



NYU MEYERS MAGAZINE SPRING 2025

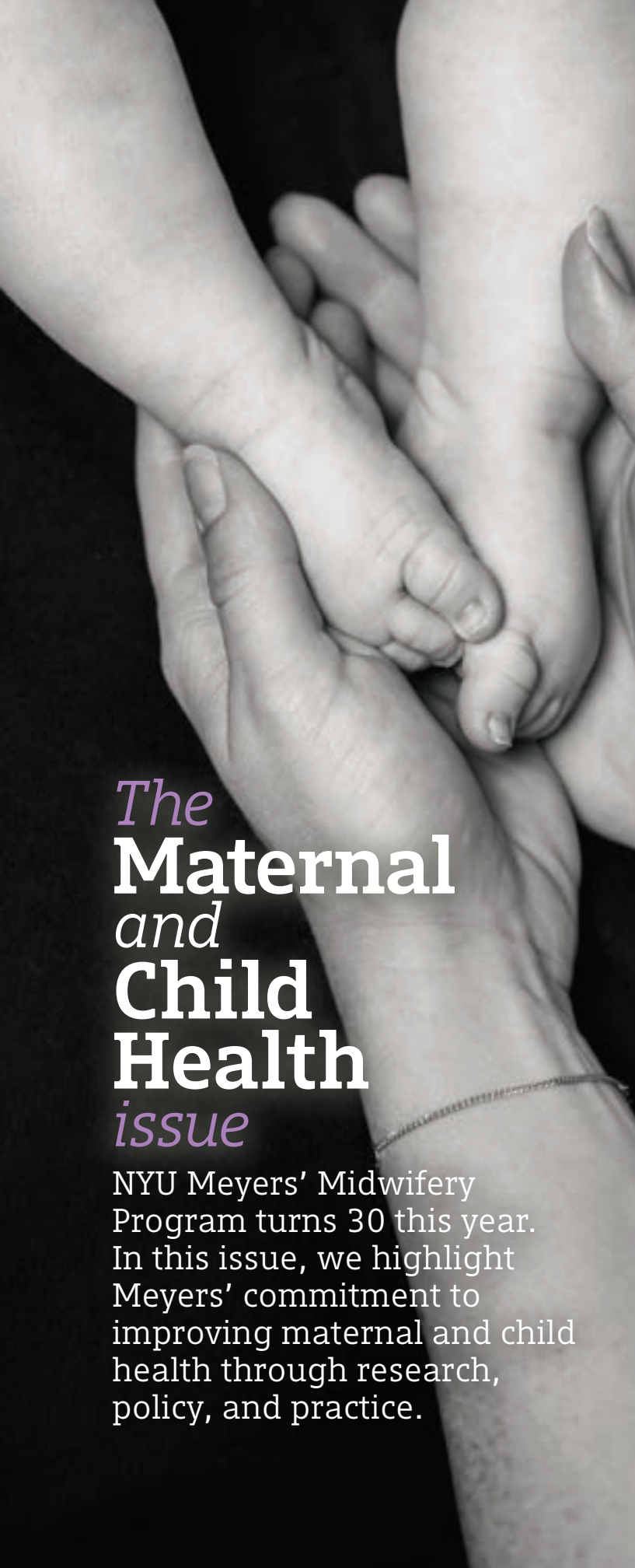
MEYERS

The
**Maternal
and
Child
Health**
issue



NYU

RORY MEYERS
COLLEGE OF NURSING



The
**Maternal
and
Child
Health**
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NYU Meyers' Midwifery Program turns 30 this year. In this issue, we highlight Meyers' commitment to improving maternal and child health through research, policy, and practice.



**RORY MEYERS
COLLEGE OF NURSING**

SPRING 2025
VOLUME 23, NUMBER 2

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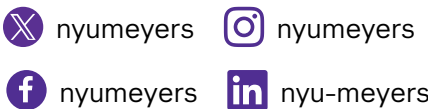
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Dear friends,

As a child, I always finished my work quickly. That meant I had time left over to talk with my friends or otherwise disrupt the classroom. One time I even rallied other students to protest quiet time. My teacher, Sister Francesca, was outraged. My mom was mortified, but not surprised. And yes, I got sent to the principal's office.

Principal Sister Mary Jude put me to work, giving me a job in the office—no doubt to keep an eye on me. What I understand now is she also was trying to encourage my budding leadership skills and channel my desire for change into something more effective.

She didn't treat everyone the same way. She saw me and my classmates as individuals with strengths and flaws, and gave us what we needed to succeed.

That's equity.

Yet a lot of the talk we hear about equity lately is negative.

But what is nursing if not giving people what they need to flourish? It's at the core of everything we do.

Our code of ethics from the American Nursing Association makes that clear from the outset. Provision 1 says nurses must practice with compassion and respect for the inherent dignity, worth and attributes

of every person. Later, Provision 9 takes it even farther, calling on us to work for health equity and social justice.

This is our north star.

This spring, I had two opportunities to contemplate the meaning of our code: The annual Bernadine Mays Lacey Symposium on Health Equity with Howard University, and a conference we co-sponsored in Ghana with NYU Accra.

The conference at Howard represented a culmination of our schools' joint work to promote health equity in nursing. It was joyful to be surrounded by a room full of compassionate people united to work towards a stronger future for all.

In Ghana, we hosted a conference, thanks to a grant led by Prof. Robin Klar, that brought together community members representing banking, nursing, nutrition, social services, public health, medicine, as well as academic researchers and students from various disciplines.

We heard from experts about the state of our research on common issues affecting health and the healthcare system. In small groups, we discussed issues affecting the community and identified multi-pronged strategies to create and sustain change. I'm excited to see the results.

NYU Meyers is committed to change, and to equity as the means to effect change that will build health systems that provide quality care for everyone. Nurses can lead the way.

The pages of this magazine offer examples of change makers throughout Meyers—a snapshot of what so many in our community are doing every day to create a just and equitable world.

There's an African proverb that goes, "if you want to go fast, go alone. If you want to go far, go together." That's what we're doing here at Meyers, going far, together.

With gratitude,

Angela J. Amar

Angela Amar



The Impact of Obesity Drugs

More than 150 people joined Prof. **Angela Godwin** (C) and Global Public Health Prof. **Virginia Chang** (L) for a conversation about the risks and impact of obesity drugs on societal health. The event was moderated by **Rachel Harrison** (R), NYU associate director of research communications.



In High Spirits

NYU Meyers is a top 10 school for master's programs and in two specialties—DNP Gerontology Primary Care and Acute Care Nurse Practitioner, according to the 2025 U.S. News & World Report graduate school rankings. Meyers also is the top-ranked program for all master's and doctoral programs in New York state.

Young Scientist Honors

Prof. **Monica McLemore** was selected to participate in the National Academy of Sciences' U.S. and International Frontiers of Science symposium, which tapped 87 of the nation's brightest young scientists from industry and academia.

AAN Taskforce Appointment

Senior Advisor to the Dean **Mattia Gilmartin** was appointed to the American Academy of Nursing's Taskforce on Nursing Models of Care. She will help develop recommendations on healthcare delivery through improved quality, efficiency, well-being, and reduced cost.

Ethics Experts

Prof. **Fidel Lim**, MS '96, and **Dewi Brown-Deveaux**, MS '20, were part of the panel that revised the American Nurses Association's Code of Ethics, which was released earlier this year.

Meet the 2025 Meyers Recognition Awards Winners

The annual Meyers Recognition Awards celebrate students, faculty, staff, and administrators who help make NYU Meyers a welcoming community where we can all thrive.

Dean's Distinguished Teaching Award Profs. **Fidel Lim** and **Richard Dorritie**

Dean's Excellence in Research Award (early career faculty) Prof. **Komal Patel Murali**

Dean's Excellence in Research Award (senior faculty) Prof. **Tina Sadarangani**

Dean's Excellence in Mentoring Award Prof. **Dena Schulman-Green**

Dean's Excellence in Policy Advocacy Award Prof. **Jayna Moceri-Brooks**

DAISY Award for Extraordinary Nurse Educator Prof. **Anthony Carney**

DAISY Award for Extraordinary Nursing Student **Irum Han '25**

Meyers Outstanding Administrator Award **Justin Hart**

Meyers Outstanding Staff Award **Wesley Heslop**

Meyers Outstanding Team Award: Pre-Licensure Faculty New Curriculum Working Group Profs. **Jennifer Nahum**, **Brian Fasolka**, **Beth Latimer**, **Michele Crespo-Fierro**, and **Stacia Birdsall**



Midwifery program at 30

by Joie Tyrrell

Kelly Walker was a 22-year-old undergraduate student at NYU Meyers doing a clinical rotation in obstetrics when she was assigned to a midwife attending a woman giving birth.

