RALPH W. HALE, MD
Special Tribute
As we say farewell to retiring Executive Vice President Ralph W. Hale, MD, we celebrate his exceptional service.

The concept of the servant leader is critically important in organizations such as ours, because we fundamentally function as a servant organization to our members, and through them, to the patients our members serve. Dr. Hale represents to the fullest sense what a true servant leader is. He has gained our trust and admiration during the past 18 years as a superlative model of the truism that “a great leader is seen as a servant first.”

He has managed a large Executive Board for the betterment of the specialty. He proved time and again to be devoted to our committees, our members, and our patients. He is highly respected by his peers and revered by our Fellows. He worked steadily, avoiding the spotlight, while never taking his hand off the wheel. His vision often created crystal clear answers to difficult, complicated dilemmas. Talent, conviction, idealism, and energy, combined with a practical nature and a solid ethical core, certainly have served him and ACOG well.

He brought to his position a depth of knowledge and ability which he shared with the world. Among many achievements, he carried out his mission of elevating The College to an international level. He was also instrumental in the creation of our 501(c)(6).

Executive Board members who served during Dr. Hale’s tenure have recognized his accomplishments with a new endowment, the Hale Lecture, which will support a major presentation at the ACM each year.

Dr. Hale has served us all very capably, and his many contributions will continue to advance our organization for a long time to come.

New ACOG president to focus on hypertensive complications of pregnancy

James N. Martin, Jr, MD, of Mississippi, became the 62nd president of ACOG and The College on May 4 during the presidential inauguration and convocation at the ACM in Washington, DC.

Dr. Martin is professor of ob-gyn and director of the division of maternal-fetal medicine at the Winfred L. Wiser Hospital for Women and Infants, University of Mississippi Medical Center, in Jackson. His clinical expertise lies in the management of complicated pregnancies, particularly those related to hypertensive disorders.

Before Dr. Martin announced the theme of his presidential initiative during his inaugural address, he reassured ob-gyns that ACOG was committed to seeking long-term solutions to the problems that continue to challenge the specialty. According to Dr. Martin, “Medical liability reform is imperative.
Reflections on 18 years

This is my last Executive Desk after 18 years as first the executive director, and then the executive vice president (a name change, but the same job), and I want to reflect upon my tenure.

When I first came to ACOG in 1993, I was immediately immersed in the Clinton health care reform discussion. Those early days were spent trying to ensure that patients could see an ob-gyn without referral and that well-woman examinations were considered appropriate health care. Our then-president, Dr. Richard (Pete) S. Hollis, and I spent long hours working to convince the administration and Congress that ob-gyns had an integral role in health care.

The federal government’s involvement in day-to-day health care has continued and even increased, and today our nation is making another attempt at health care reform. In fact, many ACOG activities are devoted to influencing federal regulations and recommendations and supporting legislation that will make maternity care better for patients and for our specialty. A central emphasis is on protecting the rights of our members to practice ob-gyn without being overly burdened with restrictions and limitations.

There have been major changes in the demographics of our specialty. In 1993, approximately 20% of entering residents were women. Today almost 80% are women, and that number is increasing gradually each year. We have seen many changes in our specialty. In 1996, the Residency Review Committee (RRC) revised the training requirements and received approval to allow our residents to become “primary care providers” if they wished. Today we meet regularly with the family physicians, internists, and pediatricians on issues of mutual interest. Of course, not all of our members want to be primary care providers, but those who desire to do so can make that choice.

Other major changes during my time at ACOG include our expansion into global women’s health and the development of the Central and South American sections, an activity I am very proud to have fostered. Most of our publications are now evidence-based and have undergone structural and name changes.

This year, I have frequently been asked the question of whether, in retrospect, I would have undergone structural and name changes. My answer is an unequivocal “yes.” The opportunity to lead a dynamic organization dedicated to the continued improvement of women’s health care has been unique. The chance to meet and work with so many ob-gyns in all areas of the US and around the world has been extraordinary. But most important was having the opportunity to help improve the health care of women.

My successor, Hal C. Lawrence, III, MD, is an outstanding choice to continue to lead us in the future.

