

ANNUAL REPORT

2014



Global Spotlight on Midwives:

**Driving Change at Home
and Around the World**



About ACNM

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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: Midwives are an interconnected web of women's health professionals that strive to bring the best evidence-based, woman-centered care to women and families around the world. Midwives enjoyed unprecedented global attention in 2014 in large part due to 2 major internationally produced publications: The State of the World's Midwifery Report 2014 and *The Lancet* Series on Midwifery. Together, these publications helped ACNM spark discussion in the press, among legislators, and with other health professionals about the need for improvement in women's health care right here in the United States. In tandem, ACNM worked to strengthen the capacity of midwives world-wide through our grant-funded Department of Global Outreach and our involvement with the International Confederation of Midwives. 2014 was truly a year of driving change and demanding better for midwives and women around the world.

Our Core Values

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



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www.pinterest.com/acnmidwives



www.midwife.org/blog



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



Lorrie Kline Kaplan,
CAE, Chief Executive
Officer

Midwives matter now more than ever. That's the bottom line of 2 landmark publications: *The Lancet's June 2014 Series on Midwifery* and the *State of the World's Midwifery (SoWMY) 2014*, coordinated by the United Nations Population Fund, the International Confederation of Midwives, and the World Health Organization, both in 2014. Among their major points is that investing in midwifery education yields a 16-fold return on investment, a return on investment on par with vaccination.

While there has been increasing attention to improving the quality, equity, and affordability of US maternal health, we still have the most expensive maternity care in the world, without high-quality outcomes to show for it. The United States is one of only 8 countries—and the only developed country—where maternal mortality has risen in recent decades. Maternal mortality and severe infant morbidity disproportionately affects communities of color, specifically African-American families. ACNM is working actively with our public health, physician, nursing, and other colleagues to reverse these unacceptable trends.

Building a strong and qualified midwifery workforce is the single most effective strategy for saving the lives and improving the health of women and newborns. Never have these links between the global midwifery movement and the US midwifery movement been clearer. While midwives attended a record number of births in 2013 (based on the most recently available national data), their status varies incredibly by state. In 2014, ACNM dedicated more resources than ever to create a midwife-friendly environment in every state by working to reform antiquated state and federal laws, institutional policies, public misconceptions, and less than optimal relationships with other health care providers.

As a small but passionately mission-driven organization, we must be strategic. ACNM's new 2015-2020 strategic plan describes how we will support our members and our affiliates while continuing to strengthen the midwifery workforce to improve US women's health. We also must continue to support effective engagement for US midwives in low-resource settings around the globe. Growing and engaging our membership over the next 5 years is key to our success. Please join us in encouraging every CNM and CM to be a dues-paying and actively engaged member of ACNM. Whether you are attending births, providing primary health care, teaching, leading, in phased or full retirement, or working for a member of Congress, we need you. There is so much work to be done.

Our profession is experiencing double-digit growth annually. Student graduation rates are rising. Stories abound of renewed interest in promoting healthy, physiologic, safe birth with quality-driven outcomes in all settings. We must nurture these signs of hope until they become the norm in every community across America.



Goal 1: Create strategic communications detailing the value of midwifery care

From a summer that ignited across the pond with the launch of *The Lancet* Series on Midwifery to the December 2014 *New York Times* editorial that posed the question “Are Midwives Safer than Doctors?” midwifery care enjoyed a bright light in the press.

Thanks to years of overhauling and honing our strategic communications around midwifery care, ACNM was prepared to harness the global momentum around midwifery to highlight the profession’s value to women of all ages and backgrounds right here in the United States.

Amplifying the Global Voice

During National Midwifery Week in October, ACNM CEO Lorrie Kline Kaplan was published in *The Huffington Post*, citing the 2014 *State of the World’s Midwifery* report and *The Lancet* Series on Midwifery as evidence for midwives as a best buy in primary health care. The post garnered 15,000 likes, 3000 shares on Facebook, and 200 Tweets, putting the social landscape awash with real statistics, an honest picture of what US midwifery looks like today, and how we compare to other countries.

In December, the United Kingdom’s National Institute for Health and Care Excellence (NICE) released guidelines on intrapartum care that strongly supported physiologic birth practices and midwife-led care in all birth settings. ACNM received quite a few media inquiries, resulting in a positive article and editorial in *The New York Times*, providing us with an excellent opportunity to highlight that midwife-led maternity care is safest.



Know Your OPTIONS
#MidwivesMakeADifference

Bust a MYTH 

#MidwivesMakeADifference



Spread The WORD
#MidwivesMakeADifference

Share Your STORY 

#MidwivesMakeADifference



Put Yourself FIRST
#MidwivesMakeADifference



National Midwifery Week #NMW14
October 5-11, 2014

National Midwifery Week was created by ACNM to celebrate and recognize midwives and midwife-led care. During National Midwifery Week 2014, we created an easy-to-follow daily action plan to spread the word about midwifery care on social media.



Social Media Expansion

ACNM continued to leverage our public education campaign *Our Moment of Truth™: A New Understanding of Midwifery Care* to guide our social media activities and release our first professionally-produced video for consumers. Viewed more than 12,000 times, our video asks people on the street to share what they know about midwifery and spotlights 2 moms who were attended by midwives during their births as well as 2 midwives who work in different birth settings. We were pleased to see the video reach our target audience: women of childbearing age. About 85% of viewers were female, and the top age range of viewers was 25 - 34 years. The next most prevalent age ranges of viewers were 35 - 44 years and 18 - 24 years respectively.

