

Growing Midwifery to Achieve  
Excellence in Women's Health



AMERICAN COLLEGE  
*of* NURSE-MIDWIVES

**ANNUAL REPORT 2013**



**2013–2014 Board of Directors** Back, left to right: Mairi Breen Rothman, CNM, MSN, Region IV Representative; Lynne Himmelreich, CNM, MPH, FACNM, Region V Representative; Michael McCann, CNM, Region III Representative; Michelle Grandy, CNM, MN, Region VI Representative; Lillian Funke, SNM, Student Representative; Anne Gibeau, CNM, PhD, Region II Representative; Linda Nanni, CNM, MSN, Region I Representative. Front, left to right: Lorrie Kline Kaplan, CAE, Chief Executive Officer; Kate Harrod, CNM, PhD, FACNM, Secretary; Cathy Collins-Fulea, CNM, MSN, FACNM, Vice President; Ginger Breedlove, CNM, PhD, ARNP, FACNM, President; Joan Slager, CNM, DNP, CPC, FACNM, Treasurer.

## Our Vision

*Advancing the health and well-being of women and newborns by setting the standard for midwifery excellence.*

## Our Mission

*ACNM works to establish midwifery as the standard of care for women. We lead the profession through education, clinical practice, research, and advocacy.*

The American College of Nurse-Midwives (ACNM) is the professional association that represents certified nurse-midwives (CNMs) and certified midwives (CMs) in the United States. With roots dating to 1929, ACNM sets the standard for excellence in midwifery education and practice in the United States and strengthens the capacity of midwives in developing countries. Our members are primary care providers for women throughout the lifespan, with a special emphasis on pregnancy, childbirth, and gynecologic and reproductive health. ACNM reviews research, administers and promotes continuing education programs, and works with organizations, state and federal agencies, and members of Congress to advance the well-being of women and infants through the practice of midwifery.

**About the cover:** Our 2013 Annual Report cover illustrates the integral relationship between ACNM and midwives. ACNM supports more than 7000 midwives working together to improve the health of women and families in communities everywhere. Membership in ACNM is the easiest and most effective way for today's midwife to stay rooted in the profession and drive meaningful change in the delivery of women's health care. Together, we stand tall and proud, drawing strength from our diversity and steadfast in our common mission to establish midwifery as the standard of care for women.

## Our Core Values

- Excellence
- Evidence-Based Care
- Formal Education
- Inclusiveness
- Woman-Centered Care
- Primary Care
- Partnership
- Advocacy
- Global Outreach

## Connect with ACNM Online

-  [www.facebook.com/acnmidwives](http://www.facebook.com/acnmidwives)
-  [www.twitter.com/acnmidwives](http://www.twitter.com/acnmidwives)
-  [www.youtube.com/acnmweb](http://www.youtube.com/acnmweb)
-  [www.pinterest.com/acnmidwives](http://www.pinterest.com/acnmidwives)
-  [Midwife Connection blog  
www.midwife.org/blog](http://www.midwife.org/blog)



**Ginger Breedlove,**  
CNM, PhD, ARNP, FACNM,  
President



**Lorrie Kline Kaplan, CAE**  
Chief Executive Officer

### ***2013 was a great “step forward” year for ACNM and our members***

and we look with great optimism and excitement to continued progress in the years to come.

Since the beginning of time, midwives have had the privilege to be with women and their families in some of the most intimate and important moments in their lives. While we continue to cherish our traditional role, we are constantly expanding our positive impact on women’s health. Now more than ever, midwives are leading maternal and newborn health initiatives globally, sitting at national policy tables, testifying in state capitals, leading quality improvement initiatives in major health care institutions, conducting and publishing important research, interfacing with the media, and communicating directly to consumers. We are an energized and dynamic public health-oriented profession, well-positioned to lead and serve at a time when women’s health and maternity care are finally beginning to receive the focus they deserve in the national discussion on access to quality, affordable care. Midwives are increasingly viewed as key players in helping to achieve the triple aim of simultaneously improving the health of the population, enhancing the experience and outcomes of the patient, and reducing per capita cost of care for the benefit of communities.

Yes, midwifery is truly an idea whose time has come. We are experiencing double-digit growth annually. Stories abound of the growth of midwifery practices and a renewed interest in promoting normal physiologic birth in all settings. We must nurture these signs of hope and promise until they become the norm in every community across America. There is much work to do.

We hit high notes in many areas in 2013—in our membership numbers; in resources provided to our affiliated state organizations; in global health grant funding; in Annual Meeting attendance; in newly certified midwives; and in the size of our Midwives Political Action Committee. The growing ACNM Benchmarking Project tells the story of the excellent care ACNM members provide to women, and suggests how much more we could do if every woman had access to a qualified midwife, working seamlessly and respectfully within the health system, to the full extent of their education and training. We are fully committed to achieving this vision, and to supporting every ACNM member in their individual professional development and success.

We celebrate the diversity and passion of ACNM members in how we each contribute in our own way just as we also celebrate the awesome collective power of what we are doing and will do together. Our sincere thanks to all of us.



# Create strategic communications detailing the value of midwifery care



**More women than ever are choosing midwives** as their women’s health care providers. Midwives focus on what is most important to each woman’s unique situation, working as integrated members of the health care team. With all the changes happening in health care today, the client-centered, midwifery approach to caring for women has risen to new levels of relevance and value.

ACNM responded to our growing profession by expanding our in-house communications and public relations capacity. We welcomed new talent to lead us through the accompanying heightened media activity and need for effective, streamlined communications, all with the goal of addressing the top priority of our members—raising public awareness of midwifery.

## Communicating Information, Presenting Options

2013 proved to be another notable year for ACNM’s signature consumer education campaign—*Our Moment of Truth™: A New Understanding of Midwifery Care*. We published the second survey on Women’s Health Care Experiences and Perceptions, this year spotlighting family planning and contraception. The survey revealed that women do not feel knowledgeable about many of the birth control options available today and have harmful misperceptions about their effectiveness. The survey also found that many women don’t feel they are able to have in-depth conversations with their health care providers to make well-informed decisions on birth control and family planning. Although 64% of women said their health provider presented them with multiple birth control options, 1 in 10 women said they felt pressured to choose one type of birth control method over another, 1 in 10 women shared that they had questions they felt they were unable to ask, and another 1 in 10 women felt their health provider made assumptions about them that led their provider to prescribe a certain type of birth control.

## Birth Control Methods: Use vs. Effectiveness

### BIRTH CONTROL PILLS

**27.2%**

Of women report using



Of those using this method, **9%** experienced unintended pregnancy

### CONDOMS

**20.3%**

Of women report using



Of those using this method, **21%** experienced unintended pregnancy

### WITHDRAWAL METHOD

**12.8%**

Of women report using



Of those using this method, **22%** experienced unintended pregnancy

For more infographics and survey materials, visit [ourmomentoftruth.midwife.org/2013Survey](http://ourmomentoftruth.midwife.org/2013Survey)



**Help ACNM Spread the Our Moment of Truth™ Campaign at the Grassroots Level!**

Help us share information with women and support midwifery at the local level through ACNM's Our Moment of Truth, the consumer campaign that encourages women to actively participate in managing their health by learning more about the full range of options available to them, particularly midwife-led care.