Ralph W. Hale, MD, Executive Vice President

Because it is the right thing to do for our patients, our members, and for society as a whole. Health care reform without liability reform is not only unhealthy, it is critically ill.

“We also will continue the work of the neonatal encephalopathy—cerebral palsy task force and maintain our leadership in the area of patient safety,” he said.

In choosing to focus on preeclampsia and hypertensive complications of pregnancy, Dr. Martin said there are key reasons why this condition must be a major focus of ACOG:

- The incidence of preeclampsia has been rising in the US for the past two decades.
- Preeclampsia is a leading cause of maternal death and a leading cause of maternal/perinatal morbidity and mortality. According to the National Center for Health Statistics, in the US between 2000 and 2007 there were nearly 4,000 maternal deaths, 490 of which were due to preeclampsia or hypertensive disorders of pregnancy. Moreover, for every maternal death related to preeclampsia in the US, it is estimated there are 50 women who suffer major life-threatening morbidity, sometimes described as “near miss
Did you know that one in three American women struggle to afford clean diapers for their babies? In low-income families, infants may spend an entire day in one diaper, leading to health risks and developmental delays. Most subsidized child care centers in the US require disposable diapers. This prevents mothers who cannot afford diapers from being able to return to work. The vast majority of public laundromats do not allow laundering of cloth diapers.

Facts like these are motivating ACOG Junior Fellows to carry out our series of diaper drives across the country, a project known as “No Baby Wet Behind.” Junior Fellows have already “raised” more than 50,000 diapers in the past year by hosting retail store drives, placing bins, and soliciting donations. It is amazing to see the compassion our Junior Fellows demonstrate. During the coming year, Junior Fellows will work to achieve their goal of collecting more than a quarter million diapers for our local communities. We have conducted drives in Iowa, Nebraska, Minnesota, Illinois, Texas, and Ohio, and the list of locations continues to grow.

If you are not already involved in Junior Fellow activities, please get involved now. Learn how at www.acog.org. Go to Quick Links and click on Junior Fellows. If you would like to take part in our diaper drive, contact me directly at gada.ravi@mayo.edu. I would love to hear from you!

Jennifer L. Hill, MD, and Vijaya Jyothshna Bayya, MD, presented their award-winning research papers at the 59th ACM on May 3. Both ob-gyns received the Donald F. Richardson Memorial Prize Paper Award, an award given to two Junior Fellows of The College for papers presented at a College district meeting in the preceding year.

Dr. Hill, who completed her residency with the department of ob-gyn at the University of Kansas School of Medicine-Wichita, presented her winning paper, “Abdominal Hysterectomy vs. Robot-Assisted Hysterectomy and Lymphadenectomy for Endometrial Cancer.”

Dr. Bayya, from the department of ob-gyn at Maimonides Medical Center, Brooklyn, NY, presented her winning paper, “The Role of Fetal Caput Succedaneum in Labor in Predicting the Mode of Delivery.”

To learn more, visit www.acog.org, click on News Releases at right, and read the May 1 release.

New Junior Fellow vice chair: Luke A. Newton, MD

The JFCAC elected Luke A. Newton, MD, as Junior Fellow vice chair during its Washington, DC, meeting on April 30. Dr. Newton is District XI chair and assistant professor and associate residency program director at the University of Texas Health Science Center, San Antonio, TX.
Ralph W. Hale, MD, has served us well! His 18-year tenure as executive vice president has been highlighted by many significant changes in the practice of ob-gyn and in ACOG/The College. During this time, The College emerged as one of the most highly respected medical societies.

Dr. Hale worked with 18 rotating College presidents, and numerous College vice presidents on staff, several of whom have been with him since his early years. Under Dr. Hale’s leadership, the College launched its website, and initiated electronic Executive Board meetings and committee meetings, as well as electronic voting. The Executive Board expanded to include representatives from subspecialty societies: the Society for Maternal-Fetal Medicine, the Society of Gynecologic Oncologists, and the Society for Reproductive Endocrinology and Infertility, an arm of the American Society for Reproductive Medicine. The American Board of Obstetrics and Gynecology, Inc. (ABOG) also is now represented on the Executive Board. These collaborative efforts helped unify and strengthen the specialty. Dr. Hale’s vision in this area has been of great benefit. He oversaw the inclusion of Young Physicians on the Executive Board, along with two new Fellow-At-Large positions.

