

Thirty Years of Global Outreach by the American College of Nurse-Midwives

Abstract

The mission of the American College of Nurse-Midwives (ACNM) is to promote the health and well-being of women and newborns within their families and communities through development and support of the profession of midwifery. The United Nations Millennium Development Goals 4 and 5 are to reduce infant and child mortality and improve maternal health through universal access to reproductive and reduction of maternal mortality. Significant, multilevel efforts are needed to achieve these goals. Over the last three decades, ACNM has mentored several generations of midwives in more than 30 countries who have contributed talent and commitment to making the world a safer place for women and children. We have developed invaluable institutional knowledge of the components required to build a profession of competent and qualified healthcare providers of maternal and infant care. The major focal areas of our Department of Global Outreach include (1) development and implementation of in-service training systems, (2) integrated preservice education, (3) strengthening of midwifery and other healthcare professions, and (4) community education and mobilization. ACNM's approach emphasizes partnership and capacity building with both individuals and organizations to strengthen the locus of control and ownership of projects within the host country, incorporating evidence-based best practices with flexibility and creativity. The future relies on upcoming generations to creatively work with multiple disciplines and across nations to solve the complex issues endangering women and families worldwide, especially mothers and infants.

Key words: childbirth, global health, maternal-child health, midwifery

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The American College of Nurse-Midwives (ACNM) is one of the oldest continuing women's health organizations in the United States, representing certified nurse-midwives (CNMs) and certified midwives (CMs). The ACNM's vision is to advance the health and well-being of women and newborns by setting the standard for midwifery excellence (ACNM, 2012). We believe in the basic human rights of all persons, recognizing that women often incur an undue burden of risk when these rights are violated (ACNM, 2004).

Every year at least 350,000 women die from childbirth, and 2 million babies die in the first day of life (Hogan et al., 2010; WHO, UNICEF, UNFPA & the World Bank, 2010). These poor

outcomes are in part because of a lack of qualified healthcare providers to care for women, particularly in low-resource countries where 52 million women will not be attended by a skilled birth attendant (UNICEF, 2009). The United Nations Population Fund (UNFPA, 2011) recently published *The State of the World's Midwifery 2011: Delivering Health, Saving Lives*, which presents a triple problem of competencies, coverage, and access. The World Health Organization estimates that 38 countries have severe shortages of midwives, and many will need a 10-fold increase to stem this tide (Global Call to Action, 2010; WHO, UNICEF, UNFPA, & the World Bank, 2010). For the

last 30 years, the ACNM has been a leader in global outreach and capacity building of women, midwives, and communities. Our work is undergirded by the Millennium Development Goals #4 to reduce child mortality, especially for children under age 5, and #5 to improve maternal health through reduction of maternal mortality and increasing access to reproductive health (United Nations, 2000). This article presents our history and experience in global outreach as we work to fulfill those goals.

History of ACNM Global Outreach

The mission of ACNM's Department of Global Outreach is to lead efforts that improve health and well-being of women and infants worldwide through strengthening the profession of midwifery and building the capacity of midwives and other healthcare professionals to serve their communities. ACNM's areas of expertise have evolved in response to the travesty of human rights that maternal mortality represents. In reviewing and observing firsthand the complex sociocultural, physiological, and gender-based phenomenon of maternal mortality, ACNM examined a range of modalities to address the issues on multiple fronts. To enhance healthcare providers' capacity to respond to obstetric and neonatal complications, we have worked with facilities, educational institutions, and healthcare providers themselves. To address sociocultural issues, we have supported community-based initiatives that examine long-held beliefs, practice, and attitudes, encouraging and supporting individuals and communities to explore their responses to women's and infants' morbidity and mortality. Unless a multifocal approach is used to address these deaths, single targeted interventions will have minimal impact.



Liba Taylor / Alamy

Since 1982, ACNM has implemented projects and provided technical assistance in more than 30 countries in Africa, Asia, Latin America, and Eurasia (Figure 1). We have received numerous grants and cooperative agreements from United States Agency for International Development (USAID), development agencies from outside of the United States, Department of Health & Human Services, private foundations, and volunteer organizations. We also have worked as a subcontractor on USAID's global maternal health programs including but not limited to MotherCare (http://pdf.usaid.gov/pdf_docs/PDABS900.pdf), PRIME II (www.prime2.org/prime2/section/60.html), ACCESS-FP (www.access-to-health.org/), and the Prevention of Postpartum Hemorrhage Initiative (www.pphprevention.org/). Through programmatic and technical expertise of its staff and membership, the ACNM supports a full range of clinical maternal and newborn health topics across the globe.

The ACNM membership has sustained a long-term interest in global activities and believes it is essential to work with midwives interested in serving internationally. In addition to the Department of Global Outreach, staffed in our national office and off campus, we have a Division of Global Health supported by volunteer effort. A recent survey of ACNM members revealed that 96% believe the organization should be involved in international work, 88% want educational opportunities by ACNM to prepare them in those efforts, and 74% are interested in working internationally themselves. Half of our members speak a second language, and one-third has experience working/living as a midwife in an international setting.