"I can remember being in the room and watching the care she provided," she said, "and I thought to myself, 'I'm going to do this someday.'" A few years later, Walker—now senior associate dean for academic affairs at Meyers—became part of the school's first class of the Nurse-Midwifery graduate program, which is turning 30 this year.

"When I started the program, I was impressed by its comprehensive approach to midwifery education. The program was grounded in both science and the art of midwifery, providing a solid foundation for aspiring nurse-midwives," said Dean Walker. "Today, the program has come a long way. It now includes

three midwives recognized for their national leadership and commitment to diversifying the profession."

According to the American Midwifery Certification Board, there are more than 14,000 certified nurse-midwives in the United States; however, the American College of Nurse-Midwives proves that the profession is underfunded and underutilized.

Advocates and experts say that educating and employing more midwives across the nation could help improve outcomes and equity. At least 22,000 midwives would need to be employed in the workforce to meet the World Health Organization's goal of a minimum of six midwives per 1,000 live births. There are now four midwives per 1,000 live births.

While the number of midwives is far lower compared to family nurse practitioners, "we do have a large voice," said Prof. **Sascha**

James-Conterelli, program director. "The lack in numbers means we sometimes don't have representation in all of the areas we need in order to effect change regarding policy and law for the people we serve. And those are some of the challenges we face.

"We understand that we are graduating competent beginning practitioners," James-Conterelli said. "We also incorporate experiences of how to advocate, not only for themselves, but for the people they serve." She ought to know. Over the last six months, James-Conterelli and Prof. **Dilice Robertson** have shared their expertise with state and local leaders in several public forums and submitted testimony to the state legislature in an effort to shape policy and legislation on Black maternal health. And students participate in an "Advocacy Day" where students speak to local and

The program is small, but mighty, its influence belying its size. "This small program," Walker said, "has impacted midwifery education nationally."



Sr. Assoc. Dean for Academic Affairs **Kelly Walker** was one of the program's first graduates.



Sascha James-Conterelli became director of the program last year.

state elected officials about legislation that would bring change for the people that midwives serve, James-Conterelli said.

Today, the program has about 38 to 40 students enrolled in the three-year Nurse-Midwifery program. James-Conterelli was appointed program director last year. At NYU, it is required that any student entering the program has been a registered nurse for at least one year.

The program is small, but mighty, its influence belying its size. "This small program," Walker said, "has impacted midwifery education nationally."

It also stands out for cultivating diverse talent. "We have three leaders in midwifery education who are women of color," she said.

The program offers an advanced certificate or master's degree in midwifery. The program's three-year (2021-2023) cumulative pass rate on the American College of Nurse-Midwives certification exam was **100%**.

Meyers student **Marisol Montoya** will graduate from the program this Spring after a 13-year-long journey

from filmmaker to midwife that began when the idea came to her during a meditation session.

"This is not something I would have imagined for my life path, and I'll be bold enough to say that I think it's a similar situation for a lot of midwives—where it's more of a calling to become a midwife," she said. "So that, in essence, is really what called me into midwifery."

"I'm excited to respond to that calling that came 13 years ago," she said.

James-Conterelli says the diversity of experience and cultures that students bring to Meyers is a key strength of the program.

Students "come from different backgrounds, and they are just passionate about expanding health-care and ensuring that folks receive good quality and excellent care throughout their lifespan," James-Conterelli said. "One of the things that I'm most proud of is that our students are really, really diverse."

Walker and James-Conterelli credit former leaders of the program, Patricia Burkhardt, Julia Lange-Kessler, and

Susan Altman, for building a holistic approach to midwifery education.

"They contributed to the national [standards for] midwifery education—not only the conversation but curriculum and policies," Walker said.

Burkhardt, the program's first director, grew the program as she helped define and shape nurse-midwifery education. She is still an advocate and mentor, including to James-Conterelli.

"There's a closeness among many of us...both for each other and for the profession," Burkhardt said.

Going forward, Conterelli-James is working to expand the program, noting the program has enrolled 17 students for the Spring 2026 semester—a significant increase over last year. She's also eager to leverage Meyers' partnership with Howard University and NYU's new campus in Tulsa, Oklahoma, to increase pathways into nurse-midwifery for people of color.

"In our culture today, women are not being appropriately taken care of," Burkhardt said. "The whole goal is to take better care of women." ●

More nurses = fewer C-SECTIONS

by Rachel Harrison
Associate Director, Research Communications

Labor and delivery units that are adequately staffed by nurses have lower cesarean birth rates, according to new research published in the journal *Nursing Outlook*.

"Our findings highlight how crucial nurse staffing is for optimal maternal outcomes," said **Audrey Lyndon**, the Vernice D. Ferguson Professor in Health Equity and executive vice dean at NYU Rory Meyers College of Nursing.

C-sections account for nearly a third of births in the US and are the most common surgery performed in hospitals. While C-sections can be lifesaving and some are necessary for the health of the mother and child, the surgery carries more risks and a longer recovery than vaginal births and can complicate future pregnancies.

"If we can safely lower the C-section rate, we are improving outcomes for childbearing people and their families," added Lyndon, the study's lead author.

Nurses play an important role during childbirth, providing emotional and physical support at the bedside, monitoring the health of the mother and baby, and administering medication. When hospitals are understaffed, nurses are forced to prioritize tasks that require the most immediate attention at the expense of other care.

"While nurses intuitively know that having enough nurses to provide the attentive care that mother and babies need and deserve improves outcomes, research has been minimal in linking maternity nurse staffing and patient outcomes," said Kathleen Rice Simpson, a perinatal clinical nurse specialist at Mercy Hospital St. Louis and study author.

To determine if nurse staffing influences C-section rates, the researchers examined how well maternity units adhere to staffing standards established by the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN). The evidence-based standards call for one nurse to one birthing person during many parts

of labor, two nurses at birth, and one nurse for each mother-newborn pair in the first few hours after birth.

The researchers surveyed 2,786 nurses from 193 hospitals across 23 states about staffing on their maternity units. Their responses, collected in 2018 and 2019, were matched with hospital-level administrative data and rates of C-sections and vaginal births.

Better nurse staffing during labor and birth was linked to lower C-section rates and higher vaginal birth rates, including vaginal births among mothers who had previously had C-sections. C-section rates were 11 percent lower in hospitals with nurse staffing aligned with the national standards.

"Concern about cesarean section rates in the US has been high for many years, and there has been little progress toward improvement. This study points us toward one important solution: aligning labor and delivery nurse staffing with consensus- and expert-developed guidelines," said Joanne Spetz, director of the Institute for Health Policy Studies at the University of California, San Francisco (UCSF) and a study author.

"We hope our findings will encourage hospitals to see the value in nurse staffing consistent with standards to support healthy outcomes for mothers and babies," said Simpson.

Hospitals and policymakers often point to increased costs related to both C-sections and nurse staffing. The researchers note that the cost of adequate nurse staffing during labor and birth can be balanced by the savings of avoiding unnecessary C-sections, including shorter hospital stays and fewer complications.

"Nursing care is looked at as a cost center as opposed to a revenue center in hospitals, so it's often one of the first things cut when



Audrey Lyndon, PhD, RNC, FAAN, is Executive Vice Dean and the Vernice D. Ferguson Professor in Health Equity. Her maternal health work has focused on patient safety and quality in maternity and neonatal care. She has been at NYU Meyers since 2019.

hospitals are trying to keep costs in line. But research continues to show that nurse staffing is a key contributor to patient safety across departments," said Lyndon.

"While increasing nurse staffing during a period of shortage can be challenging, this investment could reduce overall costs by reducing rates of surgical cesarean sections and longer-term adverse outcomes for mothers and babies," said Spetz.

To hold hospitals accountable, the researchers encourage the Centers for Medicare and Medicaid Services (CMS) to consider establishing regulatory standards for nurse staffing as part of their "Birthing-Friendly" designation for high-quality maternity care.

Additional study authors include Jason Fletcher of NYU Meyers, Gay Landstrom of Trinity Health in Michigan, and Caryl Gay of UCSF. The research was supported by the Agency for Healthcare Research and Quality. ●



Laura Jelliffe-Pawlowski, PhD, joined NYU Meyers in 2024. Her research interests focus on understanding and addressing the drivers and consequences of adverse pregnancy outcomes with a special emphasis on preterm birth. Her work is highly transdisciplinary and looks at the interplay of biomolecular, social, and policy factors in observed patterns and outcomes.

