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Public Sign-On Letter Against ACNM's Anti-Trans Actions

January 5, 2019 By [Feminist Midwife](#)

Midwives, if you haven't already signed on to this letter, please visit the [google doc here](#) to do so. Once you've signed the letter it's no longer visible, so I'm publishing it here for accessibility. The letter writers and original signers are included below, and the letter with public signatures will be updated [here](#).

As ACNM members, we submit this letter to raise our concerns about the ACNM Board of Directors' (BOD) recent actions in making decisions about access to care for transgender and gender non-conforming (TGNC) people in closed session and without any mechanism for transparency or accountability. We submit this letter on Transgender Day of Remembrance in the spirit of honoring the lives of those we have lost to transphobia, and fighting for the rights of those who continue to survive. We are

publishing this letter publicly so that midwives and midwifery students can sign on in solidarity.

We are alarmed to learn that at their October 2018 Board meeting, the newly-elected BOD 1) failed to approve proposed revisions to the ACNM Position Statement on care of TGNC people, and 2) failed to uphold the March 2018 decision of the previous BOD, which had confirmed that the midwifery core competencies as they currently stand *already include* gender affirming hormone therapy for TGNC people. Instead, the BOD rejected the Position Statement, stating that “neither hormone therapy or care of natal men [sic] is a core competency.”

These actions were motivated by concerns regarding midwifery care of transgender women and non-binary people assigned male at birth (referenced by the BOD as “natal men”), and are in direct opposition to the recommendations of the Gender Equity Task Force (GETF) Chair and the Core Competencies Committee Chair. No midwives who identify as TGNC or who provide care to TGNC communities participated in the closed discussions related to these motions.

Frustratingly, the BOD is able to withhold the detailed minutes of their discussion per protocol that only open session minutes are released publicly. The BOD included only very vague information on this discussion in the open session minutes. This is particularly concerning given that these BOD decisions have significant implications for work currently underway by the GETF and a number of ACNM committees. In reviewing the available open session notes, it is notable that the only topics from open session that were moved to closed session were related to midwifery care of TGNC people.

With this letter, we intend to alert the BOD and ACNM's membership of:

1. The presence of the many current and future midwives who stand in support of transgender, non-binary, gender-diverse and intersex people;
1. The importance of midwifery care for these communities;
1. The ethical implications of the BOD's lack of transparency; and
1. The practice implications of these decisions on us all.

The BOD's actions are very concerning in that they create an impression that gender affirming hormone therapy – widely recognized as straightforward and lifesaving care –

is not appropriate for new-to-practice midwives. This creates a barrier to increasing the number of providers equipped to provide this care, a development that is very problematic given the significant and well-documented health disparities experienced by TGNC communities. It is important to remember that midwives – including new midwives – are well versed in many forms of hormone therapy (such as for contraception and for management of menopausal symptoms), and that these other therapies are uncontested in their inclusion in the core competencies. Therefore, the BOD's exclusion of *only* gender affirming hormone therapy specifically and unethically targets TGNC people.

While we cannot presume to know the exact intent of BOD members participating in these decisions, the *impact* is clear. These decisions are transphobic; they send a message that the current BOD does not view transgender women as “real women” simply because some transgender women have a penis; otherwise they would be deemed inherently appropriate for midwifery care under the ACNM vision of “a midwife for every woman.” Importantly, midwives are able to care for people with penises when it comes to circumcision, as part of expanded midwifery practice. Thus, these motions are clearly not an issue of scope, but of what ACNM leadership finds uncomfortable politically or personally.

The BOD did not specifically state concerns regarding midwifery care of transgender men and non-binary people assigned female at birth. In more neutral circumstances this could be perceived as reassuring or benign. However, in the context of the BOD's actions it raises concern that the BOD perceives transgender men as “women” regardless of their gender identity, simply because some of these individuals may have breasts, ovaries, a uterus, and a vagina. This negates the true selves and humanity of these individuals, and tarnishes the value of midwifery care by filtering care provision through a lens of transphobia.

Biological determinism, the act of reducing a person's identity to their body parts, is inhumane, abhorrent, and unconscionable. This is the first time the BOD has attempted to make any distinctions between TGNC individuals based on anatomy. Previous BODs have intentionally described TGNC care inclusively, recognizing that gender is a spectrum and that anatomical distinctions reinforce biological determinism. Our peers in allied professions which have historically defined their scope of practice as “care of women” ([Obstetricians/Gynecologists](#) and [Women's Health Nurse Practitioners](#)) have long affirmed that care of all TGNC people – including transgender women – is important and within their scope. Our own prior BOD did the same in March of this

year. Yet the current BOD has decided to change course entirely, in a move that favors biological determinism and is particularly foreboding given the current political climate.

