



AR

2017 ANNUAL REPORT

MAKING STRIDES FORWARD

AMERICAN COLLEGE
of NURSE-MIDWIVES

Message From the President

Dear Friends,

For ACNM, 2017 was a year of rebuilding. We continued to work to realize our vision of ensuring that each individual who desires a midwife has access to one for her or his health care needs. As part of this process, the ACNM Board of Directors and our national office leaders explored opportunities to align our strengths, resources, and organizational structure to meet the commitments outlined in ACNM's 2015-2020 strategic plan.

Three years in from the launch of that plan, we continue to strive to ensure that we are maintaining a solid infrastructure upon which to build our organizational capacity. In 2017, we further embarked on strengthening our organization and volunteer leaders as we serve as the voice of midwives locally, nationally, and globally. This focus on organizational capacity, the fifth of the five domains of our strategic plan, serves to improve our visibility and impact in serving midwives and growing our profession. Two key areas of focus in 2017 included the implementation of a new association management system and the development of a new volunteer organization structure. The association management system includes ACNM Connect, a new online system members can use to better engage with one another and with volunteer leaders. Organized in alignment with the domains of the strategic plan, the new volunteer structure offers improved lines of communication to enhance coordination among our committees and divisions.

In a parallel effort, we prioritized our financial stability to secure the necessary resources to continue to implement our strategic plan. We explored efficiencies and worked to match expenses to stated priorities. This process enabled us to make course corrections throughout the year to right-size our resources and operations. See page 13 for a more detailed discussion of our financial status, provided by ACNM's treasurer.

“We further embarked on strengthening our organization and volunteer leaders as we serve as the voice of midwives.”

Central to ACNM's continued success as an organization is hosting an outstanding Annual Meeting, growing our membership in all categories, and sustaining a strategic plan for global outreach services and leadership. These core functions, in tandem with the key activities of our volunteer leadership and the expertise represented in our national office, enable ACNM to make a difference every day for midwives and those we serve. Yet ACNM will always still need every individual member to help us encourage more midwives to join our ranks and convey the many ways we provide the foundation for a growing profession!

This report highlights the work we undertook in 2017 across the organization to advance our strategic initiatives. It offers a glimpse of the enormous dedication of our individual members, ACNM volunteer leaders, the ACNM Board of Directors, and our national office staff as we all work to position ACNM as a strong leader in women's health care.

I look forward to our shared journey as we ensure that all of our members, now and in the future, are well represented and supported to make a difference. #MidwivesMakeADifference! I appreciate your support, contributions, and input as we undertake this journey together.



Sincerely,

A handwritten signature in black ink, appearing to read 'Lisa Kane Low'.

Lisa Kane Low, CNM, PhD, FACNM, FAAN
President, ACNM Board of Directors

Envisioning the Future: ACNM's Strategic Plan

ACNM's current five-year strategic plan and core commitments highlight our organization's determination to promote our profession, network across professional and geographic boundaries, and strive for a future in which every woman and family has access to high-quality midwifery care. Highlights from 2017 include the following:

- ACNM Connect provided a stronger support system for the many communities within ACNM and improved communication with all members.
- A new affiliate portal facilitated coordination of activities and enhanced information-sharing among ACNM members.
- The establishment of our new State Government Affairs Committee provided a resource for ACNM Affiliates working to improve their state practice environments.
- Participation in the Alliance for Innovation on Maternal Health helped to implement patient safety bundles across multiple state projects with CNM/CM involvement.
- International projects to promote women's health and midwifery were active in seven countries across Asia and Africa and included a major new program in Nigeria.
- Task force analysis of the structure of ACNM's volunteer committees and divisions positioned ACNM for its volunteer structure alignment.



ACNM is first and foremost a professional membership association, and we are focused on ensuring that ACNM membership is of value to midwives at every stage of their careers, from student to retired midwife. We are dedicated to serving our members and continually seeking opportunities and new benefits to enhance their membership experiences. During 2017, we addressed member requests for an improved association management system (AMS) and an enhanced online community. We transitioned to a new AMS in June and launched the accompanying ACNM Connect (Connect.midwife.org), a members-only online community, in October. We worked on plans to enhance the student experience for the 2018 Annual Meeting, including the addition of a guide to the Annual Meeting for students in the program book.