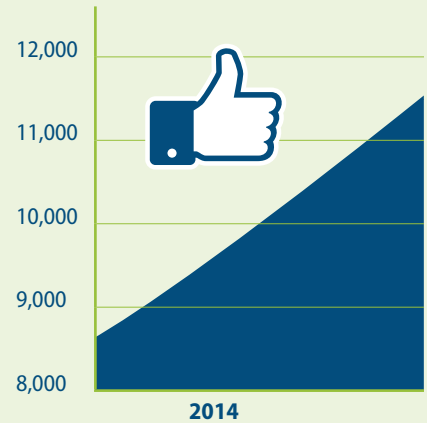
The *Our Moment of Truth™* Facebook page saw a 200% increase in followers as it established itself through its first full year as a branded page on the Facebook platform. During 2014, we strategically placed 2 posts per day, which helped to drive traffic to the campaign website, www.ourmomentoftruth.com. The Facebook page averaged a reach of about 1000 people throughout the year per post. Our most successful posts reached about 10,000 people, and throughout 2014, the campaign site garnered a total of 50,000 visitors.

We were thrilled to have more members engaged in our strategic communications efforts through the *Our Moment of Truth™* listserv and the activities of ACNM affiliates. From table top displays for local exhibits to ads for National Midwifery Week, our members gave our efforts legs to reach women and families in their communities. As we head into the next phase of ACNM's strategic communications efforts, we look forward to building on our existing campaigns and helping members continue to leverage them to their advantage.

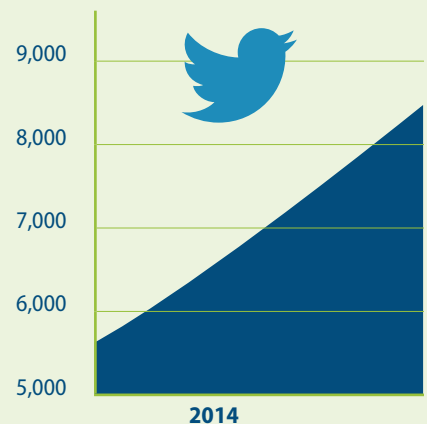
Social Media 2014

Engaging with Members

2014 was a year rich with content. We invited members to be a part of the conversation and to engage with ACNM across all of our platforms, including Facebook, Twitter, Pinterest, and YouTube.



The ACNM Facebook page started the year with 8604 likes and grew to 11,499 likes, a 33.6% increase over the course of the year.



@ACNMmidwives on Twitter started the year with 5600 followers and grew to 8419 followers, a 50.3% increase over the course of the year.

Goal 2: Achieve full autonomy in practice and equitable reimbursement

Midwives are becoming more visible in the policy sphere across the country as ACNM affiliates organize to effect change at the state level. 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.

States Make Progress

In 2014 nearly 50% of ACNM affiliates were active stakeholders in at least one bill. Just some of the states' notable progress included:

- Alabama finalized regulations for limited Schedule II prescriptive authority for CNMs with a collaborative agreement.
- Kentucky eliminated the requirement for a collaborative agreement for prescribing non-controlled legend drugs after a transition to practice period for CNMs.
- Maryland successfully removed the CNM requirement for a physician attestation through a regulatory change.
- Massachusetts finalized regulations implementing the 2012 full practice authority statute for CNMs.
- Minnesota enacted a full practice authority bill for all advanced practice nurses. For CNMs, the final bill solidified the profession's autonomy by clarifying statutory language governing CNM relationships with physicians.
- North Carolina's Joint Legislative Subcommittee recommended endorsement of the CNM-only full practice bill.



ACNM's free patient handout on obtaining insurance under the ACA is available at www.ourmomentoftruth.com.

As Affordable Care Act (ACA) implementation continued to unfold, ACNM made it a top priority to ensure optimal coverage of midwives and midwifery care. Through a survey of 85 of the 277 marketplace insurers (30.7%), located in 33 different states, ACNM found that 20% of responding plans did not contract with CNMs and 60% did not contract with CMs. Forty-seven percent of plans also did not contract with birth centers. The ACA contained a provision prohibiting insurers from discriminating against providers who render care in accordance with their state scope of practice requirements.

ACNM's findings indicate that policymakers need to do more to ensure plans take advantage of the cost-effective services and high quality outcomes associated with midwifery care. We used the survey as the basis of comment letters to the Centers for Medicare and Medicaid Services and to inform our comments to the National Association of Insurance Commissioners. We also sent a copy of the survey report to every insurance commissioner in the country, and many ACNM affiliate officers followed up with in-person meetings to discuss our concerns.

ACNM Affiliates Strengthen Advocacy Efforts

ACNM has affiliate organizations in all 50 states and the District of Columbia, the Uniformed Services, and the Indian Health Service/Tribal. Our growing network of affiliates enhances our capacity to confront state-level issues related to midwifery practice. For more information on ACNM affiliates, including affiliate leaders and member resources, visit www.midwife.org/ACNM-Affiliate-Map.

Improving Access to Care

ACNM joined forces with the American Congress of Obstetricians and Gynecologists (ACOG) to champion the Improving Access to Maternity Care Act of 2014, a bill that would instruct the Health Resources and Services Administration to identify areas with a shortage of full scope maternity care providers and reward providers who choose to practice in those areas. These designations already exist for primary care, dental health, and mental health. Adding a maternal health designation would improve access to midwifery care and ultimately improve maternal public health.

