Giving Birth to Midwives

A Forum for Midwifery Educators

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Issues for Midwifery Faculty: A Survey

Heidi Fillmore-Patrick

This survey was intended to gather information from direct-entry midwifery education programs regarding faculty qualities, responsibilities, professional growth and evaluation. 34 people responded to this internet survey which used the services of surveymonkey.com. It was sent to all MEAC accredited schools, all non-accredited direct-entry midwifery programs I have been able to identify, and all Canadian university-based direct-entry programs. It was sent a second time to the same group approximately 1 week after the first contact. The following chart categorizes the respondents:

(some respondents fill more than one role)

Faculty members of residential direct-entry midwifery schools	**14**
Faculty members of distance or correspondence direct-entry programs	**13**
Faculty members of university-based direct-entry midwifery programs	**6**
Administrators of direct-entry midwifery programs	**12**

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Good Teachers: Who Are They and How Do We Make More of Them?

Jo Anne Myers—Ciecko

Education – most of us believe that midwifery education is a process that entails partnership between students and teachers. We know that students are ultimately responsible for their learning and that teachers can't "produce" a midwife anymore than a midwife can "deliver" a baby. But we also know that a good teacher can make all the difference to a student's learning experience. Whether it's role modeling, counseling, challenging assumptions, or contemplating the big picture – teachers lead the way for tomorrow's midwives.

So what makes a good teacher? What experiences, educational background, and/or special talents are needed? How do we find good teachers? How do we support, retain, and reward good teachers? How can we be sure there will be enough teachers to address the needs of an expanding midwifery profession?

In the United States today, midwifery teachers include practicing midwives who provide practical experience and guide the learning activities of apprentice midwives, didactic instructors who teach one or more courses in classrooms or in web-based programs, and clinical preceptors who see students for short-term clinical rotations or guide students through all of their clinical experiences. Teachers may be nationally certified or state licensed or neither, may have no academic degrees or PhD's, may be midwives or experts in related fields, and they may or may not be affiliated with or employed by an accredited educational

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Good Teachers . . .

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institution. This pool of educators, estimated to be over 1,000 strong, is rich in varied backgrounds and perspectives. We have much to learn from each other. Yet we are often challenged to find common ground and a forum to explore what standards, if any, should be applied to midwifery teachers. Accreditation is one mechanism for establishing minimum faculty qualifications in formalized educational programs.

Course instructors in programs accredited by MEAC must hold certificates or degrees appropriate to their areas of responsibility or, when neither certificates nor degrees are available in this subject area, have a minimum of three years experience in the relevant field. In addition, course instructors in the core midwifery curriculum and clinical preceptors must be qualified as follows: nationally certified midwifery (CPM, CM, CNM); or legally recognized in a jurisdiction, province or state as a practitioner who provides women's health or maternity care; or a midwifery who has been a primary attendant without supervision for at least 50 out-of-hospital births and minimum of three years. In the case of degree-granting institutions, at least 75% of all course instructors must hold degrees at the degree level or higher to which they are teaching. Any course instructors who do not hold degrees must be supervised by appropriately qualified faculty. (http://meacschools.org/documents/StandardsCriteria.doc)

In programs accredited by the ACNM Division of Accreditation, core and midwifery faculty must be certified by ACNM or American Midwifery Certification Board (AMCB) and other faculty must be certified by other credentialing bodies when applicable. They must have a minimum of a master's degree and meet the academic institution's requirements for core and midwifery faculty. If a faculty possesses less than these qualifications, that individual must be responsible to a qualified faculty member. Faculty must also have preparation for teaching. And clinicians must have at least one year of experience as a clinician prior to teaching. (http://www.midwife.org/siteFiles/career/Oct._2003_accreditation_criteria_only.doc)

MEAC is currently conducting its periodic review of accreditation standards and asking if the requirements for faculty are appropriate and adequate. In particular, MEAC is interested in the question of how important it is that course instructors have experience in out-of-hospital birth. There is no stipulation in the current requirements, although the expectation is that MEAC-accredited programs are primarily preparing graduates for practice in out-of-hospital settings. All of the respondents to the faculty survey conducted by OTEP in August 2006 stated that core faculty should have practiced midwifery outside the hospital: somewhat important (12%), very important (35%), or essential (53%). Should the standards for MEAC accreditation include any statement regarding faculty experience in out-of-hospital birth?

Other qualities or characteristics that the majority of respondents felt were essential were: excellent critical thinkers (76%); can create a nurturing, safe environment (65%); can relate well to students on a personal level (53%); and can be honest and firm with students who are not meeting expectations (65%). Are any of these appropriate to ask schools to address – in job requirements, faculty evaluations, or other mechanisms of quality assurance?

Looking to the future, there seems to be considerable interest in degree programs among aspiring midwives. But as schools respond by establishing degree programs, the demand for midwifery teachers with the necessary academic degrees is growing. As the number of masters degree nurse-midwifery educational programs grew in the 1990s, faculty shortages became very problematic. We are on the cusp of a new era in which we may need and want to create advanced degree programs for the purpose of preparing midwifery teachers (in addition to researchers, administrators and health policy experts). Our freestanding midwifery institutions have an exciting opportunity to be really creative in designing these programs, but will also face funding and staffing challenges. And, as we experience in every facet of this midwifery movement/profession, we will be challenged to establish the credibility of such programs while preserving autonomy and fostering creativity.

While we contemplate the exciting possibilities, we must be careful not to overlook the hundreds of talented, experienced midwives who are already good midwifery teachers. Their expertise and commitment is a treasure trove for future midwives that must also be preserved and nurtured as we move forward.

The future of midwifery education and the critical need for preparing and supporting good midwifery teachers are strategic issues for the profession as a whole. Participants in the Outreach to Educators Project can play an important role in bringing these issues to the attention of our colleagues, organizing forums that bring the experts and stakeholders together, and identifying opportunities and resources to further develop midwifery education. I urge you to consider how you might contribute to this effort!

This Bulletin is coordinated by the Outreach to Educators Project, a project funded by a grant received by the Midwifery Education Accreditation Council (MEAC) from the Daniels Foundation. The mission of the Outreach to Educators Project (OTEP) is to strengthen the organizational capacities of direct-entry midwifery schools, encourage accreditation, and advance direct-entry midwifery education. All midwifery educators are invited to contribute to this newsletter. Deadlines for submission are April 1, August 1, and December 1. Send articles, letters, calendar items, or other submissions to OTEP at birthwise@verizon.net or 24 S. High St. Bridgton, Maine 04009.

Issues . . . A Survey

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For me, this survey was my most interesting survey yet. I am continually impressed with the thoughtfulness, insight, integrity, and innovation of our midwifery educators. I also noted how varied our programs are and how useful it is to see how we each handle some of these faculty issues. Again, the responses of the participants will mostly speak for themselves with little attempt at interpretation on my part.

Rate the following possible qualities or characteristics found in core faculty members in your midwifery program.