Within the past month, the Department of Health and Human Services released a memo stating that it is planning to require that gender be identified as a biological condition determined by genitalia at birth. Immediately, over 2,600 experts in the field, including both scientists and care providers, published a response, stating that to define someone by genitalia is “not only fundamentally inconsistent with science, but also with ethical practices, human rights, and basic dignity.” Why are we, as a profession, reversing our prior well-thought-out decisions and joining in a widespread assault on the rights, bodies, and health of transgender and non-binary people? Why have we sided with anti-science and transphobic positions by defining who midwives can take care of based on their genitals alone?

This position places midwives in the inappropriate position of acting as “gender police” tasked with determining who is “woman enough” to receive midwifery care, and leaves the many midwives already providing sexual and reproductive healthcare to gender diverse patients in professional and licensure limbo. Given research that indicates people of color are more likely to identify as TGNC than their white counterparts, limiting access to care for TGNC people also serves to further the already significant health disparities experienced by communities of color.

The truth is that midwives take care of people, not body parts, and that body parts are not inherently gendered. As midwives we pride ourselves on treating the whole person. We care holistically, we believe what people tell us, and we meet patients where they are. These BOD decisions are ethically in conflict with core midwifery values. Instead of providing guidance for clinicians, they require that we choose between practicing midwifery, and participating in a political decision by our professional organization that privileges bigotry and ignorance over the people harmed by that bigotry. They violate midwifery’s ethical obligations as care providers and reinforce the systemic oppressions already experienced by TGNC and intersex people. They use midwifery as a tool to amplify harm rather than increase equity. That is not acceptable.

We will not stand by as this BOD makes decisions that dehumanize the patient populations we are honored to serve. We will not stand by as this BOD makes decisions that dehumanize our own midwife colleagues who are TGNC or intersex.

We ask the BOD to do the following:

1. Commit to holding all future discussion of this issue in open session;
1. Reinstate the [March 2018 decision](#) that care of TGNC individuals and provision of gender affirming hormone affirmation therapy falls within entry midwifery care as outlined in the Core Competency document Section V.C.
1. Approve the revised Position Statement and revised Core Competencies documents *as submitted by the GETF* to the BOD for the October 2018 meeting, without the addition of restrictions on the care of transgender women or the provision of gender affirming hormone therapy
1. Charge the GETF and other relevant ACNM Volunteer Committees to work collaboratively to review and update the Midwifery Scope of Practice document to include care for TGNC individuals.
1. Publicly acknowledge the damage that has been done by the BOD's recent actions, and outline a plan for accountability in the future, including BOD and DOME additional training in gender diversity and impact on health disparities.
1. Use respectful and inclusive language when referring to TGNC individuals and communities in all communications and public documents; guided by ACNM's [Issue Brief](#) on "Use of Culturally-Appropriate Terminology for Gender-Diverse Populations"
1. Charge the Ethics Committee to review public documents that have potentially political implications.

We, as individuals deeply committed to increasing healthcare access to TGNC populations, hope that you will join us as we continue to strive towards a more inclusive path for midwifery. These signatures below affirm and signify the gravity of the harm we feel these decisions have brought forth by excluding vulnerable individuals from midwifery care.

We invite you to consider taking the following steps:

1. Signing this letter in support of inclusion of midwifery care for all bodies;
1. Sharing this letter with peers, friends, colleagues, and students;

1. Educating people about affirming language and engaging in conversations in a way that supports all people;

1. Sending a personalized letter to a regional representative or the BOD;

1. Running for office, and/or intentionally supporting the leadership of TGNC midwives in regional and national leadership roles, so that we have a Volunteer structure that understands TGNC issues;

1. Sending a letter to your current midwifery Director or the Director at your Alma Mater, with copies to DOME, to advocate for the inclusion of this education in midwifery programs.

For midwives and midwifery students who are TGNC and LGBQ identified: The Queer and Transgender Midwives Association (QTMA) is dedicated to supporting and representing LGBTQIA2S+ midwives and student midwives as they train and grow as providers and people. QTMA provides educational opportunities, advocacy, community and tools for their members, all grounded in an intersectional ideology and framework. It envisions a world where all LGBTQIA2S+ midwives and student midwives have the resources and representation they need to thrive in practice and in their community. QTMA is fiscally sponsored by the birth justice organization, [Elephant Circle](#). Interested folks can connect with QTMA on their [Facebook page](#) or by emailing QTmidwives@gmail.com.