Enhancing Collaborative Care

We were pleased to see forward movement in our efforts toward improved interprofessional education. ACNM and ACOG leadership conducted a survey of OBGYN residency chairs, midwifery education program directors, and members of the ACNM Medical Education Caucus regarding their interest in developing interprofessional models of education for OBGYN residents and midwifery students. Survey results were discussed and a larger group of invited participants who expressed interest in this endeavor will meet at the 2015 ACNM Annual Meeting.

Since 2011, ACNM has been a member of the US Midwifery Education, Regulation, and Association (US MERA) workgroup, along with the Accreditation Commission for Midwifery Education, American Midwifery Certification Board, Midwifery Education Accreditation Council, Midwives Alliance of North America, National Association of Certified Professional Midwives, and North American Registry of Midwives. US MERA works to expand access to high quality midwifery care and build a more cohesive US midwifery presence inspired and informed by International Confederation of Midwives global standards and competencies. In 2014, the workgroup continued to advance these important discussions. More information can be found at www.midwife.org/US-MERA. US MERA activities are funded by the Transforming Birth Fund, a donor-advised fund of the New Hampshire Charitable Foundation. The A.C.N.M. Foundation was fiscal agent.



The Midwives Political Action Committee experienced another record-breaking year in donations. Donations in 2014 totaled \$96,546, a 9% increase compared to 2013. Learn more about Midwives-PAC at www.midwife.org/midwives-pac.



Goal 3: 1000 newly certified midwives per year

Since 2010, ACNM has prioritized increasing the number of newly certified midwives to fortify the midwifery workforce. In 2014, the midwife community welcomed 576 new CNMs/CMs to the profession—a more than 100% rise in the number of new certificants since 2007 and the seventh consecutive year of increase.





Goal 3: 1000 newly certified midwives per year (cont.)

Federal Funding

The University of Pennsylvania (UPenn) midwifery education program is one of 5 sites receiving funding from the federal government's Graduate Nursing Education program, a demonstration program designed to help nursing education programs increase the number of advanced practice registered nurse graduates. ACNM and UPenn participated in an APRN coalition that convinced CMS to allow the program to continue beyond 4 years, until the previously appropriated funds are expended. Whether Congress will extend it further is yet to be seen. CMS is conducting an analysis of the pilot program and we are hopeful that the results will give us a basis to ask Congress for an extension and/or expansion.

ACME Welcomes New Executive Director

The Accreditation Commission for Midwifery Education (ACME) acquired fresh focus and expanded capacity under the leadership of Executive Director Heather L. Maurer. ACME currently accredits 39 programs offering nurse-midwifery and midwifery education programs. The mission of ACME is to advance excellence and quality in midwifery education. ACME is part of the American College of Nurse-Midwives' corporate structure but is administratively and financially autonomous from the College. Learn more at www.midwife.org/acme.

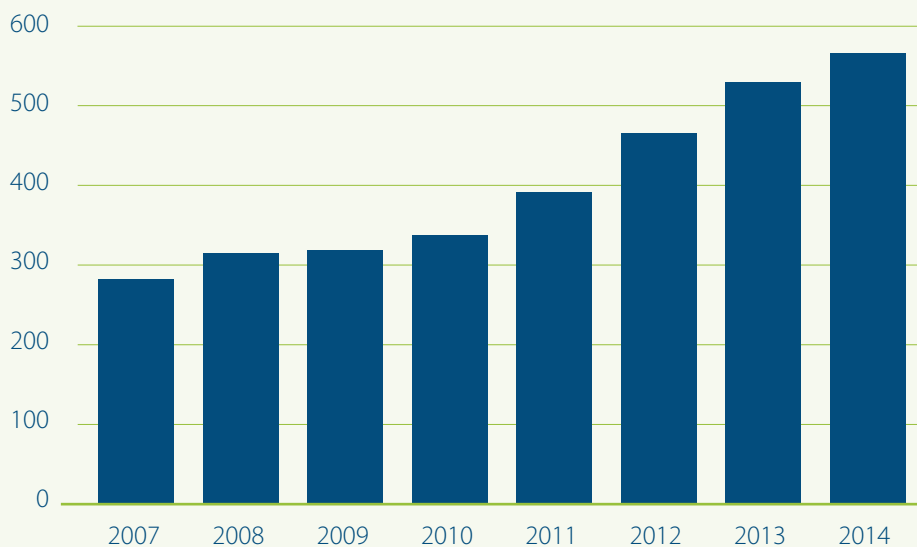
Upholding Global Standards

Throughout this period of impressive growth in the profession, ACNM has maintained a commitment to upholding the highest standards in midwifery education. We promote certification of midwives based on completion of nationally recognized, accredited midwifery education programs that, at a minimum, are in accordance with the International Confederation of Midwives (ICM) global standards for education. CNMs and CMs are required to have a masters degree, however there are midwives in the United States who are not CNMs or CMs and who may not meet global standards. In 2014, we were pleased to see ACOG join us in recognizing the ICM global standards for midwifery education.

Understanding the Current Workforce

In 2014, ACNM took strides toward improving our knowledge of the midwifery workforce by deciding to facilitate studies already in progress at the state level. The Midwifery Workforce Taskforce worked to ensure accurate data by looking beyond ACNM members to certificant data from the official certifying body of CNMs/CMs, the American Midwifery Certification Board (AMCB), and again provided data on the midwifery workforce to the federal government.