Multiple materials are available for Affiliates and others at the local level in an easy-to-use toolkit.

Check out all the materials at: <http://www.midwife.org/OMOT-toolkit>

Questions? Contact Clara Lynn, ACNM Director of Communications, [dynam@acnm.org](mailto:dynam@acnm.org)

**Midwives and Your Health**

**NEW: Teen Focus PowerPoint Presentation Now Available!**

**Our Moment of TRUTH**  
A New Understanding of Midwifery Care



ACNM released the *Our Moment of Truth* Grassroots Toolkit to guide affiliates, midwifery practices, and education programs through local launches of ACNM’s national consumer education campaign. Members may view the toolkit with template press releases, social media posts, scripts for talking with reporters, and more at [www.midwife.org/omot-toolkit](http://www.midwife.org/omot-toolkit).

Midwives provide the personalized family planning services that women say they want. However, of the women we talked to, just 1 in 4 were aware that CNMs and CMs offer family planning services, despite this being a specialty for the profession. These findings were especially timely given the implementation of the Affordable Care Act (ACA), which will increase women’s access to contraceptive services.

During National Midwifery Week, ACNM took our survey findings public through a comprehensive media outreach initiative and strategic social media activity. The websites of newspapers in 43 states picked up ACNM’s press release, and the survey received original coverage in *Congressional Quarterly Healthbeat*, *Huffington Post Women*, *Healthy Mom & Baby*, and *The American Prospect*.

Through new, dedicated *Our Moment of Truth™* social media channels on Facebook and Twitter, survey results reached 18,500 people during the week. These channels opened a new space for both health care providers and women to interact with the campaign and share its message with their friends and family. The channels also allowed for more opportunity, especially for our younger members who are statistically more likely to use social media, to get involved with the campaign.

## Spread the Word

about *Our Moment of Truth™* by sharing our Facebook and Twitter accounts with the women in your life! Help bust myths about midwifery while encouraging women to become active participants in their health care.

 [www.facebook.com/OurMomentofTruth](http://www.facebook.com/OurMomentofTruth)

 [www.twitter.com/OMOT\\_ACNM](http://www.twitter.com/OMOT_ACNM)

 **Our Moment of TRUTH**  
A New Understanding of Midwifery Care  
[www.ourmomentoftruth.com](http://www.ourmomentoftruth.com)



### Promoting Normal, Healthy Birth

Midwives are experts at facilitating normal, healthy birth. In 2013, ACNM prioritized equipping members with tools to promote the value of physiologic birth. As a follow-up to the Normal Physiologic Birth Consensus Statement published by ACNM, Midwives Alliance of North America (MANA), and National Association of Certified Professional Midwives (NACPM), these 3 organizations again collaborated to release *Normal, Healthy Childbirth for Women and Families: What You Need to Know*. This new handout takes the original consensus statement and explains what women and families need to know in consumer-friendly language. The document has the support of the March of Dimes and was endorsed by some of ACNM's closest allies, including Centering Healthcare, Childbirth Connection, Citizens for Midwifery, Doulas of North America, International Center for Traditional Childbearing, International Lactation Consultant Association, and Lamaze.



Share *Normal, Healthy Childbirth for Women and Families: What You Need to Know* with your clients. Download it free at [www.ourmomentoftruth.com](http://www.ourmomentoftruth.com) or order professionally printed copies at [www.ShopACNM.com](http://www.ShopACNM.com).



### Normal, Healthy Childbirth for Women & Families: What You Need to Know

#### CHILDBIRTH TODAY

Since 1996, the World Health Organization has called for eliminating unnecessary intervention in childbirth. Yet in the US, birth interventions have reached epidemic proportions. Sadly, there is a lack of resources available to women to help them achieve their goals of a normal, safe, and healthy birth.

*A woman's guide to understanding normal, healthy birth and how it can improve the health of her baby and her health. Critical information to help women make informed decisions and avoid possibly unnecessary and expensive medical interventions, such as cesarean sections.*

The norm for birth in the US today includes the use of technology and interventions that are not proven to benefit healthy women and babies during childbirth.

*More than half of women receive medication to start or speed up their labors. This requires additional monitoring and interventions to treat possible side effects, and can result in increased use of pain medication including epidurals.*

One-third of US women deliver by cesarean section, a major abdominal surgery that has the potential for serious short- and long-term health consequences for both you and your baby!

*Often, vaginal birth is not an option for women who have already had a cesarean section.*

If a woman receives care that she feels is traumatic or disrespectful, it affects her physical and emotional health, and interrupts the critical early bonding period with her baby.

<sup>1</sup> See "What Every Pregnant Woman Needs to Know about Cesarean Section," Childbirth Connection.org, <http://www.childbirthconnection.org/pdf/the CesareanCousin.pdf>



# Achieve full autonomy in practice and equitable reimbursement

## Goal 2:

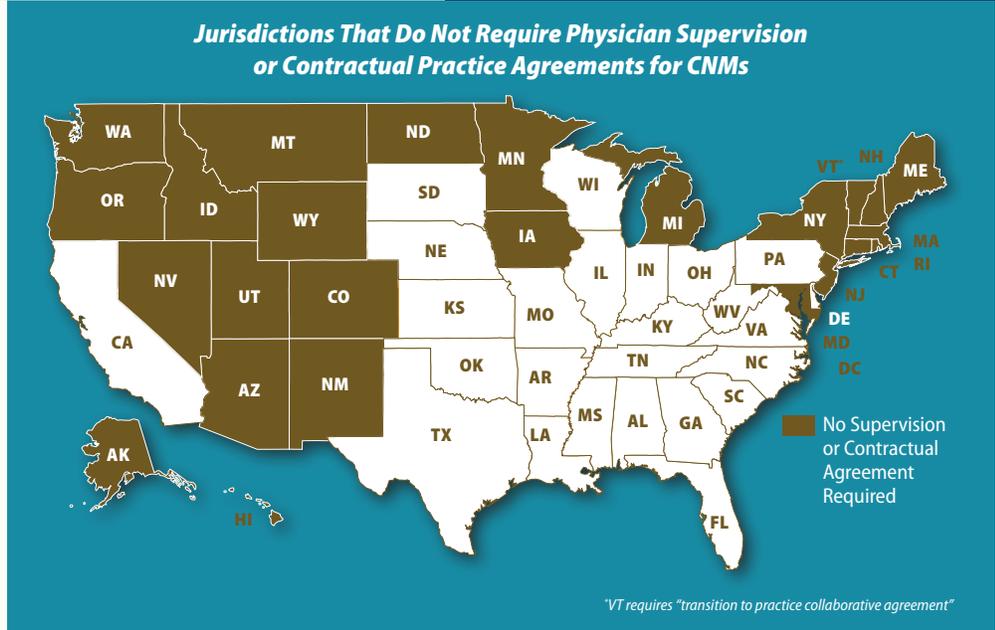


**ACNM tirelessly advocates for the midwifery profession.** Our foremost advocacy goal is for all CNMs and CMs to be recognized as licensed, independent providers, free from requirements for physician supervision and written collaborative agreements. In 2013, our advocacy activities acquired fresh focus under new staff leadership and covered more ground amidst continued development of ACNM's affiliate structure.