	Essential	Very Important	Somewhat Important	Not Impor-tant	Not Desire-able	N/A
Are practicing midwives	6% (2)	**71%(24)**	24%(8)	0%	0%	0%
Have practiced midwifery outside the hospital	**53%(18)**	35%(12)	12%(4)	0%	0%	0%
Have a post-secondary formal education	18%(6)	18%(6)	**50%(17)**	15% (5)	0%	0%
Have been trained as midwives in a formal program	18%(6)	26%(9)	**38%(13)**	15% (5)	0%	3% (1)
Are excellent critical thinkers	**76%(26)**	24%(8)	0%	0%	0%	0%
Can create a nurturing, safe environment	**65%(22)**	35%(12)	0%	0%	0%	0%
Can relate well to students on a personal level	**53%(18)**	35%(12)	12%(4)	0%	0%	0%
Can be honest and firm with students who are not meeting expectations	**65%(22)**	35%(12)	0%	0%	0%	0%
Have a dynamic presence in the classroom	24%(8)	**59%(20)**	18%(6)	0%	0%	0%
Are compatible with the philosophy and style of the other faculty members and the program as a whole	29%(10)	**50%(17)**	18%(6)	3% (1)	0%	0%

Total Respondents 34

Other important characteristics of faculty members:

Engaged in the mission of the institution, commitment to teaching more midwives. X5
Has personal integrity and professional ethics that align with the philosophical stance of the midwifery model of care. X5
Experienced in midwifery practice and teaching. X3
Organized. X3
Looks for opportunities to upgrade her knowledge. X3
Use creative teaching styles. X3
Willingness to give lots of time. X2
Accurate and timely record keeping, assessment of student progress. X2
Openness to having a larger professional community, collaborative. X2
Strong, up-to-date knowledge base of their subject area. X2
Be able to communicate well(written and verbal). X2
Someone who loves to teach. X2
Understand adult learners and can teach to different learning styles. X2
Is able and willing to discuss the spiritual aspects of the sacred calling of midwifery.
Have a passion for the material.
Willingness to adjust and be flexible.
Clear communication.
Active participant in faculty meetings and committee work.
Have high standards.
Grant writing is always a plus.
Available for students to talk outside of class.
Makes contributions to curricula, course design, and program design.
Ability to engage and energize students in the subject area.
Need to be creative and feel comfortable with a more interactive, discussion oriented style of teaching.
Can say "I don't know, but I'll find out" when a student asks a question they are not sure how to answer.

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Accountability for ones own work and holding students accountable.
Revises syllabus regularly to address changing information, student feedback.
Have the time to organize their courses well and create diverse learning activities for their students.
Compassionate nature combined with the ability to teach or instruct adult female learning styles.
Intellectually curious and therefore prepare well for their classes.
Create case studies to apply concepts to real-life situations.

What responsibilities do faculty in your program have?

Teach in a classroom setting	94.1% (32)
Periodically review and revise program curriculum	91.2% (31)
Attend faculty meetings	85.3% (29)
Design and revise course syllabi	64.7% (22)
Act as advisor to students during their matriculation through the program	50% (17)
Participate in committee work on the administrative level	29.4% (10)
Do research for publication	14.7% (5)

Total Respondents 34

Other faculty responsibilities:

- Maintaining their academic rank and their professional licenses as required by the community college and the state licensing agency.
- Complete the reading assignments and participate in the discussions during faculty meetings.
- Most midwifery faculty at my university are part time adjuncts teaching one or two courses per year. Some might like greater curriculum and administrative responsibility but need to be paid for it, which isn't offered by the school. I believe the midwifery program administrator would support that if the university supported her with the appropriate level of budget. However, as long as budget is contingent upon enrollment, that will never happen.

Which of the following most closely represents your thoughts on consistency of information conveyed within your curriculum? For example, management of prolonged rupture of membranes. Choose all that apply.

It is the program's responsibility to define what is the correct information to convey to students in the classroom.**23.5% (8)**
There is no one correct way to practice midwifery, therefore, facultyShould be given freedom to teach their course with their own style. **23.5% (8)**
Diversity in style of practice and information taught from one faculty member to another is helpful exposure for students.**82.4% (28)**
Diversity in style of practice and information from one faculty member to another is confusing to midwifery students. **20.6% (7)**

Total respondents 34

Comments:

- The educational world believes that faculty should have freedom to teach. I believe that you choose faculty that have a similar approach and philosophy about birth and complications in order to have a core consistency, but with individual style differences.
- Diversity may at times be confusing but that's life; we all have to make our own choices.
- It is the institutions responsibility to review the curriculum in its entirety for content, consistency and thoroughness. It is the responsibility of the faculty member to review and update their own curriculum.
- On one hand I feel there should be an agreed upon standard body of information that all faculty adhere to, and on the other hand appreciate the diversity that exists in practice style. I know our students have indicated they were confused by conflicting information (even in the books!) and many have asked for more black and white information. Not everything is black and white when it comes to practicing midwifery and students need to be able to navigate in those muddy waters. I guess the best we can do is make sure what we teach is evidence-based so our students can make their protocols based on real information.
- I think it's important to acknowledge that there are a range of styles, protocols and legal environments for midwifery practice and to be sure that a cross-section of voices are represented in the student's learning experiences. However, it's equally important that students are given guidance and support to develop their own critical thinking skills so they have the ability to discern when practices are within (or not) a safe range. It's also really important to understand the legal and professional meaning of standard of care (what a reasonable/prudent midwife would do in same or similar circumstances) so that students can evaluate practices in relation to SOC. These are high-level skills and can be very difficult for entry-level student to grasp—the ambiguity makes some crazy and yet I don't think they are necessarily incapable of becoming good midwives. So having some sort of "north star" to help students navigate through the

variety and ambiguity might be really helpful. I've been exploring the idea of a certain real minimum core of information/ processes that all students must accept/master to complete the program, acknowledging that there is a bigger world out there in which they may make other choices about their own style and protocols in the years ahead.

- We struggle as a school to define where our "bottom line" is. There have been issues with preceptors who have had clinical practices that the school deemed unacceptable for student training sites…
- Diversity is important, as long as it is clear to students that there are differing opinions, and no one method is taught as "the" method.
- There are always more than one way to accomplish things and students should be armed with knowing multiple methods and techniques. Faculty, however, must recognize this as well and not insist that theirs is the only right way.
- I do think diversity is important, but I also believe students need to be able to expect consistency.
- Students should be exposed to many MW model of care practices but also what the ACOG and CNM organizations recommend.

How do your faculty who are at-a-distance stay connected with the program as a whole?
On-line chats with students.
Mailings
Phone conferences
In person orientation weekends
Email groups
On-site visits by school
Faculty meetings
They are asked to participate in various "volunteer" tasks such as peer review and periodic committee work.
Newsletters

What professional growth opportunities for faculty are offered at your school/ program?
CEU's are offered at faculty meetings.
Free or discounted tuition for courses offered by the school.
Continuing education fund.
Release time to attend and present at professional conferences.
Mentoring instruction.
Excellent and inspirational faculty discussions led by the president of the school with pre-reading assignments for participants.
Partial reimbursement for textbooks.
We offer any faculty the chance to pursue a higher degree in Midwifery (i.e. Bachelor's or Master's), and we will pay for their student tuition while they are working for us.
Financial support to attend conferences and present the information to other faculty at our quarterly meetings.
Faculty-wide in services.
Not enough!
In the past decade there has been only one conference opportunity on professional education growth in general that was made available to adjunct faculty. In most years, there are virtually no professional growth opportunities for adjunct faculty offered at our school that are specific to midwifery teaching. There is no budgeting made available for true professional growth.