NEWLY CERTIFIED CNMs/CMs, 2007–2014



Supporting New Midwives

ACNM furthered our support of new graduates by offering a brand new Active - New midwife membership category that comes with reduced dues for CNMs/CMs certified less than 2 years, and an Active – Advancing midwife membership category for CNMs/CMs certified from 2 to less than 4 years. We also hosted webinars for new graduates and launched members-only webpages with extensive resources on topics like finding employment, negotiating contracts, and networking.



Goal 4: Support high quality maternity care and women's health services

CNMs and CMs play an important role in the US maternity care system. They attend more than 8% of total US births and more than 12% of US vaginal births. Midwives also make a significant contribution to overall women's health care with 53.3% of CNMs/CMs identifying reproductive care and 33.1% identifying primary care as main responsibilities in their full-time positions. No matter where CNMs/CMs practice, as part of the ACNM community they strive for excellence in care through evidence-based, woman-centered practice.



2014 saw a worldwide spotlight on maternal health and the practices that promote healthy birth for mothers and babies. In tandem with promoting the groundbreaking findings of SoWMy, *The Lancet Series* on Midwifery, and the UK's NICE Guidelines for intrapartum care of healthy women

and newborns, right here in the United States we launched the American College of Nurse-Midwives Healthy Birth Initiative™. This innovative initiative aims to maximize women's opportunity to have a healthy birth using their own natural physiology while avoiding unnecessary procedures that can interfere with that process. The initiative takes a 3-pronged approach, equipping women, maternity care providers, and quality managers, hospital policymakers, and payers with the tools to inspire better care, better health, and lower costs.



Find out how you can promote healthy birth for moms and babies at www.midwife.org/ACNMHealthy-Birth-Initiative.

ACNM BENCHMARKING PROJECT, 2013 SELECT OUTCOME MEASURES

Metric Reported	Average
Total Rate of Vaginal Birth	87.2%
Rate of Spontaneous Vaginal Birth	83.3%
Primary Cesarean Rate	9.2%
Repeat Cesarean Rate	3.6%
Intact Perineum Rate	49.4%
Episiotomy Rate	3.1%
Preterm Birth Rate (< 37 weeks)	3.2%
Rate of Low Birthweight Infant (<2500 gms)	4.4%
Rate of NICU Admissions	4.1%
Breastfeeding Initiation Rate (exclusive breastmilk for first 48 hours of life)	85.3%
Breastfeeding Continuation Rate (any breastmilk at 6 weeks postpartum)	87.3%
Home Birth Rate	14.3%
Birth Center Delivery Rate	11.2%
Total Induction of Labor Rate	16.2%
Less than 41 Week Induction Rate (% of total induction)	61.7%

Measuring Midwifery Outcomes

ACNM continued our popular Benchmarking initiative to capture an accurate snapshot of outcomes related to midwifery practice. In 2014, we made it easier for midwives to take advantage of this member benefit by coordinating with BirthTracks, an online birth log used by many ACNM members. The 2013 calendar year data reporting cycle reached another record high:

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Goal 4: Support high quality maternity care and women’s health services (cont.)

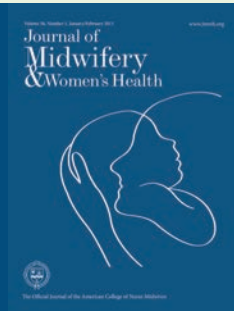
Journal of Midwifery & Women’s Health

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. Eighty percent of respondents to the most recent *JMWH* reader survey say they are satisfied or very satisfied with the quality of research articles and clinical content.

JMWH content was frequently accessed in 2014, with a total of 276,202 full-text articles downloaded from www.jmwh.org. This is a 12% increase from 2013 and shows increasing usage and readership.

On the global front, a *JMWH* supplement, Findings from the Maternal and Newborn Health in Ethiopia Partnership (MaNHEP), was published in early 2014. MaNHEP is a community-oriented model for improving maternal and newborn health care in rural Ethiopia. Also of note, the article, “Outcomes of Care for 16,924 Planned Home Births in the United States: The Midwives Alliance of North America Statistics Project, 2004 to 2009” ranked in the 99th percentile of more than 3.6 million articles tracked by Altmetric, which represents the quantity and quality of attention an article receives via social media, blog posts, newspapers, and magazines.



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232 practices participated, a 6.4% increase in participation compared to 2012. The data represents the work of more than 979 midwives on a total of 97,158 births. We also continued our involvement in the Women’s Health Registry Alliance to collaborate with other women’s health organizations on data collection when possible. Through the generous matching support of the American Midwifery Certification Board, ACNM worked with our technology partner Maternity Neighborhood to develop the specifications for a patient-level data registry that will connect to the growing ACNM Benchmarking project. This is a multi-year, multi-phase initiative; we are exploring partnership and funding strategies to complete this project in the coming years. In addition, thanks to a grant from the Transforming Birth Fund, ACNM led a multi-stakeholder consensus process to define key concepts associated with midwifery care, collaborative practice, and care coordination and continuity. The A.C.N.M. Foundation served as fiscal agent on this project.

In 2014, ACNM held 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 quality improvement within birthing facilities. ACNM is now a partner in the Alliance for Innovation on Maternity Care (AIM) which will utilize HRSA funding to implement the collaboratively developed best practice care bundles in targeted states over the next 4 years.