### MIDWIFERY AUTONOMY

#### State Initiatives and Progress

ACNM continuously monitored state laws and regulations and supported affiliates in a wide range of legislative activities. States with bills to lessen or eliminate collaborative and supervisory practice requirements included Utah, Kansas, Missouri, Illinois, Kentucky, West Virginia, Maryland, and Michigan. The efforts of the ACNM North Carolina Affiliate to remove supervision requirements resulted in formation of a Joint Legislative Committee to study independent midwifery practice. The committee's final recommendations could result in a bill for the 2014 session. The Massachusetts Affiliate drafted conforming regulations following their 2012 independent practice victory. Illinois enacted legislation that lessens the requirements for written collaborative agreements, while Nevada passed a bill to eliminate this requirement in its entirety.



Hospital privileging policies sometimes prevent midwives from being able to practice to the full extent of their education and training, and ACNM has ramped up its focus on removing this barrier. This is becoming a critical workforce issue. After analyzing a large ACNM member survey on

credentialing and privileging, we are developing a long-term multi-stakeholder strategy to conquer this challenge, based on the experiences of ACNM members who have secured full voting privileges and are medical staff members at their institutions.

 **Log in with your member ID and password to see legislative and regulatory developments related to midwifery practice in each state at [www.midwife.org/state-legislative-developments-tracking-system](http://www.midwife.org/state-legislative-developments-tracking-system).**



ACNM participated in a press conference in support of the ACA and its impact on women during the period that the federal government shut down over debate about the law.

#### Midwives and the National Health Care Stage

ACNM is committed to seeing midwives reimbursed on par with physicians and other health care providers. In 2013 we equipped our affiliates with resources to advocate for fair reimbursement with their state Medicaid programs. We continued to monitor implementation of other aspects of Medicaid expansion and the Affordable Care Act (ACA), and held a joint webinar with the Health Resources and Services Administration (HRSA) to review its impact on midwives. We also analyzed standards set in each state that define the new Essential Health Benefits package, which will be offered by health plans in the Marketplaces. This analysis allowed us to typify coverage of midwifery services and birth centers. The results were released at Midwifery Works! 2013, our annual business education and networking conference.



How will the ACA impact you and the women and families you serve?

Visit [www.midwife.org/Implementation-of-the-Affordable-Care-Act](http://www.midwife.org/Implementation-of-the-Affordable-Care-Act) to view key issues and resources for midwives.

## Improving Care through Professional Collaboration

Successful collaboration between midwives and obstetrician-gynecologists is critical to making gains in women’s health care in the United States. In 2013, ACNM continued our national-level work with the American Congress of Obstetricians and Gynecologists (ACOG) on issues of shared interest. We also focused on strengthening dialogue and collaboration on the state and regional levels. Sustained progress toward successful collaboration will hinge upon respectful, professional interaction among individual obstetrician-gynecologists and midwives in hospitals, clinics, and universities across the country. In recognition of this ongoing commitment, ACNM was pleased to award ACOG with the ACNM Partner of the Year award.

ACNM also moved forward in discussions with other midwifery organizations in the United States through the US Midwifery Education, Regulation, and Association (US MERA) work group—a collaborative comprised of ACNM, the Accreditation Commission for Midwifery Education (ACME), the American Midwifery Certification Board (AMCB), the Midwifery Education Accreditation Council (MEAC), MANA, NACPM, and the North American Registry of Midwives (NARM). In 2013, the group released a historic joint statement outlining their shared vision and action plan for the future of midwifery in the United States. Inspired and informed by global midwifery standards and competencies adopted by the International Confederation of Midwives (ICM), the group is envisioning and working toward a more cohesive US midwifery presence globally and domestically. Much work still needs to be done, and the consensus achieved in 2013 was an important step forward that paves the way to a future in which every woman will have access to high-quality midwifery care.



Minnesota midwives met with Senator Al Franken (D-MN).

In 2013, donations by ACNM members to the Midwives Political Action Committee (Midwives-PAC) resulted in another record-breaking total. Learn more about your Midwives-PAC at [www.midwife.org/midwives-pac](http://www.midwife.org/midwives-pac).



## Goal 3: 1000 newly certified midwives per year

The United States needs highly educated midwives ready to serve as women’s health care professionals more than ever. According to ACOG’s 2011 report *The Obstetrician-Gynecologist Workforce in the United States*, nearly half of US counties have no obstetrician-gynecologist. Compounding this obvious shortage, even more women will seek women’s health care services as they obtain coverage under the ACA. CNMs/CMs are uniquely positioned to fill this void. In fact, a 2013 World Health Organization team found that midwives and other health care professionals provide high quality care that is comparable to physicians, and for some specific services, they outperform physicians.



## Goal 3: 1000 newly certified midwives per year (continued)

### Continued Growth

Since 2010, ACNM had the foresight to prioritize increasing the number of newly certified midwives to fortify the midwifery workforce. In 2013, the midwife community welcomed 539 new CNMs/CMs to the profession—an 88% rise since 2007 and the sixth consecutive year of increase. According to the ACNM *2013 Midwifery Education Trends Report*, which covers statistics through the year 2012, the number of qualified applicants to ACME-accredited midwifery programs continues to rise, with a 26% increase from 2008 to 2012. The number of admitted students also increased each year from 457 in 2008 to 807 in 2012.

### Supporting New Midwives

ACNM demonstrated heightened commitment to student and new graduate members by developing new exam preparation courses and focusing on improving transition to practice. For the first time, students will be able to prepare for the AMCB certifying exam through online modules prepared by ACNM, to be released in 2014. We also provided a specific track of education sessions and workshops relevant to new graduates at the ACNM 58th Annual Meeting & Exhibition.

### Advancing the Midwifery Workforce

For the first time, the US Bureau of Labor Statistics released data on CNMs as a unique profession. At the same time, the ACNM Midwifery Workforce Task Force highlighted the current state of the women's health care workforce and emphasized the potential for midwives to address workforce shortages by organizing an ACNM-sponsored invitational briefing in Washington, DC. Participants from private and public foundations as well as federal programs and nonprofits gathered for the briefing. This resulted in a contractual arrangement among ACNM, AMCB, and the HRSA National Center for Health Workforce Analysis (NCHWA) to include CNMs/CMs among the professions that NCHWA tracks. The Midwifery Workforce Task Force is working to identify additional key parameters, beyond the core questions tracked by NCHWA, for studies regarding the midwifery workforce and to foster such studies at the state and national level.