Sincerely,

Stephanie Tillman (she/her), CNM, University of Illinois, Region IV – Chair, ACNM Gender Equity Task Force

Simon Adriane Ellis (they/them, he/him), CNM, Kaiser Permanente Washington, Region VII – Member, ACNM Gender Equity Task Force

Noelene K. Jeffers, (she/her), CNM, Region II, Member, ACNM Gender Equity Task Force

Margaret Haviland (she/her), CNM, WHNP-BC, Kernodle Clinic, Region III, Member – ACNM Gender Equity Task Force

Signey Olson (she/her), CNM, WHNP-BC, Columbia Fertility Associates, Region II – Member, ACNM Gender Equity Task Force

Lily Dalke (she/her), CM, LM, Planned Parenthood NYC, Region I – Member, ACNM Gender Equity Task Force; Member, ACNM Core Competencies Committee

Nikole Gettings (she/her), CNM, Region III- Member, ACNM Gender Equity Task Force

Anne Gibeau (she/her/hers), CNM, PhD, Director of Midwifery – Midwifery Practice, Jacobi Medical Center, Region 1, New York State Association of Licensed Midwives – Downstate Region Representative; Member – ACNM Gender Equity Task Force

Máiri Breen Rothman (she/her), CNM, MSN, FACNM, Director, M.A.M.A.S., Inc., Region II; Member – ACNM Gender Equity Task Force

Meghan Eagen-Torkko (she/her), PhD, CNM, ARNP, University of Washington Bothell and Public Health Seattle-King County, Region VII — Member, ACNM Ethics Committee

Lee Roosevelt (she/her), PhD, MPH, CNM, University of Michigan, Region IV

Jenny Nelson, (she/her), CNM, Region I

Jennifer M. Demma (she/her) MSN, APRN-CNM, Family Tree Clinic, Region V

Rob Reed (they/them), CNM, ARNP, IBCLC, Swedish Medical Center, ACNM Region VII – WA ACNM Affiliate Vice President

Signatories

Celeste Chavez (she/her), Tripler Army Medical Center, Hawaii Affiliate Treasurer

Traci Gamet (she/her), Legacy health

Willa Campbell (she/her), Prime Healthcare, Region 1

Esther Stein (she/her/they/them), SUNY Downstate, New York

Elizabeth Donnelly (she/her/hers), Kaiser DSA, Planned Parenthood NorCal, CNMA – Health Policy Vice Chair

Mary Mumford Haley (she/her), , CNM, East Bay Community Action Program

Olivia Arakawa (she/her), Kaiser Permanente, WA

Katie DePalma (she/her), CNM, George Washington University/Georgetown University

Kathryn Jones-Stadler (she/her), APRN-CNM, Region IV

Michelle Palmer (she), CNM, RI Home Birth, Home birth and birth center chair

Karen Trister Grace (she/hers), CNM, MSN, Division of Research

Amy Richane (she/her), CNM, Cooley Dickinson Womeb's Health

Rachel Horne (she/her), SNM, Frontier Nursing University, Maryland

Laura Leatherman-Clark, (she/hers), CNM, FNP

Ruth Tatara (she/her), CNM

Cecilia Duran (she/her), CNM, Region I

Sarah Obermeyer (she/her), CNM, Eisner Health, Region VII

Erin Dench (she/her), CNM, WHNP-BC, Georgetown University, Orlando Health, Region 3; Florida Affiliate Secretary

Kristin Wiley (she/her), CNM, Women's Health Associates, LLC

Kira Weier (she/her), CNM, Park Nicollet Clinic, Region V

Amy Levi (she/her), CNM, University of New Mexico, Region VI – Chair, Midwives for Sexual and Reproductive Health and Abortion Caucus

Bree Herndon (she/her), DNP, CNM, ARNP, Multicare Covington Medical Center, Region VII

Jane Bradley (she/hers), SNM, Vanderbilt University

Michelle Kaufman (she/her), CNM, Reading Birth Center – Tower Health Medical Center, Region 2

Aleeza Wachs (she/her), SNM, University of Pennsylvania

Sharyn Ginsberg (she/her), retired CNM

Katie Isaacs (she/her), CNM

Rachel Ritter (she/her), CM, Region I

Juniper Moon (they/them/she/her), Student Nurse Midwife, Seattle University

Morgan (she/her), SM, Birthwise Midwifery school

Andrea Altomaro (she/her), CNM, Henry Ford Health System

Marleigh Higgins (she/her), SNM

Susan Barton (she/her), CNM, Case Western Reserve University

Carlye Atkinson (she/her/hers), CNM, Planned Parenthood of Northern New England, Region I