TAKING STEPS TO PREVENT SIDS

by Rachel Harrison
Associate Director, Research Communications

Prof. **Laura Jelliffe-Pawlowski**, PhD, and researchers at UC San Francisco are getting closer to being able to predict sudden infant death syndrome, or SIDS.

Jelliffe-Pawlowski, who was the senior author of the study published in *JAMA Pediatrics*, identified signals in the metabolic system of infants who died of SIDS that could one day help prevent the syndrome.

“We were surprised the moment the data came out,” Jelliffe-Pawlowski told *The Los Angeles Times*. “It suggests that the babies who pass away from SIDS may be having specific difficulties processing sugar and energy.”

Jelliffe-Pawlowski joined Meyers in 2024 from UCSF’s School of Medicine, where she was chief of the Division of Lifecourse Epidemiology & Biostatistics, a faculty member in the Institute of Global Health Sciences, and Director of Precision Health and Discovery with the UCSF California Preterm Birth Initiative.

There may be no single cause of SIDS

Each year, about 1,300 infants under the age of 1 die from SIDS, and researchers still aren’t sure what causes these unexpected deaths. What they do know is that there are likely multiple factors that play a role,

including inadequate prenatal care, smoking and alcohol use during pregnancy, structural racism, and air pollution. Male babies have a higher rate of SIDS than girls.

Researchers are turning to biology to look for a cause of SIDS that can be screened for at birth or targeted with medication.

Investigators in this study knew from previous research that the metabolic system—how bodies process and store energy—might play a part in SIDS. They decided to examine the role of the metabolic system more closely and compare metabolic data taken from infants as part of a routine newborn screening

in California. They compared the data of infants who eventually died from SIDS with similar infants who lived.

In the 354 infants who died from SIDS, they found some metabolic biomarkers that may be associated with increased risk. For example, infants with lower levels of C-3 and elevated levels of C-14OH appear to have a higher risk of dying from SIDS. These findings are in line with previous research that has found an association between enzymes of fatty acid oxidation, like these, and SIDS.

The scientists also found several other biomarkers that, when elevated, seemed to lead to a reduced risk of SIDS.

Investigations into the causes of SIDS continue

The research is still preliminary, and the scientists said that it needs to be validated in additional settings. While this study was conducted using records of infants who had already died, the study authors mentioned that it would be ideal to study infants who are currently alive and follow them as they age.

While the end goal of creating a screening test for SIDS is still distant, the development signals the promise of future breakthroughs in the prevention of this devastating syndrome.

“This study suggests that metabolic factors may play a crucial role in SIDS,” said Scott Oltman, MS, an epidemiologist at UCSF and first author of the study. “These patterns could help identify children at higher risk, potentially saving lives in the future.”

“This is a critical step toward integrating metabolic markers with potential genetic markers and other risk factors to better assess the risk of SIDS in infants,” he said. ●

Authors: Additional UCSF authors include Elizabeth E. Rogers, MD, Rebecca J. Baer, MPH, Ribka Amsalu, MD, Kayla L. Karvonen, MD, Larry Rand, MD, Martina A. Steurer, MD.

PRETERM BIRTHS

ON THE RISE, WITH ONGOING RACIAL AND ECONOMIC GAPS

by Rachel Harrison
Associate Director, Research Communications

Preterm births have increased by more than 10 percent over the past decade, with racial and socioeconomic disparities persisting over time, according to a new study analyzing more than five million births.

The study, published in the journal *JAMA Network Open*, also found that some factors that increase the risk for preterm birth—such as diabetes, sexually transmitted infections, and mental health conditions—became much more common over the past decade, while other factors that protect against preterm birth declined.

“Our findings not only show that preterm births are on the rise, but provide clues as to *why* this may be the case,” said **Laura Jelliffe-Pawłowski**, the study’s lead author, an epidemiologist and professor at the NYU Rory Meyers College of Nursing and professor emeritus of epidemiology,

Study identifies how changes in risk factors may be contributing to a growing number of babies born prematurely

biostatistics, and of global health sciences in the University of California San Francisco (UCSF) School of Medicine. “Understanding patterns of and factors related to preterm birth is important for informing clinical care and the development of public health programs to address this critical need.”

Babies born preterm or prematurely—before the 37th week of pregnancy—are more likely to experience a range of short and long-term problems, including a higher risk for illness, intellectual and emotional difficulty, and death. Certain factors are known to increase the risk of preterm birth, including mothers having high blood pressure, diabetes, an infection, or smoking. In addition, Black, Native American, and Hawaiian and Pacific Islander expectant mothers are at higher risk for preterm birth, which is thought to be driven by a long history of structural racism experienced by these groups.

To understand recent trends around preterm births, Jelliffe-Pawłowski and her colleagues looked at more than 5.4 million singleton births (not twins or other multiples) from 2011 to 2022 in the state of California. They examined how preterm birth rates changed

over time and explored patterns in risk and protective factors within racial/ethnic and socioeconomic groups. Health insurance type was used as a proxy for socioeconomic status, comparing public insurance (MediCal, California’s Medicaid program) with nonpublic insurance (including private insurance and coverage through the military and the Indian Health Service).

A growing risk and “alarm bells”

The researchers found that preterm births increased by 10.6 percent over the decade studied, from 6.8 percent in 2011 to 7.5 percent in 2022—echoing a report from the Centers for Disease Control and Prevention (CDC) released earlier this year that also found an increase in preterm birth across the nation from 2014 to 2022.

Rates of preterm births grew across nearly all groups, but varied by racial/ethnic and socioeconomic groups. The highest rates of preterm birth were among Black mothers with public insurance (11.3 percent), while the lowest rates were among white mothers who had nonpublic insurance (5.8 percent). Preterm birth rates decreased slightly over time among Black mothers with nonpublic insurance, from 9.1 percent in 2011 to 8.8 percent in 2022, but were still significantly higher than rates among white mothers. In contrast, preterm birth rates jumped from 6.4 percent to 9.5 percent among Native American mothers with nonpublic insurance.

“We found stark differences in terms of what it looks like to be a Black or Native American pregnant person compared with a white individual who is of middle or higher income,” said Jelliffe-Pawłowski.

Expanding on the CDC report’s findings by looking at risk and protective factors over time, the researchers determined that several factors were linked to an increased risk for preterm birth, including diabetes, high blood pressure, previously having a preterm birth, having fewer than three prenatal care visits, and housing insecurity. Notably, the rates of preexisting diabetes, sexually transmitted infections, and mental health conditions more than doubled during the decade studied.

“These patterns and changes in risk factors should be setting off alarm bells,” said Jelliffe-Pawłowski.

Several factors were found to protect against preterm birth among low-income expectant mothers, including receiving prenatal care and participation in WIC, the supplemental nutrition program supporting women and children. Unfortunately, the researchers observed a decline in WIC participation across most low-income racial/ethnic groups over the period studied.

What can be done to improve birth outcomes?

The researchers note that their findings underscore the need to improve pregnancy care and promote treatments that address risk factors associated with preterm birth—which are often underutilized during pregnancy, especially among mothers of color.

“We need to do a better job of sharing information with pregnant people about risk factors for preterm birth and interventions that may be able to help them address this risk. Some providers report not wanting to scare or overwhelm pregnant people, but pregnant people tend to report wanting to have this information,” said Jelliffe-Pawłowski. “For those who are at increased risk

due to factors like hypertension or previous preterm birth, for example, providers should be having conversations about how taking low-dose aspirin might be helpful to them and their growing baby. This also extends to things like screening for sexually transmitted infections and offering mental healthcare in a non-judgmental, supportive way.”

“There is also important work to be done to improve structural issues and respectful care in WIC to increase participation,” added Jelliffe-Pawłowski.

Jelliffe-Pawłowski and her colleagues are also working to develop a digital platform called Hello Egg to help expectant mothers better understand their risk for preterm birth, identify interventions that may be helpful to them, and create a healthy pregnancy plan co-developed with prenatal providers. Jelliffe-Pawłowski and the team at the start-up, EGG Healthy Pregnancy, aim to conduct a large study to see if using the platform boosts a pregnant person’s knowledge; a key outcome will be seeing if this information sharing leads to increases in the use of interventions and, ultimately, to a reduced risk of preterm birth and other adverse outcomes.