What have you found to be the most effective or helpful methods for evaluating faculty performance?
Student feedback (questionnaires, interviews). (19)
Classroom observation with evaluation and feedback. (8)
Peer reviews (6)
One-on-one review sessions with administrators. (5)
Syllabus evaluation with feedback. (2)
Close contact and observation.
Sitting in the classroom throughout most of a class meeting, participating in the class rather than just observing, consulting with faculty about student evaluations when those are excellent as well as when they are mediocre, and talking with students to get their full thinking rather than relying solely on automated multiple choice scantron eval formats.
Not by students alone. Students have a valuable but limited perspective. If there is feedback of concern from students, the faculty involved should always have another avenue of evaluation that allows for more balance, include administrative evaluations, self-evaluation, peer evaluation. Students have the potential to ruin a good faculty person's involvement with the school.

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Ideally, if you could change anything about the position of faculty in your program, what would that be?
Higher pay!!! X4
Course assistants
Dedicated office space
To get them MORE involved in program design and student process.
Formal training to be an educator.
More training and instruction of faculty.
A real advisory system in place.
Better connection between academic faculty and clinical faculty (preceptors).
I would love to have a full-time faculty who could focus on the school curriculum more intently than our current faculty who mostly are midwives and teach very part-time. I would love to be able to pay them a salary to teach, develop curriculum, advise students, do research, write for publication, write textbooks, get involved on the national level…
We are hoping to move to having "core faculty" who are more integral to curriculum review and improvement, student advising and post-grad placement, and are also better supported to do more to improve and enhance our program and themselves (i.e. research, writing, conference planning).
More geographically connected—there is a lot of experience among the group that I would love to learn from. Faculty list serve?
More support from College administration and ability to hire more full-time faculty.
Meet with other faculty to share ideas, ensure consistency and avoid redundancy. X2
Better attended faculty meetings so that we could really create a community of educators.
We would have nothing else to do except be able to meet together, support each other's teaching, have ongoing communication and input with administration, and make enough money to give up our practices! Honestly, though, it is hard to stay connected with the school when you are part-time, far away, and busy. Schools need to devise ways to keep faculty connected, invested, and involved! A yearly retreat that is a gift to faculty? A teaching day with CEU's that the school puts on for faculty? Using the internet to survey, share, and solicit input?

Questionaire on Faculty Pay
The question on the original survey about faculty compensation was unclear, so I sent out a separate short survey to all MEAC accredited schools, CNM schools and Canadian direct-entry schools, asking for only one response per school. I sent it twice and assured confidentiality, but the response was poor. 9 responses were received as described below:

Administrator of a residential direct-entry midwifery school	4
Administrator of a residential nurse-midwifery or CM program	3
Administrator of a distance learning program	2

These schools:

Employ a majority of full-time faculty members	2
Employ a majority of part-time faculty members	5
Employ a majority of adjunct faculty members (defined as teaching only occasionally)	2

Pay scale for core academic faculty:
CNM/CM programs: $60,000-100,000 full time plus benefitsBased on degree earned and seniority
CPM/Direct-entry programs: Varied greatly; listed below.$700/ semester credit hour$22-25 / hour$20-31 / hour plus $20 per hour prep and grading: Dependent on credentials, seniority, number of students enrolled$10-12.50/ hour
Canadian Direct-entry program: $32,000-$80,000 (Canadian funds) full time plus benefits Based on degree earned and experience

Pay scale for clinical preceptors:

No monetary compensation	5 programs
Small stipend if in-state	1 program
$20 per credit hour (30 contact hours)	1 program
$80/ primary birth, $40/ assist	1 program

School Profile:
Florida School of Traditional Midwifery

Jana Borino, Executive Director, and Kaitlin Earley, Academic Director

STM Mission Statement:

The Mission of the Florida School of Traditional Midwifery is to enhance well-being and empowerment of women and families through education and services delivered within the midwives model of care in an environment filled with beauty, dignity, and respect for each individual.

Our Vision

FSTM is committed to providing quality educational programs for those who share our desire to provide the best care for child-bearing women and their families. Graduates of our midwifery program are eligible to become Florida Licensed Midwives and Certified Professional Midwives. We offer excellence in direct-entry midwifery education in an environment that encourages students to reach their full potential. We believe it is our responsibility to promote the awareness and accessibility of midwifery services to our students and thus to the community at large. Our school is also devoted to providing thoughtful solutions to the needs of the community concerning health care, parent education, family support, childhood development, and healthy lifestyle choices. Our graduates are prepared to be community builders through the knowledge and practice of midwifery.

School History and Background

The Florida School of Traditional Midwifery was incorporated in 1993 as a 501(c)3, not-for-profit corporation. We offer direct-entry midwifery education, are licensed by the Florida Commission for Independent Education, and accredited by the Midwifery Education Accreditation Council (MEAC). FSTM offers four programs to the aspiring midwifery student: the Three-Year Direct-Entry Midwifery Program (our most popular program), a Midwifery Program Modified for R.N.'s, a Four Month Licensure by Endorsement Program, and a one year Midwife Assistant Program.

Upon graduation, midwifery students receive a diploma from FSTM and, except for Midwife Assistant graduates, are eligible to sit for the state licensed midwifery examination. The State of Florida utilizes the North American Registry of Midwives (NARM) national examination for this purpose. Upon passing this exam, graduates are eligible to practice as Licensed Midwives (LM's) in Florida. They are also eligible to become nationally certified through NARM as Certified Professional Midwives (CPM's).

FSTM Curriculum

The FSTM curriculum was developed by a committee comprised of Licensed Midwives, Certified Nurse-Midwives, midwives trained through apprenticeship, consumers and childbirth educators. The committee also solicited input from a variety of midwifery educators across the country.

Our midwifery program curricula adhere to the core competencies developed by both the Midwives Alliance of North America and the American College of Nurse-Midwives. These Core Competencies identify the essential knowledge-base required of an entry-level midwife. Our curriculum is also consistent with the curriculum framework developed by the Florida Department of Education and the requirements of Florida law, The Midwifery Practice Act, F.S. 467.

We have worked to blend our strong academic curriculum with the invaluable direct learning experiences that can only be provided by working with seasoned midwives. Our programs are designed and taught within the framework of the Midwives Model of care. We feel that it is essential for experienced midwives to be intimately involved with the education of future midwives. In our view, this sharing of the art of midwifery is one of the most vital components of a student's education.

In addition to technical skills and academic knowledge, our programs cultivate the essential qualities of nurturing, intuition, compassion, and strength. We have learned from and borrowed from the experiences of generations of midwives and wise women. At FSTM we have developed a special environment to nurture students as they become part of the next generation of midwives.