The initiation of the Maintenance of Certification (MOC) program for all physicians by ABOG is another area where Dr. Hale’s foresight assisted our members. Working in collaboration with ABOG, The College helped develop and oversee the use of the Part 4 practice modules of the MOC program. By providing a solution to ABOG’s need for a patient safety module, we reinforced this partnership. In doing so, we provided an important service to members, and fostered a collaborative relationship with ABOG.

The College has grown and evolved in multiple ways under Dr. Hale’s leadership. Our membership increased from 35,300 in 1994 to more than 55,000 members in 2011, and our demographics changed even more dramatically. The College membership is now 50% female, and the gender distribution of residents and Junior Fellows in practice is 80% women/20% men.

Not only has membership expanded, but a new district has been added. Texas, previously part of District VII, became District XI in 2008. Florida, currently part of District IV, is slated to become District XII in 2010. Puerto Rico and the West Indies have long been part of District IV, and the Dominican Republic, following the example, became part of District III in 2008.

Benefits for Central American and South American members include attendance at national and district meetings and access to College educational materials, many of which are available in Spanish. Dr. Hale led the effort for the Central American Project, which now includes Fellows in six Central American countries who have developed an in-service examination and self-sustaining accreditation process to improve women’s health care.

One of the main reasons The College moved to the nation’s capital in 1981 was to lobby to effect changes to benefit women’s health care. During his tenure, Dr. Hale enabled us to become a much more effective advocacy organization. To improve and enhance The College’s direction and goals of the Executive Board, Dr. Hale facilitated the establishment of a 501(c)(6) organization, the American Congress of Obstetricians and Gynecologists, in 2010 (now ACOG).

The formation of the 501(c)(6), initiated and implemented from 2007–09, required a vast amount of shepherding, and now enables us to operate more effectively in the political and advocacy arenas. Under Dr. Hale’s guidance, the Congress developed a political action committee, Ob-GynPAC. This past election cycle, Ob-GynPAC generated more than $900,000 in contributions to help support representatives’ and senators’ election campaigns. Seven new physicians were elected to the US Congress.

Our internal structure has been reorganized under Dr. Hale to assist us in our advocacy endeavor. As of January 1 of this year, ACOG has a new Division of Advocacy. This division comprises the Government Relations Department and several departments that were a part of the Division of Women’s Health Issues.

Dr. Hale’s international roles have not been limited to the western hemisphere. He helped establish our exchange program with the Japan Society of Obstetrics and Gynecology, and he lent his leadership and organizational skills to the International Federation of Gynecology and Obstetrics, where he has taken an active role to improve health care of women worldwide.

ACOG and The College have benefitted greatly from Dr. Hale’s time and talents. He has been a great leader and an outstanding mentor to me. So, to Dr. Hale and his wife Jane, thank you. Best wishes, and aloha.

Hal C. Lawrence, III, MD
Vice President of Practice Activities and Executive Vice President-Designate
Reflections from the ACOG presidents

“One word describes Dr. Hale: integrity. Integrity encompasses many things. First, it encompasses honesty. His word is bond and his reputation is beyond reproach. Second, commitment. There was a driving force in him to maintain the highest ethics with all situations and persons. Third, sensitivity. He was considerate of those who wandered off the path by correcting them in a manner that would not tarnish their reputation. Fourth, leadership. His recognition of the need for better health care for women worldwide prompted him to reach out globally. Last, loyalty. His undying loyalty to ACOG set the standard for all involved with our organization.”

Richard “Pete” S. Hollis, MD (1993–94)

“It was a long time ago. Ralph was at the beginning of his tenure. There were some dicey issues in the air which he managed well. It was and is Ralph’s even temperament that bolstered his leadership skills. With his global vision for ACOG, he took the organization to its present level of national and international recognition.”