NEWLY CERTIFIED CNMs/CMs, 2007–2013



Source: American Midwifery Certification Board

### Boosting Federal Funding

ACNM CEO Lorrie Kline Kaplan represented ACNM in testimony before the House of Representatives Committee on Appropriations of the Subcommittee on Labor, Health and Human Services, Education and Related Agencies, urging 3 main areas of federal funding: Title VIII of the Public Health Service Act, the National Health Service Corps, and the National Institute for Nursing Research. Funding for these programs helps establish new educational programs, aids in the growth of existing programs, provides tuition support for midwifery students, funds maternity-related research and research training, and places midwives as primary care providers throughout the nation.



ACNM supports preceptors by maintaining online preceptor resources that offer practical ideas and training at [www.midwife.org/preceptors](http://www.midwife.org/preceptors). The page also includes a link to ACNM's Preceptor Database, which assists midwifery education program directors in finding clinical placement for their students.

ACNM continued to promote improved federal policy related to midwives teaching medical residents and midwifery students. Language to improve federal policy in these areas was included in the House's Maximizing Optimal Maternity Services for the 21st Century Act of 2013, also known as the MOMS 21 bill. We continue to seek a champion for the issue in the Senate.



# Support high quality maternity care and women’s health services



**ACNM upholds the most rigorous clinical practice standards** in the midwifery profession and showcases our members’ knowledge and expertise in helping women make the best health decisions.

## Evidence-Based Care

In 2013, we further equipped members to initiate change in their community hospitals and clinics by advocating a shift toward evidence-based maternity care practice. The Physiologic Birth Task Force Toolkit Subcommittee unveiled preliminary work on a new independent website called BirthTOOLS—an acronym that stands for Tools for Optimizing Outcomes of Labor Safely. BirthTOOLS will help clinicians initiate change in their facilities and is tied to national initiatives to improve safety and quality. This much anticipated resource will enable the ACNM community to elevate our voices and expertise at a critical time when collaborative improvement efforts are gaining steam across the country.



**The forthcoming BirthTOOLS website will provide resources to help maternity care providers advocate for evidence-based care in their facilities.**

## Quality Improvement

ACNM strongly supports quality measurement to improve care. Access to reliable data is increasingly imperative for ACNM to showcase the excellent outcomes our members achieve and leverage new opportunities in our transforming health care system. In 2013, we commissioned a technical analysis of ACNM’s role in data collection, building on the success of the ACNM Benchmarking Project and enhancing collection of key quality data by CNMs and CMs. The resulting multiyear project will facilitate quality improvement among maternity care providers and across all birth settings based on the standardized collection of perinatal data. In addition to funds committed by ACNM, funding for the initial phase of the project has been secured through the generous matching support of the American Midwifery Certification Board and a grant from the Transforming Birth Fund. ACNM’s technology partner is Maternity Neighborhood. ACNM also continues to participate in the Women’s Health Registry Alliance to collaborate with other women’s health organizations when possible on data collection.

ACNM is committed to increasing member presence and action on quality-related clinical activities. ACNM served on the workgroup behind the recommendations in a new *Journal of the American Medical Association* article that subcategorized term pregnancy into early term, full term, and late term, and discouraged “term” as a stand-alone designation as it refers to a wide gestational age range with a broad spectrum of risk for the infant and mother.

## ACNM BENCHMARKING PROJECT: SELECTED CLINICAL MEASURES, 2012

Metric Reported	Mean
Total Rate of Vaginal Birth	86.5%
Rate of Spontaneous Vaginal Birth	82.5%
Total Cesarean Rate	13.5%
Primary Cesarean Rate	9.2%
VBAC Success Rate	78.7%
Intact Perineum Rate	52.8%
Episiotomy Rate	3.2%
Preterm Birth Rate (<37wks)	3.3%
Rate of Low Birth Weight Infants (<2500 gms)	2.5%
Rate of NICU Admissions	3.7%
Breastfeeding Initiation Rate (exclusive breastmilk for first 48 hrs of life)	86.7%
Breastfeeding Continuation Rate (any breastmilk at 6 weeks postpartum)	78.8%
Total Induction Rate	16.4%
Less than 41 week Induction Rate	9.6%

For the 2012 data collection cycle, 223 practices participated in the ACNM Benchmarking Project. For more information, visit [www.midwife.org/benchmarking](http://www.midwife.org/benchmarking).



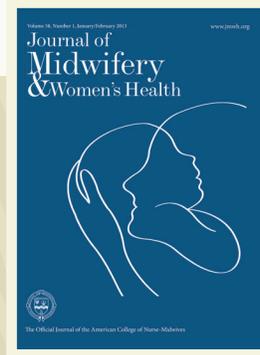
**ACNM’s eMidwife Discussion Groups enable members to sharpen their professional skills by asking questions and sharing information on topics ranging from clinical management and home birth to business and education. Log in with your member ID and password at [www.midwife.org/emidwife-discussion-groups](http://www.midwife.org/emidwife-discussion-groups).**

## Goal 4: Support high quality maternity care and women's health services (continued)

ACNM is a member of the multi-stakeholder Council on Patient Safety in Women's Health Care—a group that strives for safe health care for every woman through multidisciplinary collaboration. We also hold a seat on the Steering Committee for the National Partnership for Maternal Safety—a multi-stakeholder consensus effort that aims to reduce US maternal morbidity and mortality by organizing existing evidence-based materials in ways that facilitate implementation within birthing facilities.

### Advocating for Change

ACNM joined forces with the American Association of Birth Centers (AABC) to hold a congressional briefing highlighting midwifery-led care and freestanding birth centers as viable strategies to improve outcomes for moms and babies while reducing health care costs. We also allied with Childbirth Connection to spotlight Quality Care for Moms and Babies, a bill that would foster development of quality measures related to maternal and infant care and support development of quality collaboratives focused on maternity care. ACNM members joined our call to action to support the bill during Midwifery Advocacy Month in August when members meet with legislators in their home towns during the Congressional recess. We also called on members to support the MOMS 21 bill, which would improve maternal health outcomes in the United States by harnessing the best evidence in maternity care delivery.



### Journal of Midwifery & Women's Health

With a focus on evidence-based practice, ACNM's peer-reviewed *Journal of Midwifery & Women's Health (JMWH)* presents new research and current knowledge across a broad range of clinical and interdisciplinary topics, including maternity care, gynecology, primary care for women and newborns, public health, health care policy, and global health. ACNM members ranked *JMWH* as one of the most valued benefits of ACNM membership, second only to ACNM's advocacy to Congress and federal agencies.

In 2013, the *JMWH* impact factor—one measure of the importance of a journal within its field—increased to 1.254, a record high. *JMWH* content was frequently accessed in 2013, with a total of 453,744 abstracts and 232,398 full-text articles downloaded by readers. Of particular note, the seminal National Birth Center Study II, which was published in *JMWH*, garnered impressive media coverage, including a *TIME* editorial and original coverage on About.com, Cafemom's The Stir, Mothering.com, Lamaze International's Science & Sensibility, and Childbirth Connection's Transforming Maternity Care.