Improving Public Health

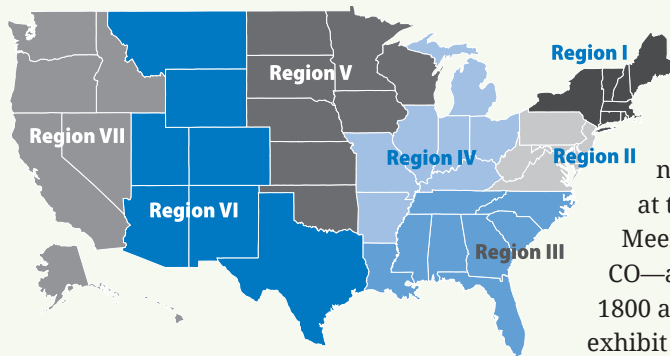
For the second year, ACNM partnered with the Centers for Disease Control and Prevention (CDC) to improve vaccination rates among vulnerable populations, including ethnic minorities and women who are pregnant. ACNM produced a suite of materials to answer many of the questions midwives and their clients have about immunizations. ACNM also worked with the CDC to add client-friendly information about smoking cessation during pregnancy and received funding for outreach activities on behalf of the 2015 TIPS From Former Smokers Campaign. These and other resources are freely available at www.ourmomentoftruth.com/resources.

ACNM officially recommends that midwives follow CDC’s immunization recommendations. Our supermom-themed client materials are available at www.ourmomentoftruth.com.



Goal 5: Ensure the effectiveness and efficiency of ACNM

In order to best serve women and families, it is imperative for ACNM and midwives to intentionally grow in ways that build diversity and inclusion into our organization and our profession. Our nation’s population is more diverse than ever, but midwifery continues to lack diversity. ACNM’s Diversification and Inclusion Task Force was formed in 2011 to develop a strategy to become a more diverse and inclusive profession and organization. 2014 activities included focus groups and surveys of ACNM members, leadership workshops, and an exploration of how best to approach this work in ACNM’s 2015-2020 strategic plan. A comprehensive report will be issued to ACNM members in mid-2015.



ACNM expanded from 6 to 7 regions with more equal distribution of state affiliates among regional volunteer leaders.

From the Board of Directors to affiliate leaders and individual members, ACNM members had the opportunity to make their voices heard and be actively engaged in the organization. As a result of a realignment initiative, ACNM expanded from 6 to 7 regions with more equal distribution of affiliates among region representatives—board

members elected by members to represent them in the organization at the national level. The new structure took effect at the ACNM 59th Annual Meeting & Exhibition in Denver, CO—an event that drew nearly 1800 attendees and a sold-out exhibit hall of more than 100 vendors and service providers.

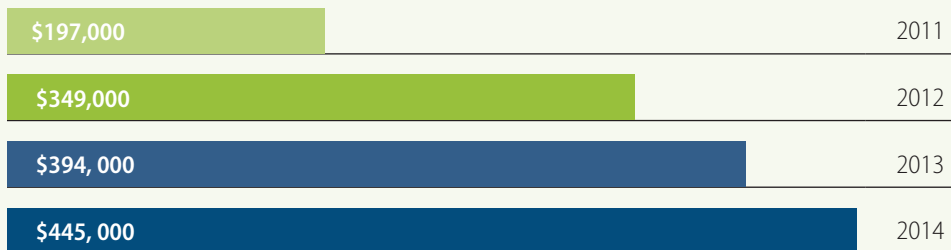
2014 also saw the formation of the ACNM Name Change Implication Task Force. Formed in response to a motion to change the name of ACNM, the task force is comprised of volunteers charged with the exploring the potential implications of a name change on the brand and effectiveness of ACNM both in and outside the organization. We look forward to the task force’s recommendations.

Attracting More Midwives

ACNM is the only professional association dedicated to serving and advocating for CNMs and CMs. Recruiting more members into the organization makes ACNM stronger and more effective in our activities to support midwifery. In 2014, ACNM grew to more than 7500 members—a 4.2% increase over 2013 and a 20.7% increase since 2005. Despite our growth, we know we can do better. By 2016, our goal is for 60% of the CNM and CM community to be members of ACNM.

We increased the value of ACNM membership with several new resources, including the online exam prep course to prepare new graduates for the American Midwifery Certification Board exam and new publications on topics like home birth transfer and water birth. Under the leadership of our Ultrasound Education Task Force, we forged a partnership with Pegasus Lectures to launch new ultrasound education resources in 2015 to help midwives to prepare for a new certification program being launched by the American Registry for Diagnostic Medical Sonography in early 2016 that will enable midwives to demonstrate proficiency in ultrasound. We also expanded members’ opportunities for professional development with the annual Midwifery Works! conference—which reached record attendance—and a new webinar series that included topics like key essentials of social media, protecting your assets in a litigious environment, and preparing for ICD-10.

MEMBERSHIP DUES REMITTED TO ACNM AFFILIATES



ACNM members have invested nearly \$1.4 million in building their affiliate organizations since 2011.

Goal 6: Reduce infant & maternal mortality & improve women's health globally

Happenings on the global stage of women's health in 2014 were a perfect example of how intricately global health is related to domestic health. As organizations like the International Confederation of Midwives and countries like the United Kingdom touted the benefits of midwifery, ACNM urged the United States to take notice, comparing global findings and best practices to the way we conduct maternity and women's health care at home.



ACNM was excited to launch a long-term twinning relationship with the Midwives Association of Zambia.

ACNM is viewed as a model professional association among the international midwifery community. In 2014, we shared our expertise through a mutually beneficial twinning project with the Midwives Association of Zambia (MAZ). Formed under the umbrella of ICM's twinning project, the alliance was born to create opportunities for capacity building, exchange of best practices, organizational effectiveness, relationship building, networking, and solidarity between ACNM and MAZ. TAZA Midwives, an acronym for Twinning Association of Zambian and ACNM Midwives, is now a means for association members in both countries to strengthen our members, associations, and communities to ensure that every woman has available, accessible, acceptable, and high quality midwifery care.