Fredric D. Frigoletto, Jr, MD (1996–97)

“Dr. Hale has been a leader in improving the quality of women’s health and lives in the US and around the world. He worked tirelessly throughout his career on behalf of our patients and our profession. He believes passionately in his mission. I have enormous gratitude for what he has done for me, for ACOG, for our patients, and for our physicians.”

Vicki L. Seltzer, MD (1997–98)

“Ralph Hale is not only a visionary and a gifted leader—who, I don’t think, ever slept—he is an advisor, supporter, and cheerleader. His goal was to make everyone around him succeed. Most of all he is a friend!”

Frank C. Miller, MD (1999–2000)

“Ralph, as a presidential officer, I marveled at your stamina and the way you related to many of the other professional organizations. And I have fond memories of working on the Central America Section/District VIII projects with you. I marveled at your commitment to seeing that work through to fruition. We had some memorable visits to Central American countries together.”

Thomas F. Purdon, MD (2001–02)
“Dr. Hale had a clear understanding of the mission of ACOG and a detailed plan of how to accomplish it. He fairly and appropriately guided our elected and volunteer leaders. He kept a strong finger on the pulse of medicine and government, always putting women’s health first and always helping steer The College in the right directions. ACOG will miss him.”

Charles B. Hammond, MD (2002–03)

“I am very appreciative of the attention Dr. Hale has paid to our up-and-coming cadre of practitioners through education, both student education, as well as resident education and beyond.”

Douglas W. Laube, MD, MEd (2006–07)

“Dr. Hale has transformed The American College into just that—all of America, not just North America. Traveling with Ralph was delightful, and we always met everyone. The College has been through some rough times in recent years during the recession. Dr. Hale’s guidance in this perilous time was instrumental to ensuring ACOG remained strong. I’ve worked closely with Dr. Hale for all of his 18 years of service. His tireless energy is truly amazing.”

Kenneth L. Noller, MD (2007–08)

“Dr. Hale’s single greatest contribution to The College was his development of ‘internationalism’ for The College, more specifically his vision of ACOG of the Americas’ with the inclusion of the Latin American countries. I was constantly amazed at Dr. Hale’s seemingly boundless energy. At the completion of my presidency, I had a one-on-one conversation with Dr. Hale, when I declared ‘I need a rest!’ (Ralph, where do you get all your energy?)”

Douglas H. Kirkpatrick, MD (2008–09)

“The longer you know him, the better you know him, and the more you admire him. Everywhere he goes in the world, he is highly regarded. He always made the ACOG president the centerpiece of international meetings, but everywhere he travels, people know him. He is a constant around the world. When we were at the meeting of the Society of Obstetricians and Gynaecologists of Canada, Dr. Hale let loose and showed his real talent on the dance floor. He is an excellent dancer.”

Gerald F. Joseph, Jr, MD (2009–10)
Ralph W. Hale, MD, executive vice president (1993–2011)

Executive Board establishes endowment to honor Ralph W. Hale, MD

Executive Vice President Ralph W. Hale, MD, will retire effective June 30 after 18 years of service to The College. Current and former Executive Board Members who served during Dr. Hale’s tenure as executive vice president have created an educational endowment to honor his commitment to the specialty and his dedication to lifelong learning. The Hale Lecture will become part of the Annual Clinical Meeting and will serve as an enduring tribute to Dr. Hale’s contributions to ACOG, The College, and our profession. The Board announced the endowment on April 30 at a special event in Washington, DC, in honor of Dr. Hale.

In recognition of Ralph W. Hale, MD, for his outstanding leadership, commitment to our specialty, and dedication to women’s health care, we are pleased to announce the creation of The Hale Lecture at The American College of Obstetricians and Gynecologists Annual Clinical Meeting.

A career dedicated to women’s health

Dr. Hale became executive vice president of The American College of Obstetricians and Gynecologists on July 1, 1993. In that role, he brought a depth of knowledge and ability which he shared with the world, achieving his mission of elevating The College to an international level.