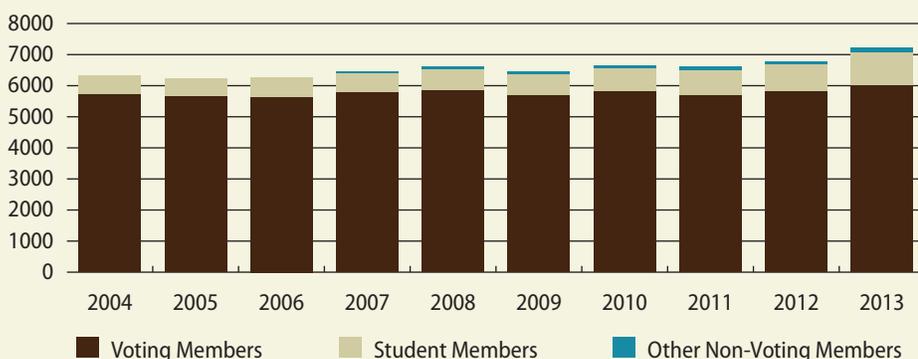


## Goal 5: Ensure the effectiveness and efficiency of ACNM



As a membership organization, ACNM serves CNMs and CMs with the utmost professionalism and dedication. Recruiting more members into the organization makes ACNM stronger and more effective in our activities to support midwifery. From 2009 to 2013, the number of student members grew 58% to a total of 1063 in 2013. We also had record student participation at the ACNM 58th Annual Meeting in Nashville—twice the number of student participants as in previous years. We continue to support the success of all of our members, but especially these new midwives who represent the future of the profession.

### MEMBERSHIP GROWTH, 2004–2013



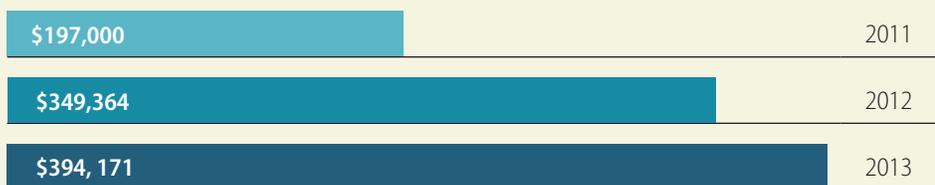
## Enhancing the Value of Membership

In 2013, we conducted a comprehensive membership survey to assist us in understanding what our members most value, and advise us on how we can continue to refine and improve our services. The top 5 benefits of ACNM membership are advocacy to Congress and federal agencies, the *Journal of Midwifery & Women's Health*, advocacy to state legislatures and regulators, encouraging public awareness of midwifery, and maintaining standards of practice. Several ACNM services and resources showed impressive gains in popularity, including information and analysis on national and state legislation and regulation, discounted online continuing education via the ACNM Live Learning Center, and advocacy tools.

## Supporting ACNM Affiliates

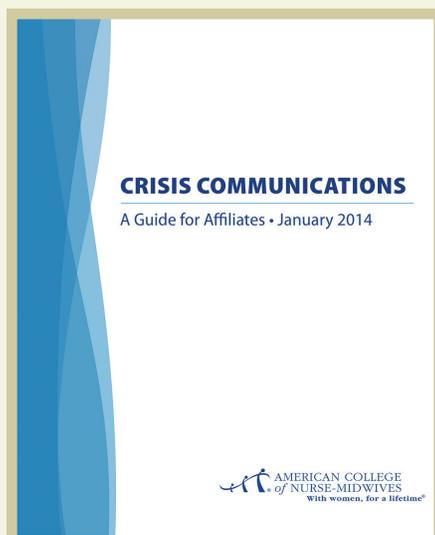
ACNM and our members are committed to enhancing our capacity to confront state-level issues related to midwifery practice. Members placed higher value on ACNM affiliates in 2013 compared to 2012—the first year of ACNM's completed affiliate structure.

### MEMBERSHIP DUES REMITTED TO ACNM AFFILIATES



ACNM members have invested nearly \$1 million in building their affiliate organizations since 2011.

ACNM created a new national office position to support affiliates and to improve communication and collaboration throughout the affiliate network and with the national office. ACNM provides significant support to affiliates working on legislative and regulatory issues. Our goal is to have strong organizations in every state that engage members and continue to increase the visibility of midwives.



ACNM released new leadership materials for ACNM affiliates, including a guide to navigating crisis communications. View this and other resources at [www.midwife.org/Affiliate-Officer-Resources](http://www.midwife.org/Affiliate-Officer-Resources).

## Refining Professional Resources

The ACNM 58th Annual Meeting was our most highly attended in more than a decade with a total of 1930 participants. This premier event continues to offer new levels of professional rigor and quality in line with members' professional development needs. We also continue to attract new corporate support, which supports ACNM's work to advance the profession and the success of our members.

## Diversification and Inclusion

Our nation's population is more diverse than ever, but midwifery continues to lack diversity. ACNM must become a more diverse and inclusive organization. ACNM's Diversification and Inclusion Task Force created the initial framework for a long-range initiative to transform the profession and ACNM.

### The ACNM Diversification and Inclusion Task Force

seeks "to promote a culture of inclusion within ACNM and the profession of midwifery, in which diversity is respected, sought, and embraced."

Learn more at

[www.midwife.org/diversification-and-inclusion-task-force](http://www.midwife.org/diversification-and-inclusion-task-force).



## Goal 6: Global Health

**ACNM and our members are key players** in the global agenda to reduce infant mortality and improve maternal health. Through our grant-funded Department of Global Outreach and our volunteer-driven Division of Global Health, we work with world health partners, including the US Agency for International Development, the Department for International Development/UK aid, Laerdal Global Health, and Johnson & Johnson, to systematically improve the quality of care in developing countries.



The ACNM Department of Global Outreach maintains useful and informative webpages for those interested in global health. Find online courses, free publications, volunteer opportunities, and more at [www.midwife.org/global-outreach](http://www.midwife.org/global-outreach).

Participating in the global agenda drives the visibility and growth of the profession at home and highlights the needs of the women and newborns we serve. In 2013, we provided opportunities for members to get involved in global health through *Survive & Thrive*—an innovative global development alliance aiming to reduce preventable maternal and child deaths in developing countries by mobilizing US professional associations with USAID, the private sector, and civil society organizations. Through *Survive & Thrive*, ACNM senior clinician members began work to implement the popular Helping Babies Breathe training program in Malawi, update clinical practice with the Afghan Midwives Association, work with the Eastern Central Southern African Health Communities (ECSA-HC) to strengthen professional associations in member countries, and develop materials to be used in the global push to end newborn death. Special thanks to ACNM member volunteers Lauren Arington, Melissa Avery, Terri Clark, Jody Lori, Amy Nacht, and Helen Welch.