Joining the International Chorus

ACNM is a proud member of the International Confederation of Midwives (ICM). More than 3800 midwives from around the world gathered in Prague at the ICM Triennial Congress to celebrate midwifery and promote the health of women and families. The week's activities began at the "Voices of Midwives" gathering in Kampa Park, where nearly 1500 midwives sang in support of improvements in maternity care in the Czech Republic. ACNM midwives led workshops, symposia, and many other presentations throughout the week. Lisa Kane Low, CNM, PhD, FACNM, gave an inspirational plenary lecture on access to care, encouraging midwives to bring care to women in their own communities, where they live, work, and play. Legendary midwife and ACNM Past President Dorothea Lang, CNM, LM, MPH, FACNM, was present to give an award in her name to midwife Sabera Turkmani from Afghanistan. The ACNM exhibit hall booth provided a great place to meet, network, and offer information about resources like BirthTOOLS.org, *Our Moment of Truth™*, the *Survive and Thrive* global development alliance and Life Saving Skills series, and the *Journal of Midwifery & Women's Health* to midwives and students from all over the globe.

Helping Mothers and Babies Survive and Thrive

ACNM's Department of Global Outreach (DGO) is a grant-funded department within the College whose technical advisors provide support and assistance to organizations and countries throughout Africa and Asia. In the past year, for example, staff have worked with 2 hospitals in Nairobi to update skills and establish mentoring in clinical areas such as essential newborn care and respectful maternity care.

ACNM is a proud partner in the Survive and Thrive Global Development Alliance (GDA) along with the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, Save the Children, Jhpiego, Johnson & Johnson, and Laerdal Global Health. The GDA harnesses the resources, expertise, innovation, and experience of these groups to provide an avenue for seasoned midwifery professionals and other clinicians to support and share their expertise with their counterparts in host countries. Volunteer mentors from ACNM have worked in Afghanistan, Burma, Tanzania and Malawi. A new initiative designed to spotlight newborns, who now represent the largest percentage of deaths of children under the age of 5, will take place in India, Nigeria, and Ethiopia.



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. Since 1967, with the support of generous donors, the Foundation has supported leadership development, educational grants, research, community projects, policy development, and international experiences.

Growing Midwifery

Our 2014 activities demonstrate our dedication to the growth of midwifery and our support of ACNM's commitment to diversification of the midwifery workforce and leadership. Two students attended the ACNM Annual Meeting as Varney Participants, and 7 student midwives received basic midwifery education scholarships, including 3 Midwives of Color-Watson scholarships. We also awarded 2 scholarships to midwives enrolled in doctoral education, one Graduate Education Fellowship, and a Sandy Woods Scholarship for Advanced Study for a midwife of color.

Advancing Leadership Worldwide

The Foundation fervently supports midwives in 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 4 Thacher Fellowships for midwives to attend Midwifery

Works! 2014, ACNM's annual business networking and education conference. The Jeanne Raisler International Award for Midwifery supported a US midwife for her global health experience in Haiti; and the Bonnie Westenberg Pedersen Award enabled us to host a midwife leader from Nigeria as a guest of honor at the ACNM Annual Meeting for networking and building relationships between professional organizations.

Fostering Collaboration

In partnership with ACNM and the Midwifery Business Network, we gave the Louis M. Hellman Midwifery Partnership Award to a California physician who has been a champion supporter of midwifery practice. The W. Newton Long Award, enabled 2 midwives to complete their clinical research projects. At the ACNM 59th Annual Meeting & Exhibition, we sponsored the annual Therese Dondero Lecture, presented by Sonia Hassan, MD, who presented her groundbreaking research on progesterone and preterm labor prevention.

Honoring our Living Legends

The Foundation's most prestigious recognition, the Dorothea M. Lang Pioneer Award, went to a midwife who has been a mainstay in Colorado for decades. The Midwifery Legacies Project continued their preservation work through student interviews and another 5 professional videos highlighting midwives 65 years of age and older. The archive of senior interviews currently numbers well over 100. We also recognized 5 Clinical Stars for their exemplary midwifery careers and 15 midwifery faculty members, nominated by their students, for their excellence in teaching.

The Foundation depends on the support of foundations, corporations, affiliates, and individuals who share our vision so that we can continue to provide top-quality programs and awards. To learn more about our programs or to make a donation, contact fdn@acnm.org.

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Affiliates: ACNM Chapter II-10, Alabama Affiliate of ACNM, ACNM Idaho Affiliate, ACNM Illinois Affiliate, ACNM Inland Desert Chapter, Tennessee Affiliate of the ACNM, Wisconsin Affiliate of the ACNM

2014 SCHOLARSHIPS AND AWARDS

20th Century Student Interview Awards

Victoria Mayfield, SNM; Stephanie Kleven, SNM; Jennifer Rudnik, SNM; Allison Scholl, SNM

Clinical Stars Award

Laura Denman, CNM; Judy Lazarus, CNM; Ellen Margles, CNM; Cynthia Rogers, CNM; Paula Schalck, CNM

Dorothea M. Lang Pioneer Award

Laraine Guyette, CNM, PhD, FACNM

continued on page 14



A.C.N.M. Foundation, Inc. (cont.)