Our Faculty is comprised of Licensed Midwives, Certified Nurse Midwives and other professionals who are not only highly qualified in their fields, but were largely motivated to join us through their own experiences with midwifery and a desire to give something back to the midwifery community.

Our Students come from every race, religious background, and age. Over half of our student body are commuters who travel each week for class. We design our schedule especially for our commuter students, as we do not offer online courses or distance learning. Our students cite a sense of deep commitment and calling to midwifery as their life's work.

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School Profile: Florida . . .

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Our academic environment is geared to the adult learner. Our process is both dynamic and interactive involving a format of tutorial, discussion and lecture. Research is facilitated and encouraged, opinions are shared and insights are validated. Clinical experience is concurrent with academic coursework, giving relevance to factual material and evidence based practice.

Our Preceptors include Licensed Midwives, Certified Nurse Midwives, Registered Nurses and physicians who are licensed in Florida. We feel that it is very important for students to rotate through all types of practice settings and that they work with a variety of maternity care providers. Clinical sites are located throughout Florida and will provide students with experience in homebirth practices, birth centers, clinics and hospitals.

Each midwifery student rotates through a variety of clinical sites during the training program. Every care is taken to place students in clinical sites near their home; however, some travel to clinical sites may be required. Some clinical sites may require midwifery students to complete an application and interview process.

Three-Year Direct-Entry Midwifery Program

This program is designed to meet the educational needs of the student who comes to the School with no prior midwifery or nursing education. This three-year direct-entry program provides students with the academic and clinical learning experiences required for graduation pursuant to Florida's Midwifery Practice Act. The clinical requirements for completing the Three-Year Direct-Entry Midwifery Program and the Program Modified for R.N.'s are as follows: provide prenatal care to 75 women (including 20 initial prenatal exams), observe 25 women in the intrapartum period, act as primary midwife for 50 women in the intrapartum and postpartum periods, conduct 50 newborn exams and provide continuity of care to a minimum of 3 women. Twenty-five of the 50 intrapartum experiences for which the student acts as primary midwife will be in an out-of-hospital setting.

Midwifery Program Modified for Registered Nurses

As mandated in Florida Statute 467 (F.S.467), previous student education will be assessed on an individual basis and credit will be granted when appropriate. if credit is granted, both education time and tuition will be reduced proportionately. "in no case shall the training be reduced to a period of less than 2 years" F.S.467.009 (2).

Midwife Assistant Program

Midwife assistants work under the direct supervision of a Licensed Midwife. They are trained to provide labor and postpartum support, and to assist the midwife during the birth. This program is designed to give the student a strong academic foundation in midwifery, doula and childbirth education, as well as the clinical skills specific to that of a Midwife Assistant. Upon completion, students are eligible to be certified as childbirth educators and Doulas. Midwife Assistant students are required to observe 15 women through the antepartum, intrapartum and postpartum period, as well as observe 15 newborn exams.

Four-Month Licensure by Endorsement Program

The Four-month Licensure by Endorsement is designed to prepare practitioners licensed under statutes other than F.S. 467 and foreign trained practitioners who have had their credentials reviewed and approved by the appropriate state agency for careers as Florida Licensed Midwives. The program focuses on the art of out-of-hospital birth. In accordance with Florida statutes, licensure by endorsement students must perform 10 supervised prenatal examinations, and act as primary midwife at 5 supervised births. Students are prepared to pass the Florida licensing exam/ North American Registry of Midwives (NARM) exam. Upon passing this exam, graduates are eligible to become Florida Licensed Midwives (LM) and Certified Professional Midwives (CPM).

FSTM is housed in the historic Howard-Kelley house, a beautiful Victorian mansion in East Gainesville. We share the building with the Birth Center of Gainesville and the EMBRACE project. The Birth Center of Gainesville is the oldest birth center on the East coast of Florida, operated by Florida Licensed Midwives, and provides a valuable preceptor site for our midwifery students. The EMBRACE project provides free classes, support groups, and counseling for teens, expectant mothers, and new parents. Both of these programs are administered by the Florida School of Traditional Midwifery. Our students benefit from the close proximity to these two programs and have the opportunity to participate as need and desire allow.

Overall, FSTM provides the student with an education based on a combination of the art of traditional midwifery and today's knowledge of medical science. Our programs are designed to help students develop and refine the clinical and communication skills that are essential components of midwifery care. Emphasis is placed on differentiating between low-risk and high-risk pregnancies, the art of out-of-hospital birth, and preparing students to organize and operate their practices after licensing. FSTM graduates will effect change in their community by educating the public, media, legislators and policy-makers on the benefits and cost effectiveness of midwifery care. FSTM staff strive to equip students to function as community-based midwives in as many settings as possible in a warm, nurturing, and safe environment.

School Profile: Birthwise Midwifery School

Robin Doolittle

As a former student and current faculty and administrator at Birthwise Midwifery School in Bridgton, Maine I have seen first hand the experience of learning midwifery and learning the inner workings of a midwifery school through Birthwise. I entered as an aspiring-midwife, and now practice as a CPM in a small homebirth practice. At the same time, I participate in the workings of how the training of midwives happens at Birthwise both in the classroom and behind the scenes in the office. Though my involvement started just four years ago, in a school that is always evolving to better itself, four years is enough to see the program change and grow.

The founder and director, Heidi Fillmore-Patrick, started Birthwise 13 years ago in a rented space in downtown Bridgton, Maine. In 1994 there was a small group of women in the area, many who had homebirths themselves, who were interested in Heidi's classes. Now, women come from all over the country and Canada come to Western Maine to attend Birthwise. Originally, the intention was to provide classes to apprentice midwives who wanted some structure or benefits of group-learning to the "book part" of their midwifery training. Along the same time, MEAC was forming and helped Heidi to design the program further. It has since transformed into the three-year direct entry midwifery program that it is today. In the beginning, there was no clinical component to the program, as the students were to find, or already be in, apprenticeships of their own. Today, the program includes clinical rotations in two of the three academic semesters, followed by 1 year and a half (give or take) preceptorship where the student receives the bulk of her hands-on training. These preceptorships are often like short-term (anywhere from six months to two years) apprenticeships with homebirth midwives around the country or overseas. Most students include time at a high-volume site to supplement their numbers, get more experience both in complications and normal birth, and help them to graduate in the time allotted.

In 1998, Heidi was riding her bike in Bridgton, on her way to town when she saw that a beautiful 175 year-old brick farmhouse in walking distance to town was up for auction. Heidi saw a perfect setting for her growing midwifery school. Instead of wondering where she would get the money or if the school would develop further, she leapt at the opportunity and put in her bid. She was right to trust her instincts, as the setting for Birthwise is perfect. For the past years it has housed the midwifery practice, midwifery school, and various students in the attached student apartment. It has a homey feeling, high ceilings, and a sense of history. I'm sure there were many babies born in this house. And, as Birthwise grows, we hope many more. This summer, Birthwise has torn down the falling-down back portion of the house that connected to the barn and is building more student rooms and expanding the midwifery practice to include an on-site birth center. We hope this birth center will provide another option for birthing women in the area as well as provide experience for Birthwise students.