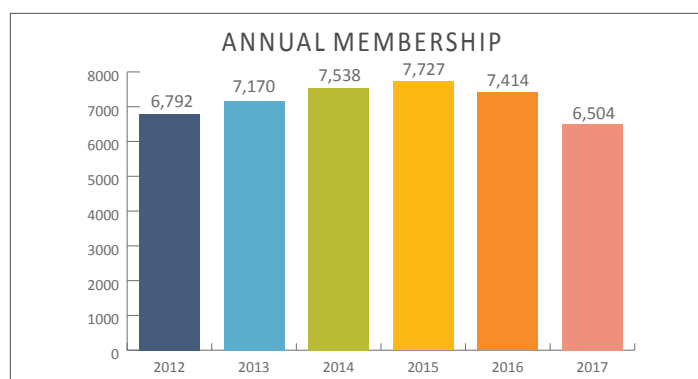
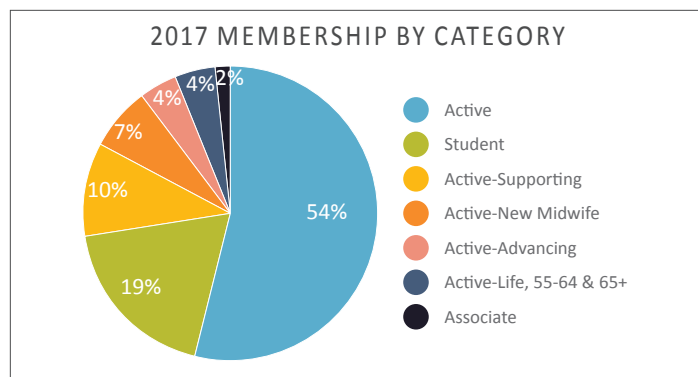
As of December 31, 2017, ACNM had 6,504 members. This represents a downturn from 2016 (see bar chart) and is comparable to our 2012 membership level. The decrease can be attributed mainly to issues experienced with our migration to the new AMS. We expect an upturn in 2018 as these issues are resolved, and we recapture some lapsed members who want to register for our Annual Meeting at the discounted member rate. One of our continuing challenges has been keeping student members with ACNM as they become newly certified. Students represented 19% of our membership in 2017 (see pie chart). Personal outreach to new CNM/CM certificants reveals they often let their memberships lapse because of financial circumstances as they search for their first jobs. Most indicate they intend to rejoin when finances permit, and ACNM will maintain contact with this group regarding reinstatement.

THE NEW AMS: OPPORTUNITIES AND CHALLENGES

To meet our members' needs for personalization of services and improved outreach, we migrated to a new AMS in June. We selected a new system to enhance effective delivery of member services online and enable members to conduct their activities with ACNM via smartphone or tablets. The new ACNM Connect member option offers an enhanced members-only online community to replace our outdated listservs. We improved our member directory by moving it to ACNM Connect to provide members with more robust search options.

MARKETING INITIATIVES

In 2017, ACNM expanded methods of communicating with members, and began utilizing postcard mailings, email blasts, automated calling,



and personal calls and emails. ACNM actively sought opportunities to reach out personally about renewals, reinstatements, and joins. We also planned a promotion for our next Annual Meeting to join or renew on the spot for a 15% discount on membership dues. During the fourth quarter of 2017, we began a new effort to reach out to new CNM/CM certificants who are lapsed members and personally encourage them to reinstate.

ENHANCED SUPPORT FOR AFFILIATES

During 2017, ACNM gathered feedback from state affiliate leaders, and the common theme was a desire for greater support and guidance from the national office. The need was identified for a position within membership specifically to support the affiliates and planning began for that position. State affiliate communities were set up in Connect on November 1. These communities have proven to be an effective way for state affiliate members to communicate and exchange ideas and for ACNM to provide information to the affiliates. During the last two months of 2017 alone, 977 posts were added to the affiliate communities. A Connect group for affiliate leaders will be added during the first quarter of 2018. This will enable the national office to improve support to affiliate officers and for affiliate leaders from different states to share ideas.