Elizabeth Gabzdyl (she/her), CNM, DNP, Seattle University and Neighborcare, Region VII

Michelle Burton (she/her), RN – labor and delivery, future CNM, Florida Hospital

Kristin Covey (she/her), SNM, University of Washington, Washington

Kaity Molé (she/her), CNM, Southern Maryland Women's Healthcare, Maryland/DC

Amanda Heffernan (she/her), CNM, El Rio Birth & Women's Health Center, Region VI

Elin Shartar (she), CNM

Shannan Healy (she/her), SNM, Emory University, Region III

Jill Langan (she/her/hers), M.Ed., RN, Yale School of Nursing, Region I

Sarah E Brooks (they/them), RN, BSN, Family Planning Associates Medical Group of Chicago

Leonne Tanis (she/her), SNM, Yale Nursing School, Region I

Isabella Knoth (she/hers), SNM, University of Texas, Region VI

Ana Delgado (she/her), CNM, UCSF and Zuckerberg San Francisco General Hospital, Region 7 – RPC Steering Committee

Jennifer Banda (she, her), CNM, Franciscan Medical Group, WA

Megan (she), Student Nurse, Columbia University

Markie Jayne Van Orman (she/her/hers), SNM/SWHNP, Georgetown University, Planned Parenthood League of Massachusetts

Cortney Holmes (she/her), CPM, future CNM, Birthingway College of Midwifery, taking prereqs toward nurse midwifery at Portland Community College

Nikki Skrinak (she/her), CNM ,Region VI

Sam (Miss), SM, McMaster

Katherine Woodall (she/her), CNM, North Shore Birth Center, Beverly, MA, Region I

Aly Ringle (she/her), SNM, University of Washington

Michelle Farber (she/her), CNM, ARNP, Northwest Hospital/University of Washington

Ellie Miller (she/her), SNM, SUNY Downstate, Region I

Patricia Nast (she/her), CNM

Lucille (she/her), CNM, Planned Parenthood, Region 7

Angela Wells (she, her, hers), CNM, Promedica, Region IV – PAC Board

Kate Blumenthal (she/her), BSN, RNC OB, University of Pennsylvania Health System

Claire Hamp (she/her), SNM, Case Western Reserve University, Region IV

Elisabeth Larson, (she/her), BS, University of Illinois at Chicago

Annette Payot (she/her/hers), CNM

Sabr Lyon (they/them), consumer, patient – I'm furious, hurt, and afraid for my future births.

Kairsten Thies (she/her/hers), CNM

Abigail Reese (she/her), CNM

Siobhan Whalen (she/her), SNM, SUNY Downstate

Catherine Dezynski (she/her), DNP, CNM/WHNP

Melodee Corne (she/her), CNM, Planned Parenthood of Indiana and Kentucky, Region IV

Molly Bernish (she), CNM

Holly Pranaat (she/her/hers), CNM, UR Midwifery Group, Region I – New York

Adela Griswold (she/her), CNM, Virginia Department of Health, Region II

Kate Rowe (she/her), SNM, Seattle University

Alison Spillane (she/her), MSW, SNM, The George Washington University

Cynthia Belew (she/her/hers), CNM, UCSF

Hannah Holt, (she/her), RN, future SNM/CNM/DNP

Aubre Tompkins (she/her), CNM, Frontier Nursing University Alum, Region VI – CO
ACNM Affiliate Vice-Chair

Leanne Benson (she/her), CNM, Region I

Madison (she/her), SNM, Columbia University, New York

Katie DuCharme (she/her), CNM, Department of Defense

Anna Pestine (she/her), CNM

Jessica Vaughan (she/her), CNM, Crusader Community Health, Illinois

Mari-Carmen Farmer, (she/her), MSN, CNM, WHNP, Drexel University College of Medicine, Region 2 – ACNM Core Competencies Committee, ACNM Midwives of Color Mentoring Subcommittee, Vice President of Philadelphia Chapter of the ACNM PA Affiliate

Stephanie Sandwich (she/her), CNM

Laura Rice (she/her), SNM, Baylor University, Texas

Tanya Wills (she/her), LM, CNM, IBCLC, Manhattan Birth Midwifery

Emily Zeno Yeast (she/her), CNM, Samaritan Health Services, Region VII – Vice Chair, ACNM Government Affairs Committee