The research was supported by the University of California, San Francisco California Preterm Birth Initiative. Additional study authors include Audrey Lyndon of NYU Meyers and collaborators from the University of California, San Francisco; University of California San Diego; Stanford University; UCLA Medical Center; California State University, Northridge; San Francisco State University; Indiana University Bloomington; University of Alabama at Birmingham; and the University of Illinois Urbana-Champaign. ●

A CONVERSATION WITH PROF. ALEXIS DUNN AMORE

by Karla Schuster, *Director of Communications*
and Stephanie Gonzalez D'Andrea, *Marketing
and Communications Administrator*



Alexis Dunn Amore, PhD, CNM, is a clinical professor at NYU Meyers, vice president of the American College of Nurse-Midwives, and a fellow of the American Academy of Nursing. Her clinical practice, teaching, research, and service are focused on dismantling perinatal health disparities.

Here she talks about maternal health, Black maternal health, maternal mental health, and how her own experiences inform her research and practice.

Q: You've spent years working as a clinician and researcher to identify the root causes of the disparities in maternal healthcare and address them. You've also experienced your own health challenges when you were pregnant with your first child. How did your experience as a patient inform your work in practice and research?

A: When I first came into the field, I thought, 'I'm going to be a midwife and I'm going to help people,' and then I got into the practice and saw these disparities emerge in real time. And

that's what really shifted me back into my research career because I wanted to dig into the why.

Also, I had severe preeclampsia, and I was very ill at the end of my pregnancy. I remember how scary it was for me when I had to go through the hospital system to have the baby. The difference is that I am a midwife, and I had the protective factor of having doctors and midwives around me who knew me personally and gave me one-on-one attention. That made a difference in my outcome, but it made me realize, in a new way, that there are people who are entering this healthcare system who don't have the protection that I did. They don't have that circle, that community, and a safe space to birth.

I started focusing my research on how to empower birthing people with the tools to help them know what they should be asking for in healthcare settings. So, I created an app called Mama Love.

Q: What is Mama Love exactly?

A: You can go on the app, and it gives birthing people the tools to help them identify dangerous symptoms. You go in and take a survey about your physical health, mental health, and the social conditions in which you live. There's an algorithm that says things like—'This is a life-threatening symptom, you should call 911' or it says 'This is something you should follow up on with your provider. Here are some resources that can help you.' Based on my own experience while pregnant and hearing what my clients reported to made me want to develop something that is for the general public—more community-facing initiatives, more public scholarship that helps people protect themselves.

Q: What areas of research have we yet to thoroughly cover when it comes to Black maternal health and racial equity?

A: I think we need to explore systems a little more thoroughly. Right now, a lot of it is focused on what the individual-level risk factors are that increase maternal morbidity and

mortality. I think there needs to be a more robust evaluation at the system and policy level. For instance, we know several states have limited access to abortion since the Supreme Court overturned Roe v. Wade. So, what is the impact of that change on maternal health outcomes? How can we support someone who is dealing with the decision to be pregnant?

Mental health is also an area that we will always need to keep unpacking. I'd like to see more positive studies that focus on people who are having good outcomes and what is contributing to that. Right now, the conversation is about all the bad things that can happen to a Black woman during pregnancy. But there are a lot of good things, too. So, let's talk about what the factors are that confer protection and lead to happy deliveries. If we can show what they are, then they can be replicated.

At the clinic I work in—Choices Center for Reproductive Health (in Tennessee)—we provide care in this beautiful space, and a lot of us are multi-race nurse practitioners and healthcare providers. It's a very joyful, happy space. It's different from what you hear in mainstream conversations. There's a difference between awareness and fear. Women come in so afraid that we have to be careful how much we perpetuate that fear in the public. There is joy for Black and Brown birthing people.

Q: What kind of training or education is necessary to help patients advocate for themselves and healthcare providers listen better?

A: That's the hard part because when things happen in a hospital, you're worried and you have heightened emotions. It's really important that people do their homework before they choose their provider because the key is to find a provider you already feel safe and comfortable with. You can have a midwife advocate

for you. Midwifery takes into account the whole family. If someone does something to make you feel uncomfortable, you need to call it out, and if it continues, you should remove yourself from the situation. You, as a person, have expertise in your own body, and so healthcare providers have to see that and listen to that. As a midwife, I need to listen to that. The question is, how do you make providers listen? It's not easy, but something I always say is: If a provider disrespects you to your face, how can you trust them with your body?

Q: What legislation—local, state, or federal—would make the most difference in closing racial and ethnic disparities in maternal healthcare?

A: There are a lot of restrictions on midwifery. If you look at states where midwives are allowed to practice independently—largely in the West—you see, maternal health outcomes are better and mortality is lower. I would say—don't impede the practice of nurse practitioners and midwives. Allow them to practice to the full scope of their training.

I also think there's work to be done on reimbursement rates. As a nurse midwife, sometimes it's hard to be reimbursed at the same rate as an OB-GYN or another provider. So, we have to fight these battles to be paid for services. Another thing would be tort reform, having more support for the risk of being sued for malpractice. Malpractice insurance rates for obstetrics are much higher than many other specialties.

When you see cities or counties that don't have enough (or in some cases, even one) providers for OB-GYN services—these are some of the factors that contribute to that lack of access.

Q: What roles can communities play in improving Black maternal health? How can communities support Black mothers before, during, and after pregnancy?

A: I think we have to consider how we can maximize and optimize the interactions in the settings where people are naturally coming together—churches, sororities, and similar networks. How do we infuse more healthcare, education, and information into those settings? That's one of the most profound things I want to do with the Mama Love tool—take it and create these educational pieces that we can use to work with a women's group inside a church, for example. You teach them about the signs of preeclampsia. You teach them about the signs of postpartum depression. There are basic things you can teach people about warning signs so they can be protective in their communities.

Q: Why is it important to talk about reproductive care more broadly?

A: As women, we are often seen as our parts or what we can produce. But we have desires and wishes for our bodies that don't have to do with having babies. You have to focus on the whole thing, the reproductive journey.

So, really thinking about justice, you can't just start with pregnancy. You have to think about the full spectrum, right? It's about your health and your well-being as a person. So, when you focus just on pregnancy, rather than the reproductive journey, you perpetuate a lot of those harms that have historically been done to Black women. You have to shift the healthcare conversation to be more expansive because we are more than just a uterus and a mom or a worker. ●

New faces, new roles

NYU Meyers welcomed several new administrative and academic leaders to the community during the last six months, as the College continues to focus on innovating our undergraduate and graduate programs to reflect the ever-evolving healthcare landscape.

Monica R. McLemore

Visiting Professor



Monica R. McLemore, RN, MPH, PhD, FADLAN, a noted scholar of antiracist birth equity research and national expert on reproductive health, rights, and justice, joined the NYU Meyers faculty earlier this year.

Before coming to Meyers, Prof. McLemore taught at the University of Washington (UW) School of Nursing, where she was a tenured professor, held the Endowed Chair for Health Promotion, and was Director of the Manning-Price Spratlan Center for Anti-Racism and Equity in Nursing. Prior to her time at UW, she was a tenured associate professor at the University of California, San Francisco (UCSF) School of Nursing, and held the Thelma Shobe Endowed Chair in Ethics and Spirituality.

Over a career spanning more than three decades, Dr. McLemore has distinguished herself as a scientist and clinical nurse whose work advancing understanding of reproductive health and justice has been cited in varied ways across many platforms, including six amicus briefs to the U.S. Supreme Court and publications ranging from Politico to Scientific American. She made a voice appearance on the Peabody Award-winning HBO series “Random Acts of Flyness,” and is editor-in-chief of the journal *Health Equity*.

Dr. McLemore also has an impressive record of mentoring diverse scholars and students, and in expanding the use of community-engaged research methods, particularly involving underrepresented groups in the research process.

Among her many awards, McLemore was recognized as the Society of Family Planning’s Mentor of the Year and honored with the American Public Health Association’s Outstanding Leadership and Advocacy Award for her work on maternal-child health.

Dr. McLemore has a BSN from The College of New Jersey, an MPH from San Francisco State University, and a PhD in Nursing with a focus on oncology genomics at the University of California, San Francisco. ●

David C. Mainenti

Chief Administrative Business Officer



David C. Mainenti, a higher education leader with deep experience in finance and operations, joined NYU Rory Meyers College of Nursing as our first Chief Administrative and Business Officer (CABO) in January.

Mainenti comes to Meyers from Long Island University, where he was associate vice president for Business and Finance. At LIU, he directed financial operations for LIU’s two main campuses (Brooklyn and Long Island) and four satellite campuses, leading a team of more than 50 across multiple departments that was responsible for a wide range of projects and activities, including strategic enrollment management planning, grants and contract management, financial aid, risk management and compliance.