The Global Development Alliance *Survive & Thrive's* launch of activities in Burma was announced by USAID Administrator Dr. Rajiv Shah and included a panel discussion with ACNM Past President Katherine Carr. **From left to right:** Bill Slater, Director of Public Health (USAID Mission), Douglas Laube (ACOG), Katherine Carr (ACNM), Chris Milligan (USAID Mission Director), Ambassador Derek J. Mitchell, Bob Block (AAP), Tore Laerdal, and Dr. Rajiv Shah.

In 2013, ACNM was invited to a symposium prior to the third Women Deliver conference held in Kuala Lumpur to review progress and renew commitment to advancing midwifery. Input was solicited from more than 200 midwives and their organizations and a second global call to action emerged from the symposium, again stating that skilled, competent midwives could avert more than two thirds of the maternal and neonatal deaths in the world.



The rate of maternal deaths that occur annually is equivalent to 2 to 3 Boeing 777s crashing every day.

ACNM Vice President for Global Outreach Suzanne Stalls called attention to the serious problem of maternal mortality at a Frontline Health Workers Coalition congressional briefing. The rate of maternal deaths that occur annually is equivalent to 2 to 3 Boeing 777s crashing every day. While 99% of the maternal deaths occur in the developing world, the situation in the United States is alarming. Women in the US now have a higher risk of dying from pregnancy and birth-related complications than in 45 other countries, and we are one of only 26 countries where the problem is worsening. Stalls called for federal funding of midwifery education programs and students in order to expand access to midwifery care both at home and around the globe.

In addition to working to provide opportunities for members to engage in global health, DGO continues to solicit and win grants that pertain to midwifery and maternal health around the globe. Projects implemented in the past year were focused in Ethiopia, Ghana, Guatemala, Kenya, and Zambia.

# A.C.N.M. Foundation

The **A.C.N.M. Foundation** is the only 501(c)(3) nonprofit organization that promotes excellence in health care for women, infants, and families worldwide through the support of CNMs and CMs. For more than 45 years, the Foundation has worked with donors to establish funds that support leadership development, educational grants, research, community projects, policy development, and international experiences.

## Growing Midwifery

Our 2013 activities demonstrate our dedication to the growth of midwifery. Numerous midwifery students benefited from Foundation scholarships to pay for their education. Sharing in ACNM's commitment to diversification of the midwifery workforce, we awarded 3 Midwives of Color-Watson scholarships for basic midwifery education and the Sandy Woods Scholarship for Advanced Study, given to a midwife of color enrolled in doctoral education. We enthusiastically support midwives

fulfilling leadership positions in health care, education, global health, and anywhere they choose to work. In cooperation with the Frances T. Thacher Midwifery Leadership Endowment and the Midwifery Business Network, we awarded 5 Thacher Fellowships for midwives to attend Midwifery Works! 2013, ACNM's annual business networking and education conference. The W. Newton Long Award enabled a midwife to complete her capstone project on stress reduction among midwives. The Jeanne Raisler International Award for Midwifery supported a midwife for her global health experience in Somaliland, East Africa.

## Fostering Collaborative Care

In an effort to further promote effective collaboration between midwives and obstetrician-gynecologists, we partnered with ACNM and the Midwifery Business Network to give the Louis M. Hellman Midwifery Partnership Award to a physician who has been a champion supporter of midwifery practice.

The Foundation's most prestigious recognition, the Dorothea M. Lang Pioneer Award, went to 2 midwives in recognition of their stalwart efforts to assure liability insurance and hospital privileges for midwives after facing their own privileging challenges in Nashville in the early 1980s.

At the ACNM 58th Annual Meeting & Exhibition, we sponsored the annual Therese Dondero Lecture, presented by David Grimes, MD, who gave a gripping presentation highlighting the underpinnings of misogyny in women's health. ACNM members gave a record high of donations at the Foundation booth and supported a hugely successful annual fundraiser at the Nashville City Club.

## Preserving Our Heritage

We were pleased to debut "Midwifery Living Legacies," featuring highlights of 16 video interviews conducted by the Foundation's OnGoing Group, which was renamed the Midwifery

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### Executive Director:

Lisa L. Paine, CNM, DrPH, FACNM

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**Corporate and Foundation Donors:** The Charles Engelhard Foundation, CBS Midwifery, Inc., Charles Jamison Advised Fund, Chubb & Son, Fidelity Charitable Gift Fund, Hologic, Inc., Midwifery Business Network, Nossa Familia Coffee, Roger Pollack & Whitney Pinger Fund, Harold K. Raisler Foundation, The San Francisco Wine Exchange, John & Frank Sparacio Charitable Foundation, Inc., Varney, Inc.

### 2013 SCHOLARSHIPS AND AWARDS

#### 20th Century Student Interview Awards

Sage Bearman, Toni Nicole King, Sally Manion, and Sarah Weinstein

#### Clinical Stars Award

Susan Imanse, Sophia Kyerematen, Careen Mauro, Elaine Moore

#### Dorothea M. Lang Pioneer Award

Victoria H. Burslem, Susan Sizemore

#### Edith B. Wonnell, CNM, Scholarship

Crystal Stewart

#### Excellence in Teaching Awards

Kirby Adlam, Marie-Annette Brown, Erin Brown, Anne Cockerham, Maria Corsaro, Mammie Guidara, Lisa Hanson, Tonia Moore-Davis, Blake Rainie, Verna Raynor, Jenna Shaw-Battista, Katie Ward

#### GlaxoSmithKline TUMS Calcium for Life Scholarship

Sarah Quirk

#### Jeanne Raisler International Award for Midwifery

Heather Sevcik

#### Louis M. Hellman Midwifery Partnership Award

Paul Kastell, MD

#### Midwives of Color-Watson Scholarships

Lakieta Edwards, Adrienne Crawford, Tia Thompson

#### Sandy Woods Scholarship for Advanced Study

Olga Lazala

#### Staff Appreciation Award

Cara Kinzelman

#### Thacher Community Grants

Choices in Childbirth  
Vanderbilt School of Nursing, Volunteer Doula Program

#### Thacher Fellowships for Midwifery Leadership Development

Holly Christensen, Sharon Holley, Sheila Mathis, Jessica Schwartz, Karen Swift

#### Varney Participant Awards

Bronwyn Fleming-Jones, AlexAnn Westlake

#### W. Newton Long Award

Erin Wright

## A.C.N.M. Foundation (continued)

Legacies Project. The video helps preserve midwifery's heritage and shows appreciation for midwives 65 years of age and older for their significant contributions.

For the Foundation to continue to provide top-quality programs, the support of individuals who share our vision is essential. In 2013, we received numerous memorial and honorary donations and a record number of donors joined the Mary Breckenridge Club with annual donations of \$1000 or more. The Charles Engelhard

Foundation continued to support the Frances T. Thacher Midwifery Leadership Endowment, which focuses on midwifery leadership development and women and midwives with chronic disease and disability. Hologic, Inc., gave an unrestricted education grant to develop a web-based faculty training program to expand the hands-on training in intrapartum sterile speculum and specimen collection for RNs. Since inception this training program has reached more than 1100 RNs at 59 sites nationwide.