Erin Marten (she/her/hers), CNM, Mercy Health

Rachel Newhouse (she/her), CNM

Deanna (she/her), SM1, Mount Royal University

Hannah Persyn (she/her), SNN, University of Washington

Hope von Gunten (she/her), BA, RN, SNM

Joanna Sullivan (she/her), CNM, Providence Health Services

Kelly McGrath (she/her), SNM, AGPCNP, Shenandoah University

Sherrie Just (she/hers), SNM, Frontier Nursing University

Rosa Vuojolainen (she/her), SNM, SUNY Downstate

Nicolle Uban (she/her), Ph.D, CNM, APRN, Luna Women's Wellness and Birth Center, Region V

Sandra Hodges (she/her), MSN, WHNP, CNM, El Rio Birth and Women's Health Center, Tucson, AZ

Emily Martyn (she/her), CNM, Brattleboro Memorial Hospital

Sierra Shaffer (she/her, SNM, Yale School of Nursing

Amanda McPherson Shafon (she/her), CNM, Allegheny Health Network, Region II - President PA-ACNM

Laura Wiese (she/her), SNM, Emory University

Miriam Rosenberg (she/her), CNM, Legacy Emanuel Midwifery, Region 6

Nicola Given (she/her), SNM, Oregon Health & Science University, Region VII

Mx. Michele James-Parham (they/them/theirs), TM, Amethyst Midwifery & Womancraft

Lisa Russell (Miss), LM, CPM

Angela Beach-Hart (she/her), CPM, Birthingway

Windi Muraszka (she/her), CNM, Wyckoff Heights Medical Center, Brooklyn, NY, Region 1

Melissa (she/her), CNM, Special Beginnings Birth & Women's Center

Alys Moore (she/her), CNM, FNP-C, Vanderbilt University Medical Center/ Baby + Co, Region III

Marlena Holt (she/her), RN

Stacie Walker (she/her), CNM, MotherCraft, Inc.

Jeanne Stagner (she/her), CNM, La Clinica de Familia

Rossi Airy (she/her), RN, BSN, SNM, Georgetown University

Katie Danielson (she/her), CNM, Georgetown University

Caroline Miller (she/her), SNM, OHSU

Elizabeth Kitue (she/her), CNM, Beth Israel Deaconess Plymouth OBGYN & Midwifery, Region I

Anne Rosa (she/her), CNM, University of Michigan

Ariela Borkan (she/her), CNM, The Birth Center, Wilmington DE

Suzanna Avery (she/her), SNM, University of Washington

Emily Hart Hayes (she/her), CNM, WHNP, University of Utah, Region VI – Chair, Midwives-PAC

Sage Ungerleider (she/her), CNM, Baystate OB/GYN Group, Region I – MA affiliate PR co-chair

Jenifer E. Smith (she/her), SNM, Georgetown University, Region II

Rowan O'Connell-Barger Price (she/her/hers), SM, Yale School of Nursing

Tierra Salmón (she/her), TM, Andaluz Waterbirth Center

Roxanne Lundin Crittenden (she/her/hers), RN, Nurse-Midwifery Student, Vanderbilt University School of Nursing, Tennessee

Claire Harper (she/her), CNM, Medecins sans frontiers, Region II – Midwives-PAC Board Member

Chelsea Velovich (she/her/hers), CNM, FNP-C, HMG NYC , Region I, ACNM Member

Sandra Donover (she/her/hers), CNM, Penn Medicine

Morgan Nuzzo (she/her), CNM, The DuPont Clinic

Vanessa Treaster (she), DNP, CNM, Atlanta Birth Center, Southeast, Secretary of the Georgia affiliate

Emily Hardy (she/her), CNM, WHNP, Stanford University

Alyssa (she/her), SM

Kristen Janiszewski (she/her), CNM, Region II

Jessica Albrecht (she/her), CNM, Women's Birth & Wellness Center, Region III

Kimberly (she/her), SNM, Pennsylvania Hospital/Frontier Nursing University

Katie Grinnell (she/her), SNM, OHSU – ACNM national student liaison for OHSU

Melissa Avila (she/her), CNM

Kathryn Melvin (she/her), CNM/WHNP, MPH, Owensboro Health, KY

Luci DeVoy (she/her), CNM (Soon to Be DNP)