In this new role, he serves as the chief financial steward and leader of administrative support services at NYU Meyers, including finance, operations and facilities, human resources, and technology and client services. The position is responsible for financial and budgetary management, compliance, risk management, and research administration, ensuring effective, efficient resource management to support the school’s mission and goals.

In addition to his business expertise, Mainenti has extensive experience in complementary and alternative medicine; he is a licensed acupuncturist in New York and board-certified in oriental medicine with the National Certification Commission for Acupuncture and Oriental Medicine. He earned a BS in Accountancy from Villanova University, an MS in Acupuncture and Herbal Medicine from World Medicine Institute in Honolulu, and recently completed his PhD in Information Studies and Data Analytics from LIU in 2025. ●

Clifton Kenon

*Assistant Dean, Global Programs
Clinical Associate Professor*



Clifton J. Kenon, Jr., DNP, RN, IBCLC, FAWHONN, FAAN, joined Meyers on May 1, bringing to the college an impressive breadth of experience with the United States Agency for International Development (USAID) and the federal Department of Health and Human Services (HHS).

Kenon is a seasoned scientist, clinician, and public health leader who has spearheaded high-impact international health programs, including a \$500 million global maternal child survival initiative and the development of federal policy on breastfeeding protections in humanitarian crises.

Before his time at USAID, Clifton served as regional director for Maternal and Child Health at the federal Indian Health Service, working on health equity, maternal child health, and workforce development across 19 indigenous nations. During his tenure there, the Indian Health Service launched its first nurse residency program and dramatically improved health outcomes, including a 70 percent increase in breastfeeding rates.

Dr. Kenon is an active International Board-Certified Lactation Consultant (IBCLC) who continues to provide direct clinical care. He has been nationally recognized for his leadership in maternal-infant health, particularly for his instrumental role in addressing the 2022 infant formula shortage.

He has won a Lifetime Achievement Award from the Association of Women’s Health, Obstetric, and Neonatal Nurses (AWHONN), multiple career achievement awards, and two U.S. Surgeon General commendations.

In this new role, Clifton will collaborate with faculty, staff, and students to advance Meyers’ global initiatives, strengthen international partnerships, and expand opportunities for students to engage in nursing practice and scholarship both across the nation and around the world. ●

Research *roundup*

NYU Meyers faculty are research leaders who create new knowledge that contributes to advances in healthcare policy and practice. Here are some highlights of their recent work:



Amy Witkoski Stimpfel

Scheduling is everything in nurse job satisfaction and retention

Scheduling practices significantly impact job satisfaction for nurses at all levels, with flexibility, transparency, equity, and autonomy key factors for scheduling success, according to a new study led by researchers at NYU Rory Meyers College of Nursing.

The study, published in the *Western Journal of Nursing Research*, also describes nurses' pragmatic solutions for improving scheduling processes.

"Nurses are innovators by nature, and scheduling is one less-considered area where they can innovate, which may help to increase satisfaction and retention," said Prof. **Amy Witkoski Stimpfel**, lead author of the study.

The overarching theme that emerged from the nurses interviewed was "scheduling is everything," reflecting the importance of scheduling for nurses' satisfaction in and outside of work.



Xiang Qi

Earlier Diabetes Diagnosis Linked to Dementia Risk

People diagnosed with type 2 diabetes at a younger age are at a higher risk for developing dementia than those diagnosed later in life, according to a study led by NYU Meyers researchers. The findings, published in PLOS ONE, show that the increased risk is especially pronounced among adults with obesity.

"Our study suggests that there may be cognitive consequences to earlier onset type 2 diabetes, and it points to the need for strategies to prevent dementia that consider both diabetes and obesity," said Prof. **Xiang Qi**, the study's first author.

Type 2 diabetes is a known risk factor for dementia. Although the underlying mechanisms are not fully understood, scientists think that some of the hallmarks of diabetes—such as high blood sugar, insulin resistance, and inflammation—may encourage the development of dementia in the brain.

While type 2 diabetes was once a disease of older adults, it is

increasingly prevalent among younger individuals: one in five people with type 2 diabetes worldwide is under 40 years old.

"Our study highlights the importance of one's age at diabetes diagnosis and suggests that specifically targeting obesity—whether through diet and exercise or perhaps medication—may play a role in staving off dementia in younger adults with diabetes," said Vice Dean for Research **Bei Wu**, the study's senior author.

The researchers found that adults diagnosed with diabetes before age 50 were 1.9 times as likely to develop dementia as those diagnosed at 70 and older.

Study authors also included post-doctoral researcher **Zheng Zhu, Huabin Luo** of East Carolina University, and **Mark D. Schwartz** of NYU Grossman School of Medicine.



Bei Wu



Haeok Lee

People with HIV in Malawi face greater risk for dementia

Adults living with HIV in Malawi are more than twice as likely to also have dementia compared to those without HIV, according to a study by Prof. **Haeok Lee** and a team of U.S. and Malawian researchers. Their findings, published in the journal *Alzheimer's and Dementia*, shed light on the significant burden of dementia among people living with HIV in Malawi and the importance of studying dementia in resource-poor settings with limited access to healthcare.

In the southeastern African country of Malawi, eight to 12 percent of adults are living with HIV, and it remains the leading cause of death. However, life expectancy has dramatically improved in recent decades: according to the World Health Organization, a child born in 2000 is expected to live only to 45, while a child born in 2021 is likely to live to 63. With sub-Saharan Africa's aging population, experts are predicting a surge of dementia cases in the coming decades.

"Most of what we know about dementia and Alzheimer's disease comes from research studies in high-income countries," Prof. Lee said, "but less is known about dementia prevalence and risk in low- and middle-income countries."



Ab Brody

Emergency Room Visits Spike Before and After a Dementia Diagnosis

A new diagnosis of dementia is linked to a 40 percent increase in emergency department (ED) visits in the year around a diagnosis, with visits peaking shortly before a person is diagnosed, according to a new analysis published in JAMA Network Open.

"An ED visit can be a significant challenge for persons living with cognitive impairment, their caregivers, and for healthcare professionals—but it can also present an important opportunity to address unmet needs and prevent future ED visits and hospitalizations," said Prof. **Ab Brody**, a co-author of the study.

In the study, led by Yale School of Medicine, the researchers analyzed data collected from 2015 to 2021 through the Medicare Current Beneficiary Survey, comparing ED visits from people with and without a dementia diagnosis.

They found that in the six months before a dementia diagnosis, people who were ultimately diagnosed with dementia were slightly less likely to go to the ED than those without a diagnosis (1.7 percent versus 2 percent). However, in the month leading up to a diagnosis, ED visits were far more likely for those living with dementia, at 13 percent versus 2.95 percent.



Allison Squires

Nurses Worldwide Experience Stress, Loss, and Violence

A first-of-its-kind study provides a snapshot of the substantial mental health burden on nurses around the world. Published in the journal *International Nursing Review*, the research documents the impact of three years of intense working conditions brought on by the COVID-19 pandemic.

"Our study describes how nurses are affected by stressors in their workplace and shows how the stress carries over into their home life," said Prof. **Allison Squires**, lead author of the study. "The personal losses from the pandemic complicate this picture as there could easily be lingering grief in a third of the workforce."

Stress and burnout among nurses working during the COVID-19 pandemic are well-documented, but most studies come from high-income countries. In the current study, the researchers surveyed 9,387 nurses from 35 countries between July 2022 and October 2023. They found widespread mental health challenges among nurses working during the pandemic, with rates of anxiety and depression ranging from 23% to 61%. Nurses consistently experienced more mental health symptoms at work compared to at home; the most common work-related issues were feeling tired (57%), anxiety (44%), and feeling overwhelmed (41%). ●



**Forensic Nursing:
Real-life Practice and
Practical Strategies**

Dr. **Kathryn Laughon**, an associate professor at the University of Virginia College of Nursing and director of the Forensic Nurse Examiner Team at the UVA Health System, led two discussions at Meyers earlier this year. The first, with students, explored the critical role of forensic nursing in healthcare, and how to pursue a career in the field, while the second was a public conversation about the latest research, innovations, and strategies for addressing the intersection of gender-based violence and health outcomes.



How Alliances Advance Equity

As part of NYU's MLK Week, Dean **Angela F. Amar** participated in a panel discussion co-sponsored by NYU Meyers, the Grossman School of Medicine, the Dentistry School, the Steinhardt School of Culture, Education, and Human Development and the Pre-Professional Advising Office called Health Equity in Action: Bridging the Gap for a Healthier Future.