Edith B. Wonnell, CNM, Scholarship
Crystal Stewart

Excellence in Teaching Awards

Cynthia Belew, CNM, MS (University of California, San Francisco)
Ginger Breedlove, CNM, PhD, FACNM (Shenandoah University)
Anne Z. Cockerham, PhD, CNM (Frontier Nursing University)
Cathy Emeis, PhD, CNM (Oregon Health & Sciences University)
Mary K. Guidera, MSN, CNM (University of Pennsylvania)
Joyce Hyatt, DNP, CNM (University of Medicine & Dentistry – New Jersey)
Sherry Kari, CNM, MSN (San Diego State University)
Kate Koschoreck, CNM, MSN (University of Colorado)
Karin Larson, MS, CNM (University of Minnesota)
Judy Lazarus, MSN, CNM, ARNP (University of Washington)
Lisa Kane Low, PhD, CNM, FACNM (University of Michigan)
Jessica Ann Nelson, MSN, CNM (University of Utah)
Monica Newby, MSN, CNM (East Carolina University)
Julia Phillippi, PhD, CNM, FACNM (Vanderbilt University)
Nancy Jo Reedy, CNM, MPH, FACNM (Georgetown University)

GlaxoSmithKline TUMS Calcium for Life Scholarship
Morgan De Kleine, SNM

Jeanne Raisler International Award for Midwifery
Jane F. Houston, DNP, CNM

Louis M. Hellman Midwifery Partnership Award
Thomas Moore, MD

Midwives of Color-Watson Scholarships
Danika Severino Wynn, SNM; Makeda Rambert, SNM; Tina Moore Braimah, SNM

Sandy Woods Scholarship for Advanced Study
Maria Valentin-Welch, CNM, MPH, DNP(c)

Staff Appreciation Award
Rebecca Feldbush

Thacher Community Grants
Amanda Huber, CNM
Amy Willen, CNM

Thacher Fellowships for Midwifery Leadership Development
Sarah Stone, CNM; Celina Cunanan, CNM; Sarah Dumas, CNM; Noelene K. Jeffers, CNM

Varney Participant Awards
Ali Sevilla de Cocco, SNM; Melissa J. Creighton, SNM

W. Newton Long Award
Ellen Tilden, CNM; Erin George, CNM

Memorial Midwifery Scholarship
Devon Swanson, SNM; Melissa J. Creighton, SNM

Bonnie Westenberg Pedersen International Midwife Award
Paulina Fenahas Akanet – Nigeria



ACNM Financial Report

For the fourth year in a row, the ACNM Board of Directors leveraged our investment portfolio to fund strategic initiatives and fuel future organizational growth. While we anticipated this approach would result in an overall loss for the organization, we believe that this strategy is crucial to successfully positioning our members, the midwifery profession, and our organization at a very dynamic and opportune moment in time. ACNM's strategic funding activities are guided by an annual review by the ACNM Finance and Audit Committee (FAC) of strategic priorities and funding capability and approved by the ACNM Board of Directors.

RBC Wealth Management continues to serve as the investment advisors for ACNM. RBC associates work closely with the FAC and ACNM senior management to ensure that reserve funds are invested in alignment with the financial and investment policies of the College. ACNM ended the year with a total investment portfolio value of \$3.6 million and net investment gain of \$165,305,

ACNM REVENUES, 2005–2014

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
2014**	\$5,995,499	(\$126,965)	\$5,868,534

* Revenue is 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.

compared to \$529,537 gain in 2013. 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) revenues for the year were approximately \$5.9 million, down \$102,000 (2%) from 2013. ACNM

continued to experience growth in all operating revenue categories with the exception of subscription revenue and global outreach grant revenues, which have a history of volatility. Global outreach grant revenues were down \$338,000 (21%) compared to 2013, a primary contributor to overall losses for the year. Revenue growth for the year was strongest in contributions and

sponsorship (up \$94,000 or 48%) the Annual Meeting (up \$118,000 or 12%), and membership dues (up \$78,000 or 4%). Looking forward, ACNM's strategic plan prioritizes revenue growth through membership and other existing and new programs, improving ACNM's timeframe and processes for launching new programs, and strategies for improving fiscal stability in the face of grant revenue volatility.

Operating expenses increased by \$158,000 (2%) in 2014 compared to 2013 and exceeded unrestricted revenues, resulting in a net loss of \$776,546 (11% of 2014 total expenses). Additionally, ACNM made a strategic decision to utilize \$172,043 of its reserves to support the following projects in 2014: ACNM's *Our Moment of Truth™* campaign, the ACNM Healthy Birth Initiative™, development of a strengthened data collection platform to support midwifery practice benchmarking and future patient-level data collection, a diversification and inclusion strategic plan as well as a research strategic plan. Over the last 4 years, ACNM has invested to enhance its infrastructure and add additional staff in strategic program areas; while revenue growth has been a major focus of the organization, it has not kept pace with increased expenses. We remain optimistic about our financial goals and strategy over the long-term, but acknowledge this year's deficit was greater than expected and must be addressed and corrected in the coming years to maintain ACNM's financial stability.