He was instrumental in the creation of The American Congress of Obstetricians and Gynecologists (ACOG), the 501(c)(6) companion organization to The American College of Obstetricians and Gynecologists (The College). ACOG became operational January 1, 2010, focusing on socioeconomic and political activities.

In 2009, Dr. Hale served as chair of the International Federation of Gynecology and Obstetrics Organizing Committee for the very successful XIX World Congress in Cape Town, South Africa. He served the ob-gyn specialty in many capacities including: chair of the Committee on Scientific Program for the ACM (1990–91); president of the Association of Professors of Gynecology and Obstetrics (1990–91); and, program chair for the District VIII Annual Meeting (1978, 1986, and 1992). He is a former member of numerous College entities, including the Education Commission, Course Coordinating Committee, and the Ad Hoc Committee on Exercise and Pregnancy. He has delivered many lectures and presentations on such topics as residency work hours, the history of ob-gyn, and maintenance of certification, and has published more than 200 articles including several on exercise and pregnancy.

Dr. Hale served full-time at the University of Hawaii John A. Burns Medical School as assistant professor and assistant dean for student affairs in 1972. In 1975, he was appointed professor and the first chair of the department of ob-gyn at Kapiolani Medical Center in Honolulu, HI. Dr. Hale earned his medical degree from the University of Illinois in 1960; served as Lieutenant in the US Navy Medical Corps from 1962–65; and became a Fellow in 1971.

Dr. Hale is the recipient of many awards and honors. In 2010, the American Medical Association awarded him the Distinguished Service Award. His other awards include: Member Ad Eundem, Royal College of Obstetricians and Gynaecologists (1998); Honorary Member, Japan Society of Obstetrics and Gynecology (2005); Honorary Member, American College of Osteopathic Obstetricians and Gynecologists; and The College’s Armed Forces District Awards, including the Robert A. Ross Award (Navy), the Kermit E. Krantz Award (Air Force), and the Edward A. Zimmerman Award (Army).

Dr. Hale’s outside activities include collaboration on the US Olympic Committee (USOC) for 18 years, as chair of the Board of Directors of the US Anti-doping Agency; vice president of the USOC (1992–96); chair of the US Olympic Team for Atlanta; and president, US Aquatic Sports and US Water Polo.
Dr. Martin is the author of more than 500 scientific publications and communications, many of which address issues related to preeclampsia/eclampsia and atypical forms of this disease such as HELLP syndrome. The Preeclampsia Foundation presented Dr. Martin with its Hope Award in 2009 for lifetime achievement in preeclampsia research. He is a fellow of both the American Heart Association and the American Gynecological and Obstetrical Society. He is a past president of the North American Society for the Study of Hypertension in Pregnancy and the Society for Maternal-Fetal Medicine.

Dr. Martin has been an ACOG Fellow for 29 years. He is a former secretary of ACOG and chair of District VII. He has also served on a number of ACOG Committees and Task Forces, including the Committees on Obstetric Practice, Government Relations and Outreach, and Nominations.

Dr. Martin completed his undergraduate work at Wake Forest University in Winston-Salem, NC, and his medical degree at The University of North Carolina School of Medicine in Chapel Hill. His research in hypertensive disorders of pregnancy began during his ob-gyn residency at the North Carolina Memorial Hospital in Chapel Hill. He continued this research while completing fellowships with the World Health Organization at Karolinska Hospital in Stockholm, Sweden, and in maternal-fetal medicine at the Parkland Memorial Hospital, University of Texas Health Science Center, in Dallas.

• Despite all of this peril, the hypertensive disorders of pregnancy remain understudied and underfunded research areas as compared with other diseases in terms of disability-adjusted life years.

• Despite decades of research, the specific etiology of preeclampsia and its complete pathogenesis remain unknown.

• The last major effort to address these needs in the US was sponsored by the NIH, which released its findings more than a decade ago.

• Management protocols incorporating newly described protein markers for preeclampsia and guidelines for the proper use of antihypertensives to control blood pressure are needed.

