working with multiple-organization coalitions, their utilization of a strengths and asset approach to conversations using multiple different methodologies and their commitment to work in a collaborative relationship with clients to produce well designed deliverables that are forward-looking. Managance, with Denice Hinden, Phd, ACC, ELI-MP as lead facilitator, was chosen to lead us through the process of planning and conducting a facilitated meeting. Funding for this project was received from the Transforming Birth Fund in the form of a $30,000 grant. Additional costs were divided equally among the seven organizations.

Table 2

Goals for a Facilitated Meeting
• Describe a history that reflects the ongoing efforts to move professional midwifery forward in the U.S., including identification of challenges and accomplishments • Engage in a dialogue that creates a deeper understanding of current strengths and challenges for U.S. midwifery • Develop knowledge and trust to support successful ongoing communication • Identify opportunities for future collaboration • Conduct a collaborative analysis of the ICM's Education, Regulation, and Association pillars as they apply to U.S. midwifery

Steps in the Process: Part Two

Once Managance was hired, members from that agency facilitated regular meetings of the Work Group including the following activities:

1. Information gathering process from stakeholders
2. Leadership development
3. Planning for facilitated meeting
4. Completing ICM Gap Analyses

Working through the Process: Part Two

Initial work with Managance involved information gathering from a cross-section of perspectives about the opportunities and challenges for U.S. midwifery to help the facilitators understand the current issues and the history of the relationships among the seven US MERA organizations. Managance conducted 17 individual interviews of stakeholders from outside the seven organizations, as well as with the presidents of each organization. Five focus group conference calls were conducted involving CNMs, CPMs, CMs, and other stakeholders. In all, a total of 59 individuals participated. From these interviews, unifying or hopeful themes as well as challenging or divisive themes were identified. These were then used to help develop the agenda for the facilitated meeting.

The Work Group continued conference calls one to two times a month with Managance including educating the group about 'Energy Leadership' and 'Conflict Management Styles.' Planning for the facilitated meeting continued through March 2013 including preparation via conference calls for all 35 delegates to the meeting at Airlie Convention Center.

Each of the seven organizations completed a component of a gap analysis of the ICM standards. Many questions were raised about the difficulty of using the ICM gap analysis tools due to the configuration of the U.S. health care system, the complexity of the regulatory systems of 50 individual

states, and the different midwifery credentials involved. Each organization shared preliminary analyses using a SWOT framework of strengths, weaknesses, opportunities, and threats.

The Facilitated Meeting

A facilitated meeting occurred at the Airlie Convention Center, Warrenton Virginia, April 19-21, 2013. Representatives from the seven US MERA organizations spent two days working with the Managance facilitators to achieve the original goals. The process included open dialogue and active listening from all participants. We took the first steps at learning to work effectively together for the benefit of mothers, babies, and families. Information was shared, and trust was built. The original goals set forth for the meeting were achieved.

Next Steps

The boards of the seven organizations have agreed to continue with US MERA as an official entity and to move forward with the work that was begun including:

1. Disseminate what was learned at the Airlie meeting to stakeholders at the grassroots level
2. Continue development of common ground statements drafted at the US MERA Airlie meeting
3. Identify issues on which we can work collaboratively
4. Formulate a joint response to the ICM global standards by the 2014 ICM Congress
5. Identify additional funding sources for continued work with Managance as the group's facilitator and coach

References

1. International Confederation of Midwives, *Global Standards for Midwifery Education*, 2010. Retrieved from http://internationalmidwives.org/what-we-do/education-coredocuments/
2. International Confederation of Midwives, *Essential Competencies for Basic Midwifery Practice*, 2010. Retrieved from http://internationalmidwives.org/what-we-do/education-coredocuments/
3. International Confederation of Midwives, *ICM Global Standards for Midwifery Regulation*, 2011. Retrieved from http://internationalmidwives.org/what-we-do/regulation-core-documents/
4. International Confederation of Midwives, *ICM Member Association Capacity Assessment Tool*. Retrieved from http://internationalmidwives.org/what-we-do/association-coredocuments.html
5. International Confederation of Midwives, *ICM International Definition of the Midwife*, June, 2011. Retrieved from http://internationalmidwives.org/who-we-are/policy-and-practice/icm-international-definition-of-the-midwife/
6. International Confederation of Midwives, *ICM Global Standards, Competencies and Tools*. Retrieved from http://internationalmidwives.org/what-we-do/global-standards-competencies-and-tools.html

Appendix A

List of Participants at the Facilitated Meeting, April 2013

(in alphabetical order by participating organization)

Accreditation Council for Midwifery Education (ACME)

- Melissa Avery
- Katherine Carr*
- Kerri Schuiling
- Suzanne Schechter
- Susan Stone

American College of Nurse-Midwives (ACNM)

- Ginger Breedlove
- Cathy Collins-Fulea*
- Holly Kennedy
- Maria Valentin-Welch
- Tanya Tanner
- (Lorrie Kaplan** not present)

American Midwifery Certification Board (AMCB)

- Carrie Bright**
- Cara Krulewitch*
- Tanya Bailey

Midwifery Education Accreditation Council (MEAC)

- Heidi Fillmore**
- Jo Anne Myers-Ciecko
- Nichole Redding
- Kristi Ridd-Young*
- Sandra Stewart

Midwives Alliance of North America (MANA)

- Jill Breen**
- Melissa Cheney
- Shafia Monroe
- Geradine Simkins*
- Christy Tashjian

National Association of Certified Professional Midwives (NACPM)

- Kaye Kanne
- Tanya Khemet
- Mary Lawlor*
- Audrey Levine
- Suzy Myers**

North American Registry of Midwives (NARM)

- Ida Darragh
- Elan McAllister
- Carol Nelson**
- Brynne Potter*
- Debbie Pulley

*Primary Representatives to the US MERA Work Group
**Alternate Representatives to the US MERA Work Group