The faculty at Birthwise is comprised a group of women from different training backgrounds. We have CPM's trained at three-year programs, apprentice-trained CPM's, Naturopaths/CPM's, as well as some CNM's that have practiced in various settings. In addition to the core courses that MANA and MEAC have required for three-year direct entry midwifery programs, Birthwise requires that all students take courses that form a more wholistic midwifery approach. We have a required Homeopathy course taught by a Naturopathic Doctor/Midwife who uses homeopathics extensively in her practice. For students that want more, the following semester we have an elective in Advanced Homeopathy. The same is true for herbs, a required basic course followed by the opportunity for advanced knowledge the following semester. These healing modalities are important parts of traditional and wholistic midwifery and Birthwise believes all midwives should have at least basic training.

The Original Program at Birthwise consists of three academic semesters at our facility in Bridgton. Each semester is four or five months long, with classes meeting three days a week in the first semester, and two days a week in the second two semesters. Classes are small (maximum of 16 women), so discussion is a big part of class time. Hands-on simulations/activities, practicing skills on each other, case studies, and student presentations keep class time interesting and productive. In the second and third semesters, students have a clinical rotation one day a week, plus on-call time, in local midwifery and women's health practices. These sites vary and give students the opportunity to observe different kinds of midwifery care. Some sites are homebirth practices, others are with nurse-midwives in a hospital or birth center, and some are well-woman sites at local Planned Parenthoods where students can become experienced in Well Woman Care and STI treatment/prevention. Most of our students move from out of state to Maine during their time at Birthwise. Some rent a room in the apartment in Birthwise, some rent local off-season lake houses (which,

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School Profile: Birthwise . . .

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compared to other parts of the country are quite cheap!). For students that thrive better in a city environment, Portland is only an hour away. Some students rent and work in Portland, commuting to Bridgton on class days. We have had students commute as much as three hours (Boston or Vermont) to attend class. Students who commute are placed in clinical rotations closer to their homes.

A new and unique second program that Birthwise offers is the Apprenticeship Program. This program is designed for women who are already in apprenticeships, or have a midwife they will soon start to work with, and want the benefits of a learning community, diverse faculty, and sister-student midwives. Instead of three academic semesters that are 4-5 months each, which is our Original Program, students come for more concentrated six to eight week sessions four times over a two-year period. There are no clinical rotations during their time in Maine, as they will be doing all of their clinical work with their mentor-midwife in their hometown. This program is ideal for those women who have families and can't, or don't want to, relocate. It allows for shorter times away from home, and the ability to do all of their hands-on learning in the place where they plan to practice. Birthwise will help place students in short term housing situations for the six to eight week blocks.

Something that, as a student, I really appreciated about Birthwise was the genuine willingness of the directors and faculty to listen to students about what works and what doesn't. Now, being on staff, I hear this appreciation from current students. Some changes that have happened since I was a student four years ago include new classes, new equipment, and more community building. In order to graduate from Birthwise now, students participate in an Independent Research course where they learn how to do original research, find existing research from credible sources, write a publishable paper and give a presentation to their peers. This is a great program that benefits both the students and the larger midwifery community. I look forward to every December when it is time for the graduating class to present their research. We offer CEU's to the surrounding midwifery community and we all learn a lot from these budding midwives.

Graduates from Birthwise are eligible to sit for the NARM exam. Most licensed states use the CPM as the standard for eligibility, however some states are more specific. California requires graduation from an approved 3-year program. The Medical Board of California approved Birthwise as an accepted route to obtain licensure in their state as of the Spring of 2006. Midwives that have graduated from Birthwise start their own independent homebirth practices (off the top of my head I can think of 6 new midwives from my class and the class after me that have started practices this year—all of them have clients and getting more all the time!), join existing midwifery practices (I can think of 5 from that same pool), and even start their own Birth Centers (so far there is one of these motivated and talented graduates). . As a practicing midwife, a CPM and graduate from Birthwise, I feel like I was well prepared by this small midwifery school in small-town Maine.

The Evolving Role of Seattle Midwifery School's Faculty

Suzy Myers, LM, CPM, MPH
Faculty, Seattle Midwifery School

The recent faculty survey conducted by Heidi Fillmore-Patrick coincided with discussions underway at Seattle Midwifery School focusing on the role our faculty has played and changes we want to make to improve our program.

In 1978 when SMS began, the founders were all informally trained in an apprenticeship model with 2 family practice physicians and 1 lay midwife as our teachers. What we envisioned for our fledgling school was a formal program that, not only would lead to state licensure, but provide a strong "liberal arts" education for midwives, including, in addition to core midwifery knowledge and skills, a broad range of subjects such as statistics and epidemiology, the sociology and anthropology of the family and the role of birth in culture. We wanted our graduates to have a working knowledge of genetics and embryology, of gynecology and of childbirth education. We envisioned midwives who could negotiate their way in a changing and ever more complex health care environment, one in which, we hoped, professional midwifery would play an important role. We researched European midwifery schools and interviewed graduates of formal programs to glean what we could about structure and content of a curriculum. And all of this with no money!

Our first faculty were all volunteers, recruited to the worthy cause our pioneer midwifery school represented because they shared our passionate belief that this was a timely, needed project. In that first year, we had 2 CNM's who developed the core midwifery courses in antepartum, intrapartum and postpartum care, a Ph.D. geneticist on faculty at the University of Washington, a renegade (and underground) resident physician in obstetrics, a naturopathic physician, and several political scientists. We gave them carte blanche to create their own courses, with little specifications except title (i.e. "Genetics") and length (i.e. "30 hours"). And we, the 4 founding lay midwives, were the pilot class and first students. I am still amazed,

impressed and grateful for these generous and smart people who gave us the kernel of our curriculum, much of which is still in use today. The template developed by Kathy Carr, CNM, (today she is the current President of the ACNM) for midwifery care courses has remained a cornerstone of our program.

We had articulated certain educational principles in those founding days that still guide us today:

- All members of the school community work in partnership to create and maintain a positive, mutually respectful learning environment;
- Importance of recruiting students who represent the racial, ethnic and cultural diversity of our country;
- Use of a variety of learning resources and teaching methods to meet the various learning needs of our students;
- Recognition of the importance of critical thinking, literature review and research, public education and leadership as key skills for midwives;
- Inclusion, rather than exclusion, of a variety of perspectives and points of view, encouraging students to critically evaluate the effectiveness of different approaches;
- Value of client autonomy and right to make informed choices that may differ from that of the midwife.

Specific to our faculty, we articulated that we valued teachers who came from many disciplines, were expert in their field, and who provided students with diversity of opinion, style and points of view.

Over the years, the faculty changed, grew, and evolved, along with the rest of the school. In the 1980's our faculty, by then numbering more than a dozen, were all working somewhere else and taught at SMS as a very part-time job, more for the commitment to the program than for the financial rewards. While all were actively working and expert in their subject areas, most had never taught before coming to the SMS faculty. Some inherited their course syllabus from their predecessor, while others toiled to develop a course by the seat of their pants!