• Preeclampsia can dramatically worsen over a very short period of time. Clinical symptoms, even more so than laboratory parameters, seem to be more predictive of adverse maternal outcome. Differentiation of severe disease from mild disease remains a challenge. This is one disorder in which evidence-based medicine and experience-based medicine both have important contributions to make to our practice.

• Inconsistent, inadequate, and sometimes inappropriate care of patients with these disorders is a recurring cause of liability actions in the US.

• We must better educate our patients as to the dangers of preeclampsia and encourage their proactive involvement in their own health care.

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Collaboration between ob-gyns and certified nurse midwives (CNMs)/certified midwives (CMs) offers the potential to expand high-quality health care to women and is one way to respond to changes in the supply of ob-gyns.

“Ob-gyns working collaboratively with CNMs/CMs can help address the workforce gap between the supply of ob-gyns and the demand for women’s health care services,” said ACOG’s Immediate Past President Richard N. Waldman, MD. “As a result, access to health care can be improved.”

Philadelphia Fellow Owen C. Montgomery, MD, said that ameliorating workforce problems is one benefit to practicing with CNMs/CMs, but that collaboration also has many additional advantages.

“Having practiced in physicians-only practices, I see collaborative practice as a beneficial model,” Dr. Montgomery said. As an example, he said patients are scheduled for 30-minute visits with the CNMs/CMs in his practice at Drexel University. “We ask them to see patients three times during pregnancy. The CNMs/CMs are able to take extra time doing prenatal counseling and are enthusiastic about doing it.”

Albuquerque Fellow Tony Ogburn, MD, agreed. He has worked with CNMs/CMs since he finished residency 20 years ago, first in the Indian Health Service and now at the University of New Mexico Health Sciences Center and School of Medicine. “It can be very rewarding. It allows physicians to practice to the height of their skills, and it improves patient satisfaction.” He, too, said CNMs/CMs are able to spend more time with patients, and in addition, “they are good at explaining things to patients.”

Categories of “midwives”

Dr. Ogburn also noted, “There is still tremendous confusion among many ob-gyns, policy-makers, and legislators about the types of midwives.” And no wonder. Three categories of “midwives” have varying titles and backgrounds:

- **Certified nurse-midwife (CNM):** A registered nurse who has also graduated from an American College of Nurse-Midwives accredited (through the Accreditation Commission for Midwifery Education) nurse-midwifery education program and passed the national American Midwifery Certification Board (AMCB) certification exam.
- **Certified midwife (CM):** An individual who has graduated from an ACNM accredited midwifery education program and passed the national AMCB certification exam.
- **Certified professional midwife (CPM) or licensed midwife:** An individual who provides prenatal and childbirth care, often in a home birth setting, and is not certified by ACNM or AMCB.

“Effective in 2010, CNMs and CMs must have master’s degrees,” explained Dr. Ogburn. “Certified professional midwives or licensed midwives are usually trained in apprenticeship models with varied educational prerequisites.”

He added that these distinctions in the different types of midwives can be confusing for ob-gyns and legislators who may have an incorrect notion that all midwives...
are equivalently trained and are doing home births. In fact, for CNMs and CMs, 96% of births they attend are in hospitals.

**Different types of collaborative models**

Collaborative practices exist in many settings and have a variety of structures. The variety of practices was a notable aspect among the practices described in the 60 papers submitted for ACOG’s 2011 Issue of the Year competition, “Successful Models of Collaborative Practice in Maternity Care.”

Fellow Laura A. Dean, MD, who practices in Stillwater, MN, served on the six-member panel who reviewed all of the papers, as did Dr. Montgomery. “The collaborative practices described ranged from those in academic centers to tiny communities,” she said. “What I found more than anything is there are so many different ways to collaborate. Some have done it for more than 30 years, and their practices evolved as needs, challenges, and the community changed.”

Dr. Dean's practice includes both CNMs/CMs and physicians who deliver at a 95-bed hospital. “In a lot of places the CNMs/CMs are paid a salary and physicians are on production, but in our practice the CNMs/CMs also have production compensation.”