Sabrina Zionts (she/her), SNM, Yale School of Nursing

Dina Daines (she/her), CNM, The George Washington University, DC

Lauren Mangold (she/her), APRN, CNM, Mayo Clinic Rochester

Jacqueline Linder (she/her), CNM, Dr. Paul Byrne, Region 1

Merrick Soderstrom (they/them), NB recipient of midwifery care

Delmar Bauta, (they/them), SM

Rebeca Moretto (she/her), CNM, Women's Birth and Wellness Center, North Carolina – Fundraising Chair

Vida Mia Ruiz (she/her), CNM

Molly Altman (she/her), CNM, University of Washington

Heather Hogan (she/her), CNM

Olivia Corrado (she/her), CNM, Valley Medical Center

Rosa Jarvis (she/her/hers), RN, BSN, OCN, Centracare Health

Laura Burnett (she/her), LM, NMI

Danica Beebe (she/her), CNM, Wellspan ObGyn Lancaster, Region II

Angela Love (she), CNM, Midwife Love

Danielle Lips (she/her), SM, Gentle Birth Services of Bisbee

Marjorie Camarda (she/her), SNM, Oregon Health and Science University

Kathryn Lechner (she/her), CNM, Accent on Women's Health

Lisa Greenberg (she/her), CNM, ARNP, Valley Medical Center

Talita Oseguera (she/her), SNM, UCSF, Region 7

Judy Politzer (Ms), CNM, GPHA, PA

Tel Viehmann Cunniffolk (they/them), LM, CPM, Taproot Midwifery

Elizabeth Lamme (she/her), CNM, Medstar Washington Hospital Center, Region 2

Megan Felling (she/her), LM, CPM, Around The Circle Midwifery, Médecins Sans Frontières

Anita Jaynes (she/her/hers), CNM, MS, MA, Nebraska Medicine

Alyssa DeConto (she/her), CNM, Yale School of Nursing

Caitlin Campbell (she/her), CNM, MSN, MScPH, Region VII

Katie McNiven (she/her), RM, IBCLC

Alice Schreiber (she/her/hers), MSN, RN, SNM, Columbia University, Region 1 – ACNM
SANMS Liason, Columbia University

Zoe Gutterman (she/her), CNM, MPH, Region II – DC Affiliate Chair

Ciara Thomson-Barnett (she/her), MSN, CNM, WHNP, Planned Parenthood Columbia
Willamette, Region VII

Nicole Chaney (she/her), CNM, University of Pennsylvania

Kristin Giroux (she/her), CNM

Christine Borden (she/her), CNM, Healthy Woman OBGYN, Region 2

Katie McDevitt (she/her), CNM

Bridget LaGro (she/her), SNM, Frontier Nursing University, Region V

Aundria Radmacher (she, her), CPM, ACNM affiliate member

Kirsten Garner (she/her), CNM, Swedish Medical Center

Shelly Cooper (she/her), CNM student, OHSU

Maria Rowe (they/them)

Gwendolyn Neumeister (she/her), SNM, Oregon Health and Science University, Region
VII

Johanna Hatch (she/her), RN, SNM

Rachel Willey (she/ her/ hers), RN, BSN, SNM, University of California, San Francisco,
Region VII

Kai Shatteen-Jones (they/them/she/her), SM

Nicole Barclay (she/her), SM

Rebecca Fino-Fugate (she/her), CNM, Planned Parenthood, Region VII

Jennifer Blattner CNM (she/her), CNM, Kaiser Permanente, California

Devin Salazar (she), CNM, Legacy Silverton Medical Center

Heather Mecone (she/her/hers), CNM, Geisinger and Frontier, Regions II and V –
Previous PA Co-chair

Stephanie Fitting (she/her), CNM, Region IV

Max Farber (he/him/his), SNM

Martina Chwascinska-Szarek (she/her), CNM, Dignity Health, Region VII – President,
CNMA Santa Cruz-Monterey Bay Chapter

Katrina Kilroy (she/her), RM, Past president-Canadian Association of Midwives

Laura Greet (she/her), CNM

Jessie Blumim (she/her), CNM, Region II

Celina Hickson (she/her), CNM, Chittenden Regional Correctional Facility, Region I