**2025 Estelle Osborne
Legacy Celebration**

The Meyers community came together to celebrate the legacy of **Estelle Osborne**, a nurse leader who paved the way for generations of women of color in the profession. Alumna **Stacy Bentil**, DNP, MS '10, RN, director of nursing services for the state of Connecticut, was recognized with the 2025 Estelle Osborne Award, and a panel of experts shared their insights and inspiring stories from their roles as nursing educators and administrators.



Above: 2025 Estelle Osborne Award winner **Stacy Bentil** with NYU Meyers Dean **Angela Amar**

Top left: Prof. **Fidelindo Lim** with a group of Meyers students

Below, L–R: Panelists **Willie Manzano**, senior vice president and chief nursing executive, New York Presbyterian; **Lenny Achan**, president and CEO of LiveONNy; **Lydia Cristobal**, administrative manager, Atlantic Health System's Western Region, NJ; **Alicia Georges**, professor and chair emerita, Department of Nursing, Lehman College; and Moderator **Natan Santacruz**, patient care director, New York Presbyterian, Weill Cornell Medical Center



3rd Annual Bernadine Mays Lacey Symposium on Health Equity

Our partnership with Howard University College of Nursing and Allied Health Sciences continues to thrive, as we collaborate to find innovative solutions to complex health issues. This year, our symposium — “A Bold Agenda for Eradicating Injustice and Health Inequity: HU + Meyers Leading Change” — was held at Howard University and featured research poster presentations, panel discussions, breakout sessions, and a keynote address by Dr. **Gloria Ivey-Crowe**, owner of Women’s Physicians of Northern Virginia and medical director of the Medication-Assisted Treatment Program at Alexandria Detention Facility.



Above: Keynote speaker **Gloria Ivey-Crowe**

Right (L-R): **Mattia Gilmartin**, senior advisor to the dean, NYU Meyers, and **Priscilla Okunji**, professor, HU.



Alicia Georges, NYU Meyers alumna and president of the National Black Nurses Foundation, **Monica McLemore**, visiting professor, and **Sascha James-Conterelli**, Meyers visiting professor and Meyers midwifery program director



L-R: NYU Meyers **Brian Fasolka** and **Anthony Carney**, professors, and **Mikki Meadows-Oliver**, asst. dean for pre-licensure programs, NYU Meyers

Norman & Alicia Volk Lecture in Geriatric Nursing

The Volk Lecture honors the legacy of **Norman Volk**, a champion for advancing the care of older adults who helped NYU Meyers become a leader in geriatric research, innovation, and practice. This year’s Volk Lecture featured **Jason Resendez**, president & CEO of the National Alliance for Caregiving, who offered critical insights on the evolving needs of caregivers. The event also included the dedication of a plaque at NYU Meyers honoring his contributions to the College and geriatric nursing.



Guest speaker **Jason Resendez** delivered a lecture called “*Caregiving in the U.S.—Investing in the Future of Care*”.



Above, L-R: Dean **Angela F. Amar**, Executive Director of the Hartford Institute for Geriatric Nursing **Tara Cortes**, President & CEO of the National Alliance for Caregiving **Jason Resendez**, and **Alicia Volk**.



STUDENTS



All Heart
NYU Meyers students from the Men Entering Nursing (MEN) club visit LaSalle Academy in the East Village several times a year to teach high school students about heart health. The initiative has gone on for nine years.



Word of Advice
The Nurses for Education (NFE) and the Nurse Anesthetist and Practitioner Student Interest Group (NAPSIG) wrote letters to their future selves that they'll open when they graduate.



Healthy Curiosity
Some of our students spent the January term in Abu Dhabi, where they visited healthcare and cultural sites, including the Sheikh Zayed Grand Mosque Center and the Sheikh Khalifa Medical City, which has an acute-care hospital and 16 outpatient specialty clinics.



Amplifying Voices
Undergraduate students, Profs. Donna Cill and Julius Johnson, in association with the Black Nurses Association, went to Capitol Hill to advocate for health equity, economic wellness, environmental justice, Black Maternal Health, and diversity in the nursing workforce.

STUDENTS

Spring in Their Step
Meyers students showed off their fancy fits at the Health Sciences Spring Formal.



STUDENTS

WELCOME to the 2025 Nursing Career Fair!

Rory Meyers College of Nursing & Wasserman Center for Career Development



Getting Worked Up

Our students met with recruiters, explored job opportunities, and learned about different nursing career paths at the 2025 Nursing Career Fair, co-sponsored by NYU Meyers and the Wasserman Center for Career Development.



A New Chapter

Another crop of students began their clinical education this Spring at our clinical sequence welcome at NYU Langone.



Celebrating Excellence

Undergraduate students Crystal Rosado and Sarah Allen attended the continuing education dinner sponsored by the NYC chapter of The Association of periOperative Registered Nurses with Prof. Richard Dorritie, and celebrated Sarah winning a chapter scholarship.

STUDENTS

Double Shot

Chloe Teter '25 (second from right) celebrated winning a second straight Division III National Championship as a member of the NYU Women's basketball team.



Adult education

by Karla Schuster, *Director of Communications*

You can hear the strains of jazz from an old school boombox as you descend the stairs to the basement of Our Lady of Pompeii Church in the West Village, home to one of Greenwich House's Older Adult Centers. Here, neighborhood seniors grab a warm lunch, catch up with friends, take a fitness class, and, a few times a week, also get wellness coaching from NYU Meyers students who are HIGN (Hartford Institute of Geriatric Nursing) Scholars. The students provide health education and guidance, blood pressure screenings, talk about nutrition, and answer questions about healthy living and managing chronic conditions.

"It's definitely been eye-opening," said fourth-sequence student **Kristie Chan**, as she performed blood pressure screenings, asked

gently probing questions about medication management or recent doctor's visits as her patients shared stories about what they'd been doing since the last time she was there.

"A lot of people, especially older adults, are hesitant to admit they have a problem," she said. "So, it's about really listening and building trust."

And the skills and understanding they develop in these community-based settings will serve students, regardless of where their career takes them, said Prof. Li Hung Lin.

"The students need to be able to engage in meaningful conversations with people," she said during a recent visit to Greenwich House with the students. "In their future work, having this kind of experience helps no matter what kind of nursing they practice."



Fourth-sequence students **Shiya Liam** (standing) and **Kristie Chan**, offer nutritional guidance during a recent visit to Greenwich House.



Dear alumni community,



Greetings from the NYU Meyers Alumni Association! It's been great to be part of so many alumni programs in my first year as President. My long-time mentor, Elizabeth Ayello, was given the Distinguished Alumni Award at Alumni & Families Weekend. I cheered on the Recent Alumni Council as they hosted their first happy hour event. I celebrated the 25th anniversary of the Palliative Care NP program. We planned another successful CNO Panel Discussion. And now I'm looking forward to the annual Summer Social on June 11!

The Meyers alumni community continues to impress me with their contributions of time, talent, and treasure. Forty alumni volunteered to be mentors to baccalaureate students. Sixty-four alumni participated in the Alumni Speaker Series. Thirty more alumni spoke at special events. On NYU One Day, Meyers did not disappoint! During this 24-hour day of giving, we raised \$26,088.59 from 251 donors. Your support is inspirational to us all. Getting involved at the college is easy and fun! There is truly something for everyone. One of our latest initiatives is the Violet Network—NYU's exclusive online networking platform. One of its exciting features is a dedicated group for Meyers alumni, designed to foster connections and provide opportunities for professional growth, collaboration, and engagement. Create your profile today at violetnetwork.nyu.edu.

Someone once said, "When you're a nurse, you know that every day you will touch a life or a life will touch yours." I am so grateful and honored to be working alongside the nursing alumni community. Thank you for your continued support of the college.

With Violet Pride,

Sharon Wexler, PhD '07, MA '85
President, Meyers Alumni Association

Lessons from High-Powered Nursing Leaders

A panel of four chief nursing officers shared their insights about the challenges facing healthcare leadership, how they mentor emerging leaders, and what they wished they'd known at the beginning of their careers.

The panel included: **Susan Iovino**, Chief Nursing Officer, Jamaica Hospital Medical Center, **Tiffany Powell**, Chief Nursing Officer, Long Island Jewish Medical Center, **German Rodriguez** MS '08, Vice President and Chief Nursing Officer, New York Presbyterian Hospital, and **Esteen Ladson Barnes** BS '03, MPA '97, Chief Nursing Officer, New York Heath + Hospitals.