Dr. Ogburn reported that collaborative practices are the predominant mode of obstetric practice in Albuquerque. Although the practices have different financial structures, all have similar clinical approaches. The CNMs/CMs function independently, seeing their own patients for prenatal care and delivery. If a patient has any high-risk conditions, the CNM/CM consults with an ob-gyn or maternal-fetal medicine specialist, and the patient is then either co-managed or transferred to physician care completely. Patients have a choice regarding their caregiver. “Uncomplicated patients are strongly encouraged to see a CNM,” Dr. Ogburn stated.

**Creating a successful collaborative practice**

Establishing a collaborative practice is not without challenges. For one thing, the different training approaches for physicians and CNMs/CMs create different practice cultures. These different approaches result in different practice styles.

As with any working group, poor communication, unclear goals, hierarchical structures, and dysfunctional decision-making processes can lead to negative experiences. “You have to be sure people are treated fairly, financially and professionally,” advised Dr. Montgomery. “Two big words are paramount: trust and respect. Both at the personal level and the departmental level, trust and respect based on professional values are absolutely the underpinning for a sustained, successful collaborative practice.”

An initial step in starting a collaborative practice is to develop practice guidelines for management. “The ob-gyns’ practice and the CNM/CM practice function in parallel,” he says. “I don’t look over the CNM/CMs’ shoulders. I trust them. I’m there if they need me.”

**A growing and positive trend**

All three Fellows contributing to this article see collaborative practice becoming fairly common in five to 10 years. Admitting that he’s “completely biased,” Dr. Ogburn predicted that “ob-gyns will be managing complicated pregnancies and CNMs/CMs will increasingly be taking care of non-complicated pregnant patients.”

Dr. Dean commented, “Because physicians and CNMs/CMs will be doing more collaborative training, they will become more comfortable working together. With the anticipated workforce shortage, collaborative practice can be one way to help meet the needs of our patients.”

Dr. Montgomery corroborated the perspective that joint training promotes collaborative practice and said that an increasing number of academic institutions are incorporating midwifery in their ob-gyn training programs. “Drexel has transdisciplinary education, with medical students and nursing students in the same room at the same time. Our philosophy is that the sooner we have them start learning together, the more mutual respect will build, so when they end up practicing together they will expect to work together as colleagues.”

Collaborative practice can help our specialty be ready for the projected workforce shortage, Dr. Waldman said. “It makes sense, and it enhances our practices for our patients.”

**COLLABORATIVE PRACTICE STATEMENT WITH THE AMERICAN COLLEGE OF NURSE-MIDWIVES**

The American College of Obstetricians and Gynecologists (The College) and The American College of Nurse-Midwives (ACNM) have released a “Joint Statement of Practice Relations between Obstetrician-Gynecologists and Certified Nurse-Midwives/Certified Midwives.” The document highlights key principles to facilitate improved communication, working relationships, and seamlessness in the provision of maternity care and other vital women’s health services.

“Health care is most effective when it occurs in a system that facilitates communication across care settings and among providers,” according to the joint statement. “Ob-gyns and CNMs/CMs are experts in their respective fields of practice and are educated, trained, and licensed independent providers who may collaborate with each other based on the needs of their patients. Quality of care is enhanced by collegial relationships characterized by mutual respect and trust, as well as professional responsibility and accountability.”

The College and ACNM affirmed their shared commitment to the following:

- Support of evidence-based practice
- Promotion of the highest standards for education, national professional certification, and recertification
- Accredited education and professional certification preceding licensure as essential to ensure skilled providers at all levels of care across the US
- Recognition of the importance of options and preferences of women in their health care
- Ob-gyns and CNMs/CMs must have access to affordable professional liability insurance coverage, hospital privileges, equivalent reimbursement, and support services in order to establish and sustain viable practices
- Ob-gyns and CNMs/CMs must have access to a system of care that fosters collaboration among licensed, independent providers to ensure highest quality and seamless care

The impending maternity care workforce crisis necessitates focusing on best practices across the US. By strengthening the way our independent professions work together, The College believes ob-gyns can more effectively provide the highest quality care that women expect and deserve.
Ralph W. Hale, MD

Special Tribute

Executive Vice President
1993–2011