**We recognize the generosity of all our donors. To make a donation or learn more about our programs, contact [fdn@acnm.org](mailto:fdn@acnm.org).**

## Financial Report

**In 2013, ACNM continued to** demonstrate financial stability and modest programmatic growth while taking advantage of continued strong performance of ACNM's investment portfolio to fund strategic initiatives and fuel future organizational growth. While as planned, this funding strategy resulted in an operating loss for the organization, we believe that this strategy is crucial to successfully positioning the midwifery profession, the organization, and our members for the future. ACNM's strategic funding activities are guided by an annual review of strategic priorities and funding capability.

RBC Wealth Management continues to serve as the investment advisors for ACNM. RBC associates work closely with the ACNM Finance and Audit Committee (FAC) to ensure that reserve funds are invested in alignment with the financial and investment policies of the College.

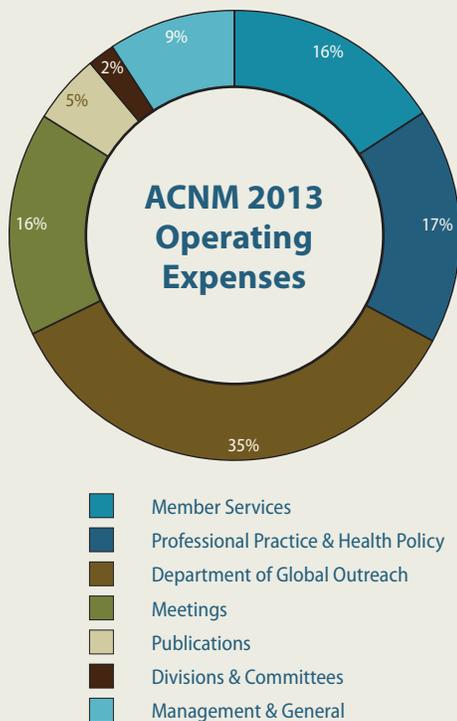
As a result of above-average earning in our investment accounts in 2013, ACNM ended the year with a net investment gain of \$529,537—a 20% gain compared to a 13% gain in 2012. ACNM remains committed to safeguarding the investments of the College by adhering to financial policies designed to maximize returns over the long-term.

Total combined (temporarily restricted and unrestricted) revenue increased by \$1.0 million (19%), while unrestricted operating revenue in 2013 were down 1% compared to 2012. ACNM experienced growth in membership dues revenue and Annual Meeting revenue, but this growth was offset by a reduction in grant revenue received by ACNM's Department of Global Outreach. To continue to expand ACNM's organizational capacity and protect the organization from the volatility inherent in grant-funded programs, ACNM's strategy is to

continue to expand our membership base while also developing new programs and services to support our members and diversify our revenue streams.

Operating expenses similarly decreased by 2% in 2013 compared to 2012 but exceeded unrestricted revenue, resulting in a planned net operating loss of \$585,303 (9% of 2013 total expenses). ACNM made a strategic decision to utilize \$333,000 of its operating reserves to support the following projects: strategic communications and public relations (including ACNM's *Our Moment of Truth*™ campaign), development of a strengthened data collection platform to support midwifery practice benchmarking and future patient-level data collection, and BirthTOOLS (ACNM's normal physiologic birth toolkit) in fiscal year 2013. These expenditures were absorbed by ACNM's investment gains noted above.

## Financial Report (continued)



Approximately 65% of total expenses continue to support core member services such as professional practice programs and resources, legislative and regulatory advocacy, promotion of the midwifery profession, and individual member assistance. ACNM also allocated new resources in 2013 to expand ACNM's staffing in communications, public relations, and national office support to our affiliate organizations; upgrade our accounting system; support the development of a long-term initiative on diversification and inclusion; and conduct a strategic plan for publications as well as for data collection technology. ACNM strives to provide superior services to our members and exceptional representation for the profession while positioning the organization for continued growth.

ACNM's 2014 \$5.9-million balanced budget includes continued support for these core activities as well as additional resources toward strategic communications, normal physiologic birth consumer statement and toolkit strategy, midwifery data collection initiative, and consultancy to update ACNM's research agenda. We continue to explore new revenue opportunities consistent with our mission while ensuring that

### ACNM Finance and Audit Committee

Joan Slager (Treasurer) • Ginger Breedlove • Tanya Tanner • Joe Gallagher (outside investment advisor, non-voting) • Anne Gibeau • Lynne Himmelreich • Michael McCann

our expenditures produce value for the College and our membership. We are financially sound to continue to pursue our mission.

Finally, it must be noted with great appreciation that the financial position of the College is positively impacted by the many dedicated members who serve on divisions, committees, taskforces, and in other volunteer positions within the College. Many members work countless hours without compensation, providing tremendous value not directly reflected in the financial statements. ACNM extends its thanks to its members for their continued commitment to midwifery and to ACNM.

ACNM's audited financial statements for 2013 and previous years are accessible for members upon request to the Finance Department.

### ACNM REVENUE, 2005–2013

Year	Unrestricted Operating Revenue	Temporarily Restricted Revenue	Total Revenue
2005	\$4,126,321	—	\$4,126,321
2006	\$4,532,508	—	\$4,532,508
2007	\$4,429,944	—	\$4,429,944
2008	\$4,567,822	—	\$4,567,822
2009	\$5,142,412	—	\$5,142,412
2010	\$5,288,471	\$404,416	\$5,692,887
2011*	\$5,403,453	\$2,021,018	\$7,424,471
2012**	\$6,101,760	(\$1,521,572)	\$4,580,188
2013**	\$6,028,871	(\$393,049)	5,635,822

\* Revenue are temporarily restricted when awarded for project activities that will take place in future years. In 2010 and 2011, ACNM was awarded private foundation grant funding to support midwifery education in Ghana through mid-2013.

\*\*As these restricted revenue are released from restriction, total revenue will show a significant decrease as they were in 2012. ACNM's current grants have temporarily restricted revenue until 2015.

# The 2013 ACNM Team

The success and progress of ACNM is largely due to the vision, commitment, and hard work of the ACNM Board of Directors and our dedicated staff and members who serve on divisions, committees, task forces, as representatives to other organizations and initiatives, and in other volunteer positions within the College. The Board of Directors is featured on page 2; staff and volunteer leadership are listed below.