As is so often the case with independent non-profits, over the years our school experienced many difficult cycles of strained resources and scarcity which impacted faculty, as well as every other aspect of the program. No one was earning compensation that came close to matching their worth or their time, let alone commensurate with the "market" for higher education faculty. When a faculty member left and had to be replaced, we found ourselves over and over again being the "beggars" rather than the "choosers". Yet, even so, those who did come to teach at our school were almost uniformly devoted and responsible to the task at hand.

- Bringing clinical preceptors more fully into the role of adjunct faculty by providing better links with the school, continuing education and on-going involvement in planning and evaluation of students' clinical training.

Perhaps most importantly, we are now engaged in bringing our founding principle which articulated a commitment to training midwives who represented "the racial, ethnic and cultural diversity of our country" to the forefront. All segments of the SMS community, including faculty, have made a commitment to examine and educate ourselves about issues of racism in our organization, to become an organization that is anti-racist and effectively trains culturally competent providers. This is important and serious work that we expect to be ongoing and have influence in all aspects of the school's life. A "Change Team" composed of students, staff, board and faculty is ready to get started.

Because the future of our profession is tied to the success of the students we train today, nothing feels more important to me than quality midwifery education. It's an exciting time, being part of a school that is working hard on this every day.

MEAC Standard 3: Faculty

Mary Ann Baul, Executive Director, MEAC

I have been a licensed home birth midwife for 24 years with a particular passion to help our future grandchildren find good midwives. I welcome aspiring midwives into my practice as a preceptor. Last week a visitor to our clinic said, "Look at all the young, enthusiastic midwives here! I'd rather be here than in some grumpy old doctor's office!"

MEAC standards for faculty encourage me! MEAC education programs seek to provide a high quality education to aspiring midwives, and I am not the only one who believes in qualified teachers engaged in students' learning experiences. Faculty and students create the living essence of a program. When MEAC created Standard 3, Faculty, we agreed that accredited midwifery education programs must meet the following standards for their faculty:

A. You must have faculty that are qualified—a no-brainer.
B. You must clearly establish faculty rights and responsibilities —helps with accountability.
C. Your faculty must participate in evaluation of the overall program, the curriculum, and the students—to continually improve your program and to make sure students are getting what they need.

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MEAC Standard 3: Faculty

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D. You must periodically evaluate your faculty's performance and resources to ensure that your program objectives are met—again, for continuous improvement.

A. Faculty must be qualified.

You must list your faculty and show how each member is qualified. Each course instructor must hold a certificate or a degree, or have a minimum of three years experience in the relevant field. Course instructors in core midwifery curriculum and clinical preceptors must be qualified as a nationally certified midwife, or legally recognized in a jurisdiction, or a primary midwife who has been a primary attendant without supervision for at least 50 out-of-hospital births and a minimum of three years. These requirements are the minimum. How do you find qualified midwives to teach in your program? Often our programs are somewhat small and isolated—but we need to reach out to the entire region and find diverse, talented teachers who bring their gifts to students. We seasoned midwives are out there and many are interested in sharing their knowledge—with a program's support, guidelines and appreciation.

The International Confederation of Midwives maintains that midwifery teachers should have the following capabilities:

1. Competence in clinical practice
2. Be appropriate role models
3. Understand how adults learn, and how teaching can support this learning in others
4. Foster critical thinking, clinical judgment and accountability
5. Have formal preparation for teaching
6. Able to use a variety of teaching methods to facilitate learning, given the range of learning styles among students
7. Have a solid foundation in organizing and implementing a midwifery curriculum
8. Maintain up-to-date knowledge base in midwifery theory and practice, and promote evidence-based practice
9. Understand their own values related to teaching and learning, and provide an environment for values clarification among learners related to working with a variety of clients
10. Promote the professional/ethical aspects of midwifery care
11. Create a learning environment based on mutual respect and trust
12. Be guardians of safe, competent, respectful midwifery care
13. Are committed to life-long learning for themselves and their students

Although the above ICM competencies for midwifery instructors are not in the MEAC standards, they serve midwifery education programs to identify teacher capabilities that will help students succeed. As Daphne Singingtree says, "Being a good midwife does not necessarily make one a good teacher." It is the institution's responsibility to prepare teachers to instruct, to evaluate them and to help them improve.

In today's world, standards for higher education dictate that for degree-granting programs, faculty must hold degrees at the degree level or higher to which they are teaching, or must be supervised by appropriately qualified faculty. You should demonstrate how appropriately qualified faculty will supervise instructors who do not hold the necessary qualifications. Some ideas for supervision include:

1. Have an initial meeting to review the program's philosophy and instruction methods with the instructor.
2. Approve instructor's lesson plans, learning objectives, learning activities, etc. for the course.
3. Instruct on adult learning styles.
4. Observe instructor at least once during the course.
5. Encourage self-evaluation.
6. Meet with instructor to debrief and give feedback from student evaluations and other observations.
7. Document meetings with instructor; keep records.

B. Faculty rights and responsibilities are clearly established.

Your school should have written policies and procedures for recruiting, hiring, and promoting faculty without discrimination. It should also have faculty grievance policies and procedures and show how they are adhered to. You must have written job descriptions for their faculty members, both instructors and preceptors. This lists the expectations, responsibilities, and terms of employment for each faculty member.

What's the difference between an instructor and a preceptor? Both are considered faculty in MEAC's eyes. Course instructors may have more responsibilities than teaching a class—they may be designing courses, providing syllabi, evaluating students, assigning grades, attending meetings, representing the school professionally, working with other faculty members, evaluating the curriculum and/or other faculty, maintaining their licenses and certifications, attending continuing education programs, maintaining program policies and procedures. Your preceptors, however, may be the key faculty members responsible for documenting the student's many clinical experiences and helping to assess whether the student is ready to practice. Preceptors may be asked to communicate expectations of apprentices, keep up with documentation, work cooperatively with students and faculty, adhere to school policies and procedures regarding apprentices, participate in staff trainings and program evaluations, and maintain certifications and licenses. Besides that, NARM has requirements for preceptors, even in MEAC schools. Some of those requirements include:

"Preceptors must sign off on births and skills which were adequately performed under the supervision of that preceptor. Each preceptor must also sign the preceptor verification form.

"Births as primary midwife under supervision means that the apprentice demonstrates the ability to perform all aspects of midwifery care to the satisfaction of the preceptor, who is physically present and supervising the apprentice's performance of skills and decision-making.

"Preceptors are expected to sign the documentation for the student at the time the skill is performed competently.

"Preceptor must be physically present when the apprentice performs the NARM primary midwife skills."

MEAC review committee members will be looking to see if your school is following NARM standards for preceptors —so it's important to understand what NARM expects. See NARM's website www.narm.org

> C. Faculty must participate in evaluation of the overall program, the curriculum, and the students. And D: Faculty performance and resources must be evaluated periodically to ensure that program objectives are met.