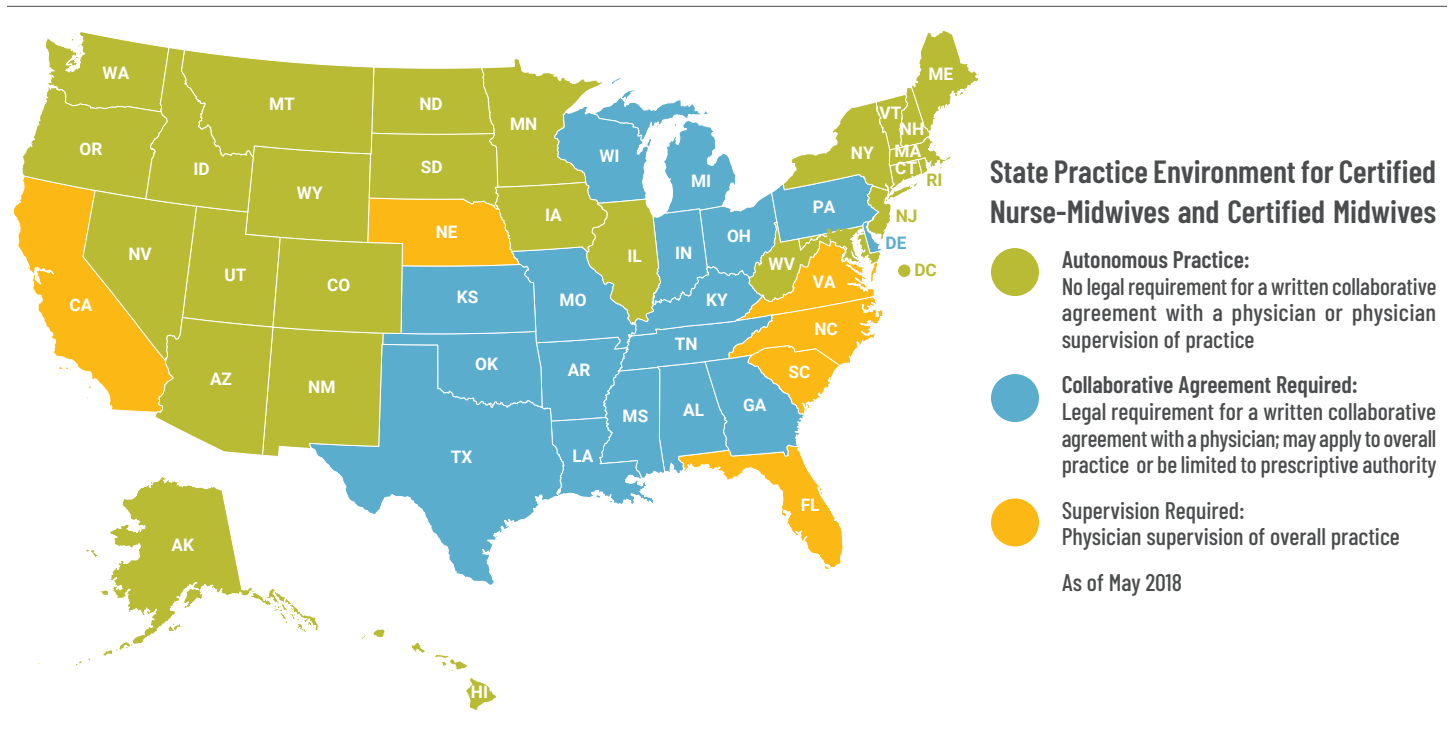
Through its affiliate organizations, ACNM is part of a national network of like-minded midwifery professionals dedicated to enhancing our professional standing and capacity. ACNM’s strength on many fronts derives in large measure from this crucial network. ACNM dedicates itself to supporting state legislative and regulatory efforts that seek to advance the profession and ensure the people our members serve have access to high-quality health care services in their states.

ADVANCING STATE LEGISLATION

In 2017, ACNM’s Advocacy and Government Affairs Department continued to assist our members in efforts to address state issues related to midwifery scope of practice. Implementation of full practice authority remained the top state advocacy goal of the ACNM affiliates and the national office.

This year, we continued our quest to move more states from restricted—(yellow in the map below) or reduced-practice (blue) environments to independent (green). We are happy to highlight two states, in particular, for their substantial and successful efforts in moving toward independent practice: Illinois and South Dakota.