## ACNM NATIONAL OFFICE STAFF

### Executive Office

*Chief Executive Officer*

Lorrie Kline Kaplan

*Executive Assistant*

Carol Ann Ross

*Manager, Information Technology*

Fausto Miranda

*Manager, Continuing Education*

*and Meetings*

Melinda Bush

*Senior Staff Researcher*

Kerri Schuiling

### Advocacy & Government Affairs

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*Affiliate Relations Manager*

Christy Levine

*Federal Lobbyist*

Patrick Cooney

*Manager, State Government Affairs*

Cara Kinzelman

### Communications

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*Graphic Designer*

Rebecca Feldbush

*Media Relations, Social Media,*

*& Marketing Specialist*

Damaris Hay

*Senior Writer and Editor*

Melissa Garvey

*Writer and Editor*

Barbra Elenbaas

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*Finance Manager*

Sandra Gray

*Financial Specialist*

Sujata Chavan

*Senior Accountant*

Holly Burns

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*Program Coordinator, Secretariat*

Veronika Schlecht

*Program Manager*

Kiev Martin

*Senior Technical Advisors*

Diana Beck, Patrice White

*Technical Advisor*

Anna Maria Speciale

*Technical Advisor, Ghana*

Cheryl Jemmot

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*Membership & Marketing Coordinator*

Judy Barlas

*Membership & Licensing Coordinator*

Andre Owens

### Professional Practice & Health Policy

*Director*

Tina Johnson

*Department Coordinator*

Monica Greenfield

*Senior Education Policy Advisor*

Elaine Germano

*Senior Practice Advisor*

Eileen Ehudin Beard

### Journal of Midwifery & Women's Health

*Editor-in-chief*

Frances E. Likis

*Deputy Editors*

Patty Aikins Murphy and Tekoa L. King

*Managing Editor*

Brittany White

### Accreditation Commission for Midwifery Education

*Executive Director*

Heather L. Maurer

*Administrative Assistant*

Jaime Sampson

### ACNM AFFILIATES

View officers for 50 states, District of Columbia, Puerto Rico, Uniformed Services, and Indian Health Service/Tribal health settings at <http://www.midwife.org/state-affiliate-map>.

### DIVISIONS AND COMMITTEES

#### Division of Education

*Chair:* Melissa Willmarth

*Vice Chair:* Lynneece Rooney

*Section Chairs:* Jessica Brumley, Heather

Clarke, Kim Dau, Aggie Hoeger, Kate

Fouquier, Lynneece Rooney, Nicole Rouhana

#### Division of Global Health

*Chair:* Jody Lori

*Section Chairs:* Wreatha Carner, Catherine

Carr, Katrina Nardini, Diana Spalding

#### Division of Research

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*Section Chairs:* Mary Barger, Robin Jordan,

Carrie Klima

#### Division of Standards and Practice

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*Section Chairs:* Andrea Christianson,

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Tanya Tanner

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### Awards Committee

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### Bylaws Committee

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### Committee for the Advancement of Midwifery Practice

*Chair:* Shawna King

### Ethics Committee

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### Executive Committee

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*Chair:* Heather Clarke

### Midwives-PAC

*Chair:* Heather Bradford

### Nominating Committee

*Chair:* Kathleen Brown

### Personnel Committee

*Chair:* Cathy Collins-Fulea

### Program Committee

*Chair:* Patricia Sullivan

### ACNM REPRESENTATIVES TO EXTERNAL ORGANIZATIONS

Melissa Avery, Emalie Gibbons Baker,

Mary Barger, Eileen Beard, Diane Bohn,

Ginger Breedlove, Stacey Brosnan,

Barbara Camune, Cathy Collins-Fulea,

Sarah Coulter Danner, Kim J. Cox, Leslie

Cragin, Kim Dau, Michele R. Davidson,

Susan DeJoy, Ana Delgado, Diana

Dowdy, Frances Ganges, Carolyn Geger,

Mamie Guidera, Barbara Hackley, Lisa

Hanson, Carol Hayes, Karen Hays,

Cheryl Heitkamp, Denise Henning,

Sally Hersh, Elizabeth Hill-Karbowski,

Sharon Holley, Elisabeth Howard, Katie

Huffling, Cecilia Jevitt, Lynn Johnson,

Tina Johnson, Diana Jolles, Caron Jones,

Ira Kantrowitz-Gordon, Deborah Karsnitz,

Holly P. Kennedy, Tekoa King, Cara

Kinzelman, Carrie Klima, Jan Kriebs, Miri

Levi, Patricia Loftman, Lisa Kane Low,

Deborah Morrison Martin, Cydney Afriat

Menihan, Tonia Moore-Davis, Patricia

Aikins Murphy, Amy Nacht, Cynthia

Nypaver, Katharine O'Dell, Karen Perdion,

Marilyn Pierce-Bulger, Robbie Prepas,

Nicole Rouhana, Cathy Ruhl, Mavis

Schorn, Maureen Shannon, Jenna Shaw-

Battista, Joan Slager, Suzanne Stalls, Lisa

Stephens, Kai Tao, Deborah Walker, Jan

Weingrad Smith, Helen Welch, Claire

Westdahl, Tammy Witmer, Ruth Zielinski

## AWARD WINNERS

### ACNM AWARDS

#### Hattie Hemschemeyer Award:

Tekoa L. King

#### Kitty Ernst Award:

Terrah Stroda

#### Louis M. Hellman Midwifery Partnership Award:

Paul Kastell

#### Book of the Year Award:

Linda Orsi Robinson, Henci Goer, and Amy Romano

#### Distinguished Service Awards:

Alice Bailes, Colleen Conway-Welch, Janet Engstrom, Julie Gorwoda, Lisa Kane Low

#### 2013 Outstanding Preceptor Awards:

Lauren Abrams, Robin Bigby, Melanie Dossey, Susan Greene, Jacqueline Greenfield, Lindsay Kragle Griffith, Audrey Groff, Susan Hodgson, Karen McConnell, Erin McMahon, Margaret Montgomery, Crystal Murphy, Rita O'Reilly, Verna Raynor, Anne Sigouin

#### Media Award

PBS *Call the Midwife* series

#### Organizational Partner

American Congress of Obstetricians and Gynecologists

#### Public Policy Awards:

Heather Bradford, Kim Dau

#### Video Contest Winner

Publicity Committee of the Washington State ACNM Affiliate

### JMWH AWARDS

#### Best Research Article of the Year Award:

Cara Osborne, Jeffrey L. Ecker, Kimberlee Gauvreau, Ellice Lieberman

#### Best Review Article of the Year Award:

Katrina Alef Thorstensen, Debra L. Birenbaum

#### Mary Ann Shah New Author Award:

Jeanne Murphy

### DIVISION OF RESEARCH AWARDS:

#### Best Poster Award:

Susan M. Yount, Judith Butler, Sandra Macon, Stephanie Bevill

#### Student Challenge Poster Award:

Laura Sanderson

#### Podium Best Research Presentation:

Lisa Kane Low

### 2013 ACNM FELLOWS:

Mary Carol Akers, Sharon M. Bond, Cynthia B. Flynn, Ilene Gelbaum, Mamie Guidera, Linda Hunter, Deborah Brandt Karsnitz, Carrie S. Klima, Lonnie C. Morris, Linda Nanni, Julia C. Phillippi, Catherine Moore Salam, Maria S. Valentin-Welch, Angela Wilson-Liverman, Susan Marie Yount