Molly Tollefson (she/her), SNM, University of Pennsylvania

Mackenzie Douglass (she/her), CNM, MSN, APRN, University Hospitals, Case Western

Jessica Dacic (she), SNM, Frontier Nursing University

Jessica Grant (they/them/she/her), CNM, Evangelical Community Hospital, Region 2

Shaina (her/she), CNM, Bay Area Midwifery Center

Mary Di Masi (her/she), CNM

Julia Steinrueck (she/her), RN, SUNY Downstate Midwifery Program

Helen Clark (she/her), SNM, Emory, Region 5

Emily Joubert (she/her), CNM, Women's Birth and Wellness Center, Region 4

Mychal Reilly (she/her), CD(DONA), SM

Julia Goldin (she/her), RN, SNM, IBCLC, UCSF

Carolyn Moffatt (she/her), RM, Private practice midwife, Ontario, Canada

Nandi Andrea Hill (she), CPM LM, Self-employed, Southwest

Lisa Shwartz (she/her/hers), RN, PMHNP intern, University of California, San Francisco

Mo Deken (they/them), SNM

Avery Klepacki (she/hers), SNM, OHSU, Region 7

Lena Soo Hee Wood (she/her), CNM, The Oregon Clinic | OBGYN and Midwifery East, Region 7

Allison Koch (she/her), CNM, Women's Birth & Wellness Center, Region 3

Natalee Hartwig (she, her), CNM, Planned Parenthood Of WI

Amber Bell (she, her), SNM, UCSF

Gina Martínez (she/her)

Madison Cassels (she/her/hers), JD, Denver Area Labor Federation/Penn State Law

Emily Johnson (she/her), SNM, University of New Mexico

Kristine Oglesby (she/her), CNM

Nicole Walker (she/her), MSN, CNM, Seattle University

Jill Peters (she/her), CNM, FNP, Planned Parenthood of the Great Northwest and Hawaiian Islands, Region VII

Caranina Palomino (she/her/hers), SNM, UCSF, Region VII

Alexis Nolan (she/her/hers), CNM, Planned Parenthood of Northern New England, New England

Metta Weaver (she/her), CNM, Treasure Valley Midwives, Region VII

Ashtyn Wylie (she/her/they/them), SNN, Frontier Nursing University, PA

Sarah Levitan (she/her), CNM, Salud Para La Gente

Rachel Johnson (she/her), CNM, Swedish Medical Group

Chasity Mille (she/her), SM, MCU

Aimee Tom (she/her), CNM

Sureyya Stone (she/her), SNM, University of New Mexico

Nicole Demakis (she/her), SM, MMCI, Midwest

Janna Stults (she/her), CNM, Willow Midwife Center, Region VI

Lindsey Liggan (she/her), PT, DPT, WCS, PRPC

Carolyn Mank (she/her), MSN, CNM, IBCLC, Missouri

Ellen Solis (she/her), CNM, Carle Health Systems ; University of Illinois, Chicago, Region 4 – DGE

Elise Fogel (she/her), CNM

Julia Scheinman (she/her/hers), CNM student, Yale School of Nursing

Danielle Nazarenko (she/her), CNM, Region I

Jenna Benyounes (she/her), DNP, CNM, WHNP-BC, Region II – Conference Planning Committee

Amy Maynard (she/her), CNM

Lee McKeever (she/her), RN, SWHNP, Region II

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Susan Way (she/her), CNM, WHNP, Region VII

Austin Wilson (she/her), CNM

Elizabeth Markey (Ms), CNM

Signey Olson (she/her/hers), CNM, Columbia Fertility Associates, Region II – GETF

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Amy Langenfeld (she/her), APRN, CNM, University of Minnesota

Keely Robinson (she/her), CNM DNP student, Neighborcare Health – Washington State
ACNM chapter Diversity Task Force member

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Rosalie Elkinton (she/her), SNM, Yale School of Nursing, Region 1

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Lauren Yaussy (she/her/hers), RN, future CNM student, Avista Adventist Hospital, Colorado Affiliate

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Cassandra Selby (she/her), CNM, Women's Clinic of Northern Colorado, Region VI

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Kala Kluender (she/her), CNM, Valley View Hospital

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Stephanie Martinez (they/them), CNM, IBCLC, Gentle Birth Care, Region IV

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Olivia (Female), CNM

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Becky Hertogs (she/her & they/them), CNM, The Midwifery Institute at Jefferson
(Philadelphia University + Thomas Jefferson University)

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Emi Klemic (they/them), Student midwife, Laurentian University

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Michelle (she/her), CNM, OBGYN NORTH

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Rachanee Yaemsang (she/her), CNM, George Washington University

Kori Pienovi (she/her), CNM, Women's healthcare associates

Barbara Gremaud (she/her), RN, CPM, SNM, First Breath Birth and Wellness Center
Missouri

Becky Knight (she), CNM, WA

Beverly Maldonado (Female), CNM, Midwifery Care Associates, Maryland

Nadia Robinson (she, her, hers), RN midwifery student, Vanderbilt University School of
Nursing, Tennessee