A Quarter-Century of Palliative Care Education

Alumni of NYU Meyers' groundbreaking Palliative Care Nurse Practitioner program got together to celebrate the 25th anniversary of advancing compassionate care, education, and research that transforms lives.



Eugenia Montesinos BS '96

by Joie Tyrrell



Certified Nurse Midwife **Eugenia Montesinos '96**, has spent over two decades delivering babies. A year ago, she became NYU Langone Health's inaugural director of midwifery services at Tisch Hospital, supervising seven midwives and playing a pivotal role in expanding the service throughout the health system.

A native of Peru, she has attended over 1,300 births and most recently served as director assistant for the

Department of Midwifery at NYC Health + Hospitals' Metropolitan Medical Center in East Harlem.

The birth of her second child, under the care of an inspiring midwife, led her to pursue her career and has fostered a commitment to reducing the disparities in health while addressing the maternal mortality crisis in New York City.

She earned a bachelor's degree in Nursing from NYU Meyers in 1996 and her double Master's degree from SUNY Downstate in 2000: Master's in Midwifery and Women's Health Nurse Practitioner.

She was certified in 2000 by the American Midwifery Certification Board and has served as co-chair of the New York City Midwives organization. She is also an advocate for women's health as part of the organization, Physicians for Medicare for All in New York.

You have said that the birth of your second child helped lead you to a career in midwifery. Can you discuss that decision?

At the time, I wasn't even looking for a midwife. Like many people, when I became pregnant, I immediately thought, "*Oh wow, now I have to find an OB.*" But a friend of mine said, "*Wait a minute—have you heard about midwives?*" I said, "*No...do they even have midwives in the United States?*" And she said, "*Absolutely. In fact, I recommend you make two appointments, one with an OB and one with a midwife, and then you can decide.*" So, I did exactly that. I went to the OB first and then to the midwife, and from that very first visit, it was like night and day. That is when I knew I wanted to continue with the midwife. The entire process was so personal, so participatory, it felt completely different in the best way. My husband, who was a nurse practitioner, kept telling me, "*You're going to understand everything about this.*" Both of us were informed about the care, tests, and plan for the day of delivery. And on the day of the delivery, he was able to participate and actually assist the midwife. That was something I had never seen before, and it was amazing for all of us. Even my older daughter, who was old enough at the time, was invited to be part of the experience and witness the birth. That was about 34 years ago, and it changed everything for me. I remember thinking, "*Wow. I need to do this.*"

I'm originally from Peru, and I was actually a veterinarian there—I worked with llamas and sheep. But after that birth experience, I knew I had to switch careers. I wanted to do this for other women. Midwifery is a different kind of care, and I've loved it every day since. I'm still incredibly passionate about midwifery.

What initially led you to NYU Meyers, where you earned your bachelor's degree? Can you talk about how you decided to go into nursing?

When I decided I wanted to become a midwife, I didn't yet have a nursing degree. At that time, most midwifery programs required you to be a nurse first, although there was growing conversation about creating alternative pathways for non-nurses, which is called direct entry. But I didn't want to wait, I was ready to get started. That is when I decided to pursue nursing. I investigated various schools in the northeast, and I chose NYU because they offered exactly what I needed: flexibility and an accelerated program that allowed me to move quickly. It was a great fit for me, and it gave me the foundation I needed to begin my journey into midwifery.

What do you identify as the significant priorities or challenges for midwifery?

One of the biggest challenges historically has been the requirement to be a nurse before becoming a midwife. This is one of the biggest problems we have here in the USA, although some states are beginning to change, and they have what we call direct-entry midwifery programs, which is a step in the right direction. The truth is, once you become a midwife, your focus is entirely on midwifery. It's a different model of care, and it really has very little to do with nursing practice. One of the ongoing challenges in the U.S. is that the system still tends to view midwives through a nursing lens, when in fact midwifery is its own distinct profession. Thankfully, that mindset is starting to evolve, but we have a lot of work to do. Another major challenge is the cost of education. Midwifery programs can be expensive, especially if nursing is a prerequisite; you must pay

for two degrees, and for individuals facing financial barriers, this can make it difficult to pursue the career, even though we desperately need more midwives in this country. Our maternal health outcomes in the U.S. are not where they should be, especially compared to other developed nations. Increasing access to midwifery care is a key part of the solution.

As the inaugural Director of Midwifery Care at NYU Langone, can you talk about how you came to that role, your goals, and the importance of being the first director?

NYU Langone is known for its excellence in so many areas, and when I had the opportunity to come here, I was truly excited. What was missing, though, was a comprehensive midwifery service, and I saw that as a huge opportunity. Now, we are building a state-of-the-art midwifery program that works in true collaboration with our OB/GYN physicians and maternal-fetal medicine (MFM) specialists. We have an incredible reception from the department, especially from our OB Chair, Dr. Gossett, Vice Chair, Dr. Ashley Roman, OBGYN Generalist Director, Dr Rubenstein, MFM Director, Dr Brandt, and all the leadership within OB/GYN. They've been fully supportive and truly want this program to thrive. That kind of support is essential.

We have big plans, including a dedicated program to serve BIPOC moms. It's still in development, but we know how important it is to address disparities in maternal care and ensure that everyone feels seen, heard, and supported.

On the labor floor, we focus on physiological, vaginal birth, and we're already seeing positive trends in our cesarean delivery rates. One of my personal goals is to expand midwifery care to include women who are considered high-risk. With

the support of our MFM division, under the leadership of Dr. Brandt, we're working toward a co-management model that allows even more women—regardless of their risk level—to choose midwifery care if that's what they want. I want to expand the midwifery to all our campuses. Being the first director is both an honor and a responsibility. It's about laying the foundation for something lasting and transformative—and I'm proud to be part of that vision.

Can you talk about the relationship between Langone's Midwifery Services and NYU Meyers?

As an alumna of the NYU Rory Meyers College of Nursing, I feel proud of the preparation I received that led me to become a midwife. And now, it's incredibly meaningful to come full circle, our entire midwifery team is receiving faculty appointments, so we can continue to collaborate closely with the school. We are fortunate to have a strong partnership with the NYU Meyers midwifery program. Our team serves as clinical preceptors for some of their students, and our goal is to help shape the next generation of midwives. What better place to do that than right here, within our own institution? We are committed to ensuring our students graduate as clinically competent, confident, and compassionate midwives. Our approach is holistic, evidence-based, and centered on the whole person. Looking ahead, we also have plans to expand into research so we can contribute meaningfully to the growing body of knowledge in midwifery and maternal health. This partnership is truly a win-win—for the school, for the hospital, and most importantly, for the patients and communities we serve. ●

WHY I GIVE

by **Aileen Tanafranca**, BS '03, MS '09



When I was a kid in Brooklyn and raised by a single mom working two jobs, I was fortunate enough that NYU gave me a scholarship for my bachelor's degree in nursing. I think that really helped me out and helped my mom out with my education.

My mom is a retired nurse now, and we both really like caring for people. Seeing my mom working hard and just having a good role model like that made me want to go into the nursing field.

And, because I went to NYU, my career trajectory has gone the way I wanted to go, and I don't think I'd be as successful as I am now without my training from NYU Meyers.

Initially, I went into critical care nursing, but I learned that I am very good at organizational skills, and my boss then realized that I had potential as a good manager, so I went into nursing leadership. I wanted to make a big difference operationally to the staff nurses and the patients.

I'm currently the Vice President of Nursing Operations and Strategy at The Brooklyn Hospital Center, a small community hospital.

My master's degree in nursing administration from NYU Meyers really helped me with the building blocks

of how to be a better leader and how to be a better administrator and manager to others. I'm quite fortunate that I had mentors and professors who taught me how to lead teams and nurses in general.

One of my mentors, Dr. **Fidel Lim**, helped me become a better nurse, always teaching that if there is something you don't know, read the instructions. I still remember that, and that helped me out with the commonsense part of nursing.

After graduation, I really started getting involved with NYU Meyers alumni and had served on the NYU Meyers Alumni Board for five years, receiving a recognition award for my service. I'm involved with Alumni Association events, and I participate in webinars, mentoring, and career development sessions.

I always give to the scholarship fund because without the scholarship I got, I don't think I would be where I am right now in my career. NYU Meyers is a great community. It's incredibly supportive and inclusive. I think that NYU welcomes everybody, makes you feel comfortable in your own skin, and feel like you can do whatever you aspire to.

NYU Meyers is like family. ●

Did you know?