ACNM's Department of Global Outreach emphasizes partnership and capacity building with both individuals and organizations, and incorporates flexibility and creativity with evidence-based best practices. A systems approach, which improves accountability, is employed to support quality of care. Leadership from ACNM staff is initially provided while simultaneously strengthening the locus of control and ownership of projects within host countries.

Current Projects and Areas of Expertise

Over the past three decades through working in more than 30 countries, our Department of Global Outreach has developed invaluable institutional knowledge of the components required to build a profession that creates competent and qualified healthcare providers. This knowledge has led to the development of areas of expertise, which are used by the Department of Global Outreach when providing technical assistance and support throughout the world. Our major focal areas include (1) development and implementation of in-service training systems, (2) integrated preservice education, (3) strengthening of midwifery and other healthcare professions, and (4) community education and mobilization.

In-Service Training Systems

Human resources are at the heart of any healthcare system, and continuing education is critical to maintaining a competent workforce. In-service training has been the centerpiece of ACNM's international work since the Department of Global Outreach's inception. The ACNM Department of Global Outreach has experience creating both learning resource packages and full-scale training systems for healthcare cadres. These range from community health workers to midwives to physicians and encompass a full range of maternal and infant health topics. Through experience, ACNM has carefully studied and learned the elements necessary to sustain a successful training system. These include a concise curriculum tailored to priority needs; a course design built around critical thinking and competency-based objectives, which employs adult learning principles, well-trained facilitators, and clinical practice sites that have been prepared to model best practices; and a robust posttraining mentoring system (ACNM, 2011a).

Figure 1. Global Distribution of ACNM Presence.^a



^aNumber indicates regional projects of ACNM Department of Global Outreach.

Picture 1. Ethiopia: Traditional Birth Attendants Completed Preparation as Village Guides.

Save the Children, Negelle, Ethiopia. These traditional birth attendants have been prepared as community facilitators in *Home Based Life Saving Skills* (ACNM HBLSS, 2011). With the aid of the picture card booklet, they will help families to recognize complication in pregnancy and birth and refer to the nearest health facility.

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Preservice Strengthening

Strong, basic clinical education systems are akin to preventive medicine, saving precious time and resources by producing competent graduates. The ACNM Department of Global Outreach works to strengthen preservice midwifery education programs through an integrated approach that focuses on creating continuity among three central learning environments: (1) theoretical learning in the classroom, (2) practice of skills in a skills laboratory prior to direct patient care, and (3) clinical practice in the actual clinical setting. For each environment, standards, curricula, and teaching materials are reviewed, created, and implemented; clinical, teaching, and management skills are improved for teachers and clinical preceptors; and adequate infrastructure, equipment, and supplies are procured. We are currently evaluating specific components and activities within this integrated approach in Ghana to identify those components with the highest transformative potential. We also work with schools, national nursing and midwifery councils, Ministries of Health, health development partners, and donors to address specific components of this integrated approach. For instance, under the USAID-funded ACCESS program, the ACNM provided technical assistance to develop a Basic Emergency Obstetric and Newborn Care curriculum and implement faculty training in Ghana, Ethiopia, Malawi, and Tanzania. In our current USAID-funded project in Zambia preservice strengthening focuses

specifically on enhancing environment, standards, curricula, and teaching materials for the existing midwifery school skills laboratories. These long-standing efforts have helped us to become adept at tailoring integrated preservice strengthening to the needs of the specific country (ACNM, 2011b).

Strengthening Midwifery and Other Healthcare Professions

A strong regulatory system that supports professional healthcare cadres is essential to sustain a fully functioning healthcare system. Regulatory systems ultimately ensure a population of well-educated clinicians with standardized and updated skills who can competently serve their communities. ACNM possesses decades of domestic experience strengthening the profession of midwifery in the United States. This includes addressing regulatory issues ranging from certification and licensing to continuing education, scope of practice, and codes of ethics.

Healthcare professionals are often the first to recognize the need for practice regulation. Clinicians are well-positioned to understand the limitations to improving health systems and patient care, as well as the potential solutions to overcoming these limitations. As such, professional associations can be powerful change agents. In addition to working on regulatory structures with midwifery and nursing councils and ministries of health, ACNM has assisted with capacity building and institution



Picture 2. Vietnam: Skills Training.

Hung Vuong Hospital, Ho Chi Minh City, Vietnam. The midwives are learning suture sparing techniques for episiotomy and laceration repair.

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Picture 3. Nigeria: Learning to Estimate Blood Loss.

Midwives practice estimating blood loss using local flowers called “zobo” boiled to simulate blood. Accurate blood loss estimation is critical to diagnosing and treating hemorrhage, a leading killer of women worldwide.

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strengthening of midwifery associations around the world including Ghana, Pakistan, Uganda, Zimbabwe, Zambia, Senegal, Eritrea, Tanzania, Morocco, Indonesia, and Afghanistan. ACNM’s work with healthcare professional associations focuses on building membership capacity to become in-country resources for the profession and systems strengthening to effectively impact policy and establish standards for the profession (ACNM, 2011c).