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Kate (she/her), CNM, Women's Healthcare Associates

Tasha Brown (she, her, hers), SNM, Georgetown University, Region 5

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Suzanne Adkins (she), CNM

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Jessica Wing (she/her), RN

Kristen Joy Galbreath (she), SNM, University of New Mexico, Region VI

Claudia Booker (she/her), CPM Home Birth Midwife for All, Birthing Hands Midwifery
and Birth Services

Jasmine (she/her), CNM, Highland Hospital, Northern California

Hannah Purkey Chin, (she/her), SNM, Oregon Health and Science University

Emily Selvidge, CPNP (she, her), MS, IBCLC, UCSF

Laura J. Valle (she/her), DNP, APRN-CNM, Mount St. Joseph University, Region IV

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Jamesina Harrick (she), CNM, Lifecycle WomanCare, Region 6

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Catey Brannan (she, her), SNN, University of Colorado, Denver, CO

Kelly Abedi (she/her), SNM, Frontier Nursing University

Julia Lange Kessler (she/her), CM, DNP, FACNM, Georgetown University-PD for Midwifery/WHNP & WHNP Programs, Region I – Chair, Division for the Advancement of Midwifery

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Gloria Leyva Gonzalez (she, her, hers), SNM, UCSF

Brian (him), MPA, PNW

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Alexandra Holey (she/her), CNM, Oregon Health and Science University, Oregon

Mick Moran (they/them), Full-Spectrum Doula, The Doula Project

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Christina Chuchuru (she/her), SNM, Georgetown University, PAC Student Rep

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Rebecca Langley (she/her), CNM

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Deborah Gallegos (she), RN, UCSF

Katherine Kelly (she/her), CNM, Baby+Co., Region VII

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Signy Toquinto (she, her), CNM, UCSF School of Nursing – New Graduate, Region VII

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Isabel Brewster (she/her), SNM, Frontier Nursing University, Region 1

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Martha Kaempfe (me), CNM (retired), University of Illinois (at time of retirement),
Region IV

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California Rep to CNMA

Di Schempp (they/them, she/her), RN, PHN, future SNM, Fairview Ridges

Abigail Jones (she/hers), SNM, Vanderbilt University, Region III

Kate Mitchell (she/her/hers), CNM, Tribal Health/LA County, Southern & Northern
California; Arizona; Montana

Bridget Rochios (she/her), CNM

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Aja Aviles-Soto (she/her), SNM, Frontier Nursing University, WI

Kym Guadalupe (she/her/hers), CNM

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Lori Powers (she/her), CNM, WHNP-BC, DeKalb Womens Specialists, Region 3 – GA
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University, Region 1

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Jacob Arrington (he/him/his), SN, KSU

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Amy Wren (she/her), CNM, Wake Forest

Ione Chan (she/her), CNM, Rural health clinic, Region 7

Meghan Nolan (she/her), SNM, UIC

Jessica Burke-Lazarus (she/her), CNM, Neighborcare Health, Seattle, WA

Kelsie Bedard (she/her), SM, Birthwise Midwifery School

Katherine Meine (she/ her), DNP, CNM, Milwaukee County Jail, University of Wisconsin Oshkosh

Amber Crouch (she/her), SNM, Frontier Nursing University, Western Region

Jenna Noelke (she/her), CNM, Swedish Medical Center, Region VII

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Ashley Skluzacek (she/her), SNM, University of Washington

Alison Tinker (she/her/hers), MSN, RN

Julie Carlson (she/her), CNM, Home Birth Practice, Region I

Summer Diegel (they/them), student, Seattle University

Camille Williams (she/her), CNM, Lifespan Physician Group / Ob-Gyn Associates
Midwifery Service, Region 1 – JMWH Peer Reviewer

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Holly Cost (she/hers), CNM, UCSF/San Francisco General Hospital

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Rosie Lawrence-Pine (she/her), SNM, UCSF, Region VII

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Amy Davenport (she/her, they/them), CNM, MPH, UNC School of Medicine, Department of OB/Gyn, Division of Midwifery

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Ponderings on women, health, and care.

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Welcome to Feminist Midwife! I'm a midwife working in urban America.

Currently in my third year of practice, I'm constantly considering the roles of reproductive rights, women, and healthcare in the States and abroad. I hope to find in this blog a space to process, learn, and grow. I'm fired-up, emotional, excited, and thrilled about it all. Join me! ...

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