There are creative ways to support NYU Meyers that can benefit the College, you, and your loved ones all at the same time.



To learn more about this giving opportunity, please contact **Kathy Viscardi** at **718-663-9736** or **kathy.viscardi@nyu.edu**

Are we already in your will, trust, or other estate plans? If you have named NYU Rory Meyers College of Nursing in your will, please let us know. It helps us plan for the future. It also allows us to thank you for your generosity and honor your loyalty to the College.

If you have already included NYU Meyers in your will, contact **Kathy Viscardi**, Senior Director of Development, and she will add you as a member of the Society of the Torch.

The Society of the Torch is a special group of alumni, faculty, and friends of NYU who have recognized the importance of planning their philanthropy by providing for the University and its schools and colleges through their wills and estates. Through bequests in wills, trusts, and other arrangements, these donors have found a satisfying way to leave a meaningful legacy. Or, if you would like, your gift may remain anonymous.

Don't have a will? You are not alone! Now is a great time to start planning. Please consider including NYU Meyers in your estate planning. Contact Kathy for suggested bequest language and NYU's tax ID to share with your attorney.

How it started



HOW IT'S GOING

In January, we celebrated 10 years in our building at 433 First Avenue. Situated in the heart of NYU's health sciences corridor, a seven-block stretch that is home to NYU's health education and medical facilities. Our state-of-the-art facility has served us well.



1970s

Shaké Topalian MA '76 is an analytic supervisor and faculty member at the Institute for the Psychoanalytic Study of Subjectivity in New York City. Shaké published an article in 2013 entitled, "Ghosts to Ancestors: Bearing Witness to 'My' Experience of Genocide" in the *International Journal of Psychoanalytic Self Psychology*. She is also Chair of the International Association for Self-Psychology Early Career Professional Scholarship.

1990s

Fidelindo Lim MA '96 was appointed a member of the American Nursing Association's Center for Ethics and Human Rights Advisory Board for the term January 1, 2025 through December 31, 2028.

2000s

Mary Joy Garcia Dia MA '02 was selected as the Healthcare Information and Management Systems Society (HIMSS) 2025 Changemaker in Health Award in the category, *Most Influential Women in Health IT*.

Esteen Ladson Barnes BS '03 started a new position in October 2024 as Chief Nurse Officer at NYC Health + Hospitals-Harlem Hospital.



Meagan Whisenant, PhD, BS '03, APRN was appointed PhD Program Director of the Cizik School of Nursing at UTHHealth Houston.

2010s

Minjae Kim MS '17 was appointed as the Chair of the Adult-Gerontology Primary Care Nurse Practitioner Content Expert Panel at the American Nursing Credentialing Center. He will be leading efforts to develop the board certification exam. Additionally, he was selected as a member of the Appointments Committee, allowing him to contribute to selecting leadership and content expert panels at the national level.

Sarah Tinklepaugh BS '14 earned her doctorate (DNP), moved back east from Utah, opened a private dermatology practice in Fairfax, VA with her physician husband, and had a baby girl.

2020s

Ashley Caron BS '24 is a transplant-surgical ICU nurse at MedStar Georgetown University Hospital in Washington, DC as of July 2024. She is now in the process of launching her own business.

Join the Violet Network

NYU's exclusive online networking platform, with a dedicated group for Meyers alumni



Save the Date

June 11, 2025
Alumni Summer Social

June 18, 2025
San Diego Alumni Reception

October 23-26, 2025
Alumni & Families Weekend

We are grateful to the individuals who have included NYU Rory Meyers College of Nursing in their estate plans. By providing a legacy, these individuals are helping to further the education of nursing professionals into the future.

I am a *leader*, an *innovator*, a *scholar*...

Leadership Circle

\$10,000 AND ABOVE
Angela Frederick Amar
Christine Amoroso BS '95 and Joseph M. Amoroso
Annie Eaton Society
Anonymous
Gillian Barclay
Rachel Elisabeth Eakley PhD '24, MS '18, BS '14
Anne B. Ehrenkranz and Joel S. Ehrenkranz
Helene Fuld Health Trust
Margery Gott Garbin '83
Pamela Giacobbe and George P. Giacobbe
The John A. Hartford Foundation, Inc.
Maureen Heasley MA '76 and Philip Heasley
Drue and H.J. Heinz II Charitable Trust
Estate of Carol R. Lofstedt MA '62
Eileen M. Sullivan-Marx and Kenneth Marx
Rory and Howard Meyers Family Foundation
Louis and Rachel Rudin Foundation
Ned and Emily Sherwood Family Foundation

Innovator Circle

\$2,500 – \$9,999
Monefa M. Anderson BS '07
Jennifer Harper and Michael T. Angell
Anonymous
Claudia Crowley and Leo Crowley
Elizabeth A. Duthie PhD '06, BA '84
Mary Joy S. Garcia-Dia MA '02
Catherine Alicia Georges MA '73
Sandra Giacobbe and Kenneth Giacobbe
Lile R. Gibbons and John A. Gibbons
Estate Of Ilene Gotkin
Carl A. Kirton APC '96 MA '92
Geri LoBiondo-Wood PhD '85
Wilhelmina M. Manzano MA '87, BS '81, SPS ADCRT '16
Lloyd E. Newland & Jamesetta A. Newland
Stacey Sadler and Michael A. Sadler
Sylvia and Stephen C. Schoenbaum
Patricia E. Kizilay Smith BS '70

Dean's Circle

\$1,000 – \$2,499
Rose M. Boroch '73
Susan L. Bowar-Ferres PHD '87
Patricia M. Beckwith and Stephen R. Beckwith
Christopher R. Wilson and Karl Brown
Catherine O. D'Amico PhD '07 and Louis S. D'Amico
Arlene T. Farren PhD '06, MA '87
Mary J. Giuffra MA '68, PhD '73
Kimberly S. Glassman PHD '07, MA '87 and Ronald L. Glassman
Valerie K. Grabicki MA '84 and James M. Grabicki
Estate of Rwei Hwa Su
Chun Hsiung Su

Christine T. Kovner PhD '85 and Anthony R. Kovner
Lihung Lin MA '86
Susana G. Lopatka '75
John Mach
Craig Meyers
Mathy Mezey and Andrew Mezey
Madeline A. Naegle PhD '80, MA '67
Maria L. Vezina MA '77 and John A. Posser
Linda M. Taylor MA '78
Margaret Thornton and Keith Thornton

Legacy Society

Anonymous
Ellen Baer PhD '82, MA '73
Janet S. Curtin ADCRT '07, MA '81
Catherine O. D'Amico PhD '07
Cynthia E. Degazon PhD '87, STEINHARDT '72
Mary E. Duffy* MA '80
Jacqueline M. Fawcett PhD '76, MA '70
Geraldene Felton EdD '69
Vernice D. Ferguson* BS '50
Catherine Taylor Foster PhD '74
Jeanine M. Frumentti WAGNER '86, BS '82
Catherine Alicia Georges MA '73
Pearline D. Gilpin* BS '68
Beatrice Goodwin PhD '70, MA '60
Jocelyn Greenidge*
Judith Haber PhD '84, MA '67 and Leonard Haber
Barbara A. Hayes* MA '63
Eliana Horta
Blanche T. Jordan* MA '50, BS '45
Barbara Krainovich-Miller and Russell Miller
Fidelindo A. Lim MA '96
Betty J. Manwell* MA '64
Margaret McClure
Frank E. McLaughlin* MA '61
Leslie J. Nield-Anderson PhD '91
Sarah B. Pasternack MA '73
Jay R. Paul*
Muriel Pless* STEINHARDT '43
Hila Richardson
Paulette Robischon* PhD '70, MA '60, BS '48
Marianne Roncoli PhD '73
June Rothberg-Blackman PhD '65, MA '60, BS '50
Geraldene Schiavone*
Arnold and Marie Schwartz*
Mary E. Segall PhD '70
Ursula Springer*
Nadia Sultana
Ruth Teitler* STEINHARDT '51
Patricia L. Valoon
Joan Spiegel Wallis BS '80
Lauren Webster-Garcia MA '76
David M. Werdegarr ARTS '60
Mary J. Whipple BS '69

*deceased

I AM AN
NYU MEYERS
nurse

Over a lifetime, one nurse can impact thousands of lives.

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Or visit online at nursing.nyu.edu/alumni-giving.





NYU

**RORY MEYERS
COLLEGE OF NURSING**

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New York, NY 10010

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We welcome your feedback.

Write to us at **nursing.communications@nyu.edu**.



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