Community Education and Mobilization

In many parts of the world, women lack access to a skilled healthcare provider who can respond to health emergencies; women are often unable to leave their communities for any number of sociocultural, economic, and gender equity reasons. In response to this reality, ACNM has developed an extensive community education and mobilization program (ACNM, 2011d). These include the Home Based Life Saving Skills (HBLSS) (ACNM HBLSS, 2011) as the community level counterpart to its flagship program, Life Saving Skills (LSS) (ACNM LSS, 2011). HBLSS is a community education and mobilization program specifically designed for nonliterate or low-literacy populations. HBLSS was born out of collective decades of work in both villages and health centers across the globe. The curriculum, implemented through a series of community meetings, focuses on community member’s experience with recognizing obstetric and neonatal problems. Building on this recognition, community members learn to relate cause and effect through community facilitators, using pictures and role playing, showing how trained healthcare workers respond to such problems. The community then negotiates and agrees on actions that can be taken by the family and community, including obstetric first aid skills and rapid referral. HBLSS has been implemented in more than 20 countries, leading to large increases in facility-based births and referrals from rural communities to higher levels of care. The methodology developed for HBLSS can be adapted to many topics and in different contexts.

The Future

The United Nations Millennium Development Goal 5 is to improve maternal health and Goal 4 is to reduce child mortality (United Nations, 2000). There is significant work ahead for all of us in order to achieve these in the future. ACNM is currently working with Jhpiego, an affiliate of Johns Hopkins University (www.jhpiego.org/), to develop a clinical trainer pathway for midwives and

Box 1. Clinical Implications for Global Health Initiatives

GOAL 4: REDUCE CHILD MORTALITY^a

Target 4.A: Reduce by two thirds, between 1990 and 2015, the under-five mortality rate

- Child deaths are falling, but not quickly enough to reach the target
- Revitalizing efforts against pneumonia and diarrhea, while improving nutrition, could save millions of children
- Recent success in controlling measles may be short-lived if funding gaps are not bridged

GOAL 5: IMPROVE MATERNAL HEALTH^a

Target 5.A: Reduce by three quarters the maternal mortality ratio

- Most maternal deaths can be avoided
- Giving birth is especially risky in Southern Asia and sub-Saharan Africa, where most women deliver without skilled care
- The rural-urban gap in skilled care during childbirth is narrowing

Target 5.B: Achieve universal access to reproductive health

- More women are receiving antenatal care
- Inequalities in care during pregnancy are striking
- Only one in three rural women in developing regions receive the recommended care during pregnancy
- Progress has stalled in reducing the number of teenage pregnancies, putting more young mothers at risk
- Poverty and lack of education perpetuate high adolescent birth rates
- Progress in expanding the use of contraceptives by women has slowed
- Use of contraception is lowest among the poorest women and those with no education
- Inadequate funding for family planning is a major failure in fulfilling commitments to improving women’s reproductive health

^aUnited Nations Millennium Development Goals. (Child): www.un.org/millenniumgoals/childhealth.shtml (Maternal): www.un.org/millenniumgoals/maternal.shtml

Table 1. Getting Started in International Health

- 1** Learn about the current issues in global maternal child health. The health of women and illness is complex on the global scale—there are multiple opportunities to make a difference (ACNM, 2011e/www.midwife.org/Key-MCH-Publications).
- 2** Investigate organizations working on international health issues domestically and internationally. What preparation do you need to work with these organizations? (ACNM, 2011f/www.midwife.org/International-MCH-Organizations)
- 3** Think about what kind of work you want to do and the time frame you have to do it. Most CNMs and CMs start as volunteers. Some start in clinical work, but few remain in clinical positions because there is often more need supporting the systems that support the local healthcare providers who work clinically. If you are not already a CNM or CM, consider becoming one. International opportunities in women's and maternal-child health are vast with this preparation (ACNM, 2011g/www.midwife.org/Become-a-Midwife).
- 4** Evaluate your own skill set and seek training where you need it. Some skills could be budget development, monitoring and evaluation, training in pre-service and in-service, report writing, giving presentations, research, school or facility assessment, curriculum review, foreign languages, or management of infectious diseases (ACNM, 2011h/www.midwife.org/Courses).
- 5** Seek opportunities to acquire experience through volunteering, attending global health conferences, working as a consultant, and/or talking with midwives and other professionals who work in global health.

other maternal-child healthcare providers who want to become global health consultants.

ACNM has mentored several generations of midwives who have contributed talent and commitment to making the world a safer place for women and children. The clinical implications are directly related to the United Nations Millennium Development Goals (United Nations, 2000) and are outlined in Box 1. Our staff and members work with many healthcare professionals and organizations in this effort. Table 1 provides suggested considerations for those interested in pursuing international work in this field. The future relies on upcoming generations to creatively work with multiple disciplines and across nations to solve the complex issues endangering women and families worldwide, especially mothers and infants. It requires promise, commitment, and innovation. ❖

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