According to MEAC standards, your faculty must participate in evaluations of program, students and facilities. How each school accomplishes these evaluations is different—the important thing is that you have written policies and procedures and that you implement them. Most schools hold annual or bi-annual faculty meetings to evaluate the program, curriculum and facility resources. Faculty must regularly evaluate their students. Many schools also use the students' evaluations to improve courses and give feedback on faculty. They also make site visits or phone calls to preceptors and have explicit contracts with preceptors that clarify expectations. Once the expectations for faculty are in place, they can also be evaluated periodically according to those expectations.

Here's one final thought. Most MEAC schools are direct-entry midwife-owned or administrated, and for these schools core midwifery instructors are qualified out-of-hospital or home birth midwives with experience. However, MEAC needs to consider whether future core midwifery instructors, especially those qualified to teach in larger public institutions, will retain this important qualification. I believe that students who are taught by home birth midwives and who see many variations of normal birth at home or outside the hospital become deeply influenced by these experiences. Should MEAC require that core midwifery instructors be home or OOH midwives? Will future midwifery schools uphold this important knowledge? I propose that MEAC schools consider making this a requirement.

Holly Scholles wisely said, "I would suggest we re-conceptualize midwives as experts in vaginal birth, because that is what we are….We must have a clear identity to pass on to future generations of midwives. The defining vision of midwifery, central to any midwifery education, is trust in ourselves, the woman and babies we serve, and in birth itself." Midwives must be fully prepared to care for women and babies, and midwifery education programs should reflect the unique components and philosophy of the
Midwives Model of Care. The lifeblood of your midwifery education program is your faculty.

NARM Requirements for MEAC Students

The NARM-MEAC Handbook is five pages long and serves as a quick summary of the requirements for certification that all applicants must meet regardless of their route of eligibility. PEP candidates document their requirements with NARM, and MEAC students document their requirements with their school. As you are aware, we have had to add documentation of some requirements to the MEAC candidate application forms to confirm that every candidate has met the requirements. We now have another area that may need further documentation: the requirement that the clinical component must be at least one year in duration. The early testing letter that the schools must send with the candidate's application contains a brief summary of the clinical experiences that must be met, primarily because many school have additional clinical experiences required for graduation but the student may test when the NARM numbers are met. The early testing letter specifically lists those requirements. However, all five pages of the NARM-MEAC Handbook are not listed in the early testing letter because we assumed that all MEAC students were meeting these requirements as part of their overall assessment of the candidate's eligibility. We have this month come upon two candidates who registered with the early testing letter, but whose birth experience chart lists a time frame of less than a year. If the candidate has some experience prior to her dates at the school, this is the chart that documents the total time frame of clinical experience. These two candidates have confirmed that they did not have additional experience and that all of their clinical experience covered less than one year. This situation was discussed with the director of the school, who said that she did not think the one-year requirement applied to MEAC students because it was not specified in the early testing letter.

Therefore, we want to confirm with all MEAC schools that **the one-year clinical period is a requirement for all NARM candidates, including MEAC students**. Their clinical experiences may preceed their enrollment at the school, but they must have at least one year of experience prior to submitting their application.

We are requesting that all MEAC school directors add a sentence to the letter that is used for early testing that says: "The clinical component has been at least one year in duration." We hope that this will remind both the school and the student of the requirement.

Thank you for your understanding of our commitment to the NARM standards that were set by the Certification Task Force meetings in 1993-94.

Ida Darragh and the NARM Board

Connecting for Quality Teaching

Jodie Palmer, President, MCU

Envision a woman, obviously in transition, lying on a table in the delivery suite, her lids half shut, glaring at her husband. With a towel in one hand and a drink in the other he says, "Does it hurt? Can I get you a beer or something?" That cartoon, entitled, "Why No One Uses Midhusbands" by Dave Coverly, not only makes me laugh hysterically, but speaks volumes about why midwives are so special and important. As an educational institution, our ability to produce quality midwives is foremost in our minds. Dr. Stephen Tonsor, a noted essayist on education, stated that the greatest enemy to an institution's success is its faculty. Josiah Bunting, in An Education for our Time, essentially agreed in reverse; the faculty of an institution is its greatest asset. Whether large or small, highly structured or very casual, the quality and engagement of a program's faculty, instructors, and mentors are critical to the accomplishment of the program's mission. Therefore, what better asset to invest in than our faculty? There is terrific value in the effort to increase diversity throughout education today. However, when it comes to increasing our institutions' success by investing in faculty, unity cannot be undervalued. Another word for unity is CONNECTION, which means, to join or fasten together, to unite, or to establish a rapport or relationship. By CONNECTING with faculty in meaningful, empowering ways, an institution invests in its greatest asset and receives its greatest return. I offer three principles for connecting with faculty. Whether the program is on campus or distance-based these principles apply.

PRINCIPLE #1: Invest in Individuals Many institutions provide training, seminars, advanced education, and field experience for their faculty. However, the majority of these efforts are often done with the institution's benefit in mind, first and foremost. What is the justification for the expense unless there is a direct return, right? The Midwifery College of Utah conducts a faculty training every month. Every other training is a colloquium, or discussion of a particular book or reading selection. The colloquium topics have been carefully chosen to benefit the faculty in very personal ways, from family and community relationships to individual midwifery practices. Some of the readings for 2006 have or will include Crucial Conversations, The Articulate Executive, Self-Leadership and the One Minute Manager, Raving Fans, and Leadership and Self-Deception. MCU has found that investing in our faculty as individuals not only increases their commitment to the MCU mission, but also enhances the quality of their instruction and personal interaction with our students. We consider this a priceless return.

PRINCIPLE #2: Recognize Effort. People want to know that their efforts are making a difference. Identifying specific ways that our faculty have made a difference is like compound interest, the return far outweighs the deposit. Simple acts of recognition increase faculty confidence, engagement, energy, and commitment, and open avenues for greater creativity and passion to flow. Recently, one of MCU's instructors began an innovative campaign to inspire her students to complete a higher quantity and quality of work. The result of her efforts was quite astounding. To provide this faculty member with an opportunity to be recognized for her successful campaign, she was invited to describe her technique and its result during a faculty meeting. It was a wonderful training for our other instructors, but more importantly, it provided an opportunity for our faculty community to give cheers and recognition to this particular faculty member. Innovative administrators consider faculty recognition a matter of "system." A system of recognition means that we are actively and consistently looking for ways to CONNECT faculty with the difference that their efforts are making.

PRINCIPLE #3: Reconnect, Reconnect, Reconnect. Faculty are challenged by the many roles and responsibilities that vie for their time and attention. Rarely is a faculty member only an instructor, she may juggle a private practice, a family and very likely other professional and personal pursuits. Thus, the quality of attention, effort and commitment that an instructor gives to her duties can vary significantly. People have allegiance and commitment to things they are connected to, so the greater the connection the greater the commitment. We, therefore, have a vested interest in recognition, school spirit, and be a beautiful keepsake. However, more importantly, it connects our faculty directly to our institution. The keys to effective reconnection are 1) Variety and 2) Consistency. The list of ideas for applying these keys is endless!