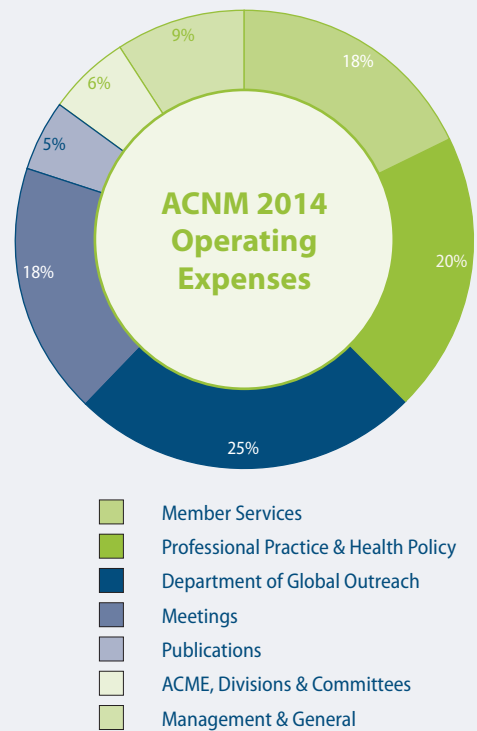
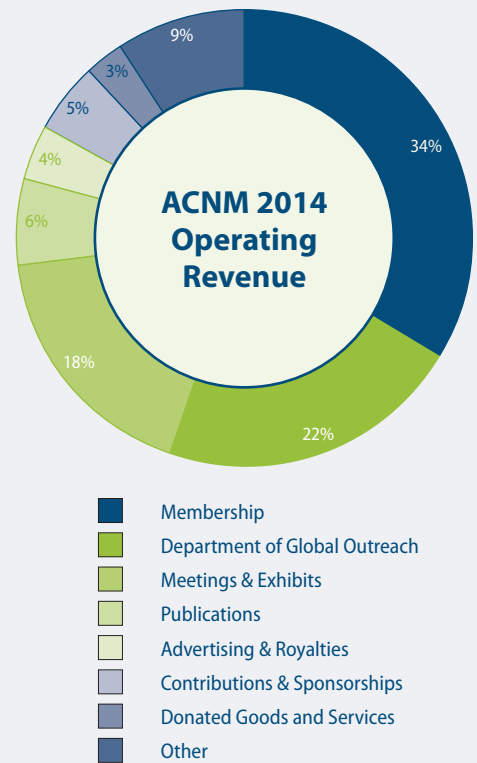
Approximately 61% of total expenses continue to support core member services such as professional practice programs and resources, state and federal legislative and regulatory advocacy, promotion of the midwifery profession, support for ACNM affiliates, and individual member assistance. ACNM

strives to provide superior services to our members and exceptional representation for the profession while positioning the organization for continued growth.

ACNM's 2015 \$5.6-million balanced budget decreased by 5% based on stable projections for global health grant revenue, while projecting continued growth in membership and the Annual Meeting. ACNM will continue to utilize our investment portfolio to continue our support of strategic communications, ACNM Healthy Birth Initiative™, data collection platforms, and diversification and inclusion. We continue to explore new revenue opportunities consistent with our mission while ensuring that 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 2014 and previous years are accessible for members only from the ACNM web site "About ACNM" (www.midwife.org/about).



ACNM Finance and Audit Committee

Joan Slager (Treasurer) • Joe Gallagher (outside investment advisor, non-voting) • Anne Gibeau • Jane Dyer • Lynne Himmelreich



The 2014 ACNM Team

The success and progress of ACNM are 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.

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Cari Ross

Office Associate & Desktop

Support Assistant

Nick Kroll

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Manager, Continuing Education

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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

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Midwives-PAC

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Publications Committee

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AWARD WINNERS

ACNM AWARDS

Hattie Hemschemeyer Award:

Judith S. Mercer

Kitty Ernst Award:

Kim Q. Dau

Louis M. Hellman Midwifery

Partnership Award:

Thomas Moore

Book of the Year Award:

Nancy Bardacke, Patricia Harman

Distinguished Service Awards:

Kimberly A. Couch, Ellen Martin, Susan R. Stapleton

2014 Outstanding Preceptor Awards:

Pamela Auman, Eliza Burelle, Tom Chappell, Teresa Damery, Megan Donaghy, Amber Evans, Rebecca Garrett-Brown, Theresa Gay, Linda Gillet, DeAnna Griebenow, Group Health Tacoma Midwifery Practice, Kathleen Harmon, Kate Harrod, Margaret Holcomb, Richard Jennings, Sylyna Kennedy, Jalana N. Lazar, Sukdai Mangru, Lisa Mattke, Tanya McDermott, Carla Morrow, Kara Myers, Monica Newby, OB/GYN Associates of Kerrville Texas Midwifery Practice, Heather Paar, Elaine Rosenwach, Connie Swentek

Media Award

C. Margo Mowbray

Exemplary Affiliate

North Carolina State Affiliate of ACNM

Exemplary Organizational Partner

Association of Women's Health, Obstetric and Neonatal Nurses

Public Policy Awards:

Heather Bradford, Kim Dau

Video Contest Winner

Emily Fitzgerald and The University of Pennsylvania Midwifery Class of 2014

JMWH AWARDS

Best Research Article of the Year Award:

Susan Rutledge Stapleton, Cara Osborne, Jessica Iluzzi

Best Review Article of the Year Award:

Joanna Bloomfield
Sharon Schindler Rising

Mary Ann Shah New Author Award:

Kathie L. Lloyd

DIVISION OF RESEARCH AWARDS:

Best Poster Award:

Ellen Tilden

Podium Best Research Presentation:

Judith Schlaeger

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Tanya Bailey, Patricia Burkhardt, Victoria Henderson Burslem, Michelle Renee Collins, Connie Dewees, Michelle Grandy, Milree Keeling, Julia Lange Kessler, Gwen Amber Latendresse, Elaine M. Moore, Whitney Ann Pinger, Connie Swentek, Ruth E. Zielinski