Investing in Quality Teaching Programs that effectively invest in their greatest asset utilize three principles of faculty connection. 1. Investing in Individuals—consider ways to sincerely care about faculty personally, connecting to the natural consequences of caring for others. 2. Recognizing Effort—connect faculty to the direct outcomes of their efforts. 3. Reconnecting, Reconnecting, Reconnecting—engage deeper levels of commitment and engagement from instructors by using consistent and various means of connecting. It can be so easy to let the most important things, like investing in our faculty, take a back seat to the countless tasks and fires requiring our attention. However, I'll let Dave Coverly close with the lesson of how we don't want to find ourselves caring for our faculty. With thousands of little spiders at their feet, one mamma spider says to the other, "Yeah, I always tried to catch the perfect bug for my first thousand kids to eat, but the second thousand find a dead stinkbug on the ground and I'm like, 'Sure, eat it, whatever....'" When we invest by putting good "in," the chances are higher of getting something better "out."

MEAC Celebrates a Giant Step:

Jo Anne Myers-Ciecko is Hired as "Accreditation Specialist"

By Ellie Daniels, President of MEAC

MEAC is excited to announce the recent hiring of Jo Anne Myers-Ciecko to the newly created position of Accreditation Specialist. She will be stepping down from her Board of Director's (BOD) position to take the job, and as MEAC's attorney noted, "Hiring a board member with such exceptional experience is absolutely appropriate!" Jo Anne comes to us with fifteen years of MEAC BOD experience, 20 years as Executive Director of the Seattle Midwifery School, and a lifetime of passion for and involvement in women's health, midwifery, and midwifery education. She brings her intimate knowledge of MEAC's standards for accreditation, direct experience of the accreditation process, training background, and communication and administrative skills to the position. Through first-hand experience, she understands the relationship between federal requirements and accrediting agency standards, the significance of maintaining compliance, and the importance of clarity in the adoption of standards and criteria, consistency in their interpretation and application, and of timely and effective verbal and written communications.

It is not often that so many crucial factors flow together and gel with such perfect timing. This past year, as the Midwifery Education Accreditation Council (MEAC) approaches its 15th anniversary, it has seen many of its programs and schools through two or three accreditation cycles. MEAC is preparing its petition for renewal of recognition from the U.S. Department of Education, having achieved initial approval in 2001. The Board of Directors has been focused on a complete review of the Standards for accreditation, and in so doing, has solicited feedback from the schools and their constituents, and poured through years of notes and comments in the never ending quest for clarity and improvement. It has been a time of analysis, reflection, and focus.

At the Spring 2006 Board of Directors Meeting, in the process of our business planning, MEAC determined to develop a new position of Accreditation Specialist. This Specialist will bring a consistent, expert eye to the accreditation process. Together with the members of the Board, this position will serve as the Lead on each Accreditation Review Committee. In addition, the position will create tools and trainings to support the schools who are considering or in the process of accreditation, and the volunteer Board Members who take part in the process.

Last year, MEAC received a substantial grant resulting in the Outreach to Educators Project. As a result, existing and potential schools and programs have been coming together to network and share with each other. A new website has been launched, and the seeds for the Association of Midwifery Educators (AME) have been sown. This past summer, at the same time that the MEAC Board was planning for the creation of the Accreditation Specialist position, we received an unsolicited and generous grant that is allowing us to jump-start our plans! We want to extend our heartfelt thanks to Robbie Davis-Floyd for the part she played in bringing the grant to us.

Jo Anne echoes our excitement when she says, in her own words, "Finally, I just want to reiterate how exciting it is that MEAC has come to a place that allows for the development of this new role. I have a dream that we can move forward from this point to a time in the not too distant future when direct-entry midwifery educators are ready, willing, and truly able to train thousands of new midwives fully capable of providing excellent midwifery care in a new health system." Welcome, Jo Anne!

Sistah Care

The International Center for Traditional Childbearing (ICTC), is an African centered infant mortality prevention, pregnancy support and midwife training non-profit organization, our mission is to improve birth outcomes and increase the number of black midwives to help improve family health, increase breastfeeding and reduce premature births. To meet our goal, we provide pregnancy support, midwife and doula training and a youth leadership program called Sistah Care.

We are pleased to inform you that we will be having our 5th Sistah Care program this fall.

Sistah Care is a health career preparatory and academic support program for African American female students who are interested in maternal and child health. This 9-month program, accepts students from all schools, who are interested in nursing, midwifery and medicine. Sistah Care accepts female students from 13 years to 18 years, who are in school or in a GED program.

Our students learn medical terminology, clinical skills, attend relevant field trips, and the learn the requirements for nursing and the midwifery school.

Students can earn high school credits, earn money, and have a chance to attend our 5th Annual International Black Midwives and Healers Conference, in Phoenix, AZ, Oct. 13-15, 2006, where they will interact with other health care professionals. Please visit www.blackmidwives.org to learn more about ICTC.

If you have any questions please contact Roberta Eaglehorse, Coordinator at ICTC@blackmidwives.org or call (503) 460-9324.

Sierra Leone Midwives Delegation to Present at 5th Annual Conference on Black Midwifery

The International Center for Traditional Childbearing (ICTC) will host its 5th Annual Black Midwives and Healers Conference, "Rising from the Ashes; The Resurrection of a Community: Listener, Healer, Nurturer", will take place in beautiful Phoenix, AZ, October 13-15, 2006. We will be at the elegant Phoenix Hilton Airport Hotel, in the heart of Phoenix. The conference is being co-sponsored by the Phoenix Birthing Project and the New Hampshire Charitable Trust. "We are very excited about this historic collaboration, and the opportunity to focus national attention on the devastating affects of infant mortality in our communities", said Shafia M. Monroe, President, ICTC.

African Americans babies still have the highest death rate of any race in this country; the national average for white America is 5 infant deaths per 1000 babies and 14 infant deaths per 1000 for African American babies. The black midwife has a legacy of combating this problem, historically, she provided culturally based prenatal care, taught sound nutrition, built self-esteem, supported breastfeeding and welcomed and loved the father, keeping him connected to his growing unborn baby. The services of Black midwives are still needed and ICTC through this educational conference seeks to support and foster the resurgence of Black midwives who are once again filling the void.

The International Center for Traditional Childbearing (ICTC) is an African centered infant mortality prevention, pregnancy support and midwife training organization, established in 1991. Our mission is to improve birth outcomes in the black community, promote breastfeeding and increase the number of black midwives to enhance family health.

One again the conference showcases some of the most renowned practitioners in the health field including, Makeda Kamara, Midwife, Jewel Crawford, M.D, Barbara Freeman, MPH, Kimberly Taylor, Lactation Consultant, Roberta Eaglehorse, Doula, and Shafia M. Monroe, President/CEO ICTC and many other dynamic presenters.

In addition to workshops on Friday and Saturday, this year's keynote speakers will be Dr. Kathryn Hall, Founder of Birthing Project USA, and Ina May Gaskin, best seller author of, Spiritual Midwifery, and Saturday will culminate with a celebration and Gala Banquet.

Outreach to Educators Project
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