- **Illinois H.B. 313 was signed into law in September 2017.** This legislation amends the Nurse Practice Act to enable CNMs to practice without entering into written collaborative agreements with physicians, provided they first meet certain education and training standards. While not perfect language by any stretch, midwives in the state feel that this new practice authority will have a positive effect on access to care by relieving them from having to enter into collaborative agreements with physicians in order to practice.
- **South Dakota S.B. 61 was signed into law in February 2017,** removing the requirement of a collaborative agreement. This law provides full practice authority for CNMs, including prescriptive authority for legend and controlled substances, after verified completion of 1,040 hours of practice in collaboration with a physician or CNM. The legislation also moved CNMs under the Board of Nursing.
- To review all our 2017 affiliate wins and initiatives, visit www.midwife.org/ACNM-Policy-Updates. Members can learn how to get involved by contacting their affiliate legislative chairs. We also encourage members with burning state legislative and/or regulatory questions to contact our team at GovAffairs@acnm.org. *Every voice matters!*



THROUGH THE WORK OF OUR VOLUNTEERS!

Immersed in their work, midwives may not be thinking about the dedicated volunteers who are at the heart of ACNM's efforts to support midwifery, expand awareness, and improve the quality of care for women and families. Each year, the affiliates, divisions, committees, and task forces count on and make a difference through the work of the members who spearhead ACNM's activities. Additionally, ACNM has more than 40 representatives and liaisons to outside groups, such as the Centers for Disease Control and Prevention, the American College of Obstetricians and Gynecologists, the National Quality Forum, the National Academy of Medicine, and the Alliance for Innovation on Maternal Health. Our members are moved to volunteer for many reasons. Whatever their motivation, they are advancing midwifery and women's health locally, nationally, and globally, and we offer our deep appreciation and gratitude.



"Through volunteering for ACNM, I have gained exposure and a greater appreciation of our professional organization. Having the opportunity to learn and support the advancement of midwifery makes me so proud. I am happy to represent in any way."

—Ebony Renee Marcelle, CNM, MS
Speaker at Senate Briefing on Improving
Access to Maternity Care



"As a midwife in clinical practice, I strive to provide evidence-based and individualized care following the midwifery model. However, I know that to improve the overall quality and accessibility of health care, we need to change the status quo. I volunteer with the National Government Affairs Committee to be a part of this change, to help improve policies, advocate for legislation, and increase awareness about issues with the goal of improving health outcomes for all women and for future generations."

—Katie McDevitt, CNM
National Government Affairs Committee



"I love my profession and giving back to grow midwifery. My investment to the College and our students ensures future generations of midwives and the health of mothers and babies."

—Bridget Howard, MSN, CNM
Incoming Secretary, Board of
Directors



"I love the opportunity that ACNM has given me; it replenishes me! I am a member of the Choctaw Tribe of Oklahoma. So as an ACNM volunteer to the ACOG Committee on American Indian/Alaska Native Women's Health, I get to interact with my people and local providers near my ancestral home. In collaboration with ACOG and AAP, we evaluate women's health services, guide clinical change, and provide educational opportunities to strengthen clinical practices. We also bring up-to-date educational opportunities to improve services in the Indian Health Services."

—Susan Stemmler, MPH, PhD, FNP, CNM
Representative to ACOG Committee on American Indian/Alaska Native Women's Health

"ACNM's long tradition of dedicated volunteer leaders has provided the expertise and wisdom that advances our profession. In 2017, more than 400 ACNM members served in national or affiliate level leadership positions!"

—Lisa Kane Low, CNM, PhD, FACNM, FAAN

Why I Volunteer with ACNM



"I have served the Maryland Affiliate of ACNM as President and am now the Legislative Co-chair. I have not only had the privilege of representing some of the finest and hardest working midwives in the country, but have also personally benefitted clinically as a midwife and as an advocate for my profession and colleagues. Volunteering for ACNM has helped me to have my finger on the pulse of issues that affect the community of birthing parents around me, and to learn the legislative ins and outs of our state. Volunteerism has helped me develop comfort with navigating this system. It has provided me with mentorship, opportunity, and—as a really incredible bonus—lifelong friends."

—Erin Wright, CNM, DNP
Maryland Affiliate Legislative Co-chair and former Affiliate President



THROUGH ADVOCACY

The year 2017 was a banner year in the debate around health care. The Trump Administration and the Republican-led Congress made some remarkable moves to reshape existing health law and policy and to restrict access to reproductive health care and family planning services, much to the detriment to women. ACNM fought back recurring attempts to repeal and replace key provisions of the Affordable Care Act. Our members spoke out on many occasions in opposition to legislative and regulatory attempts to deny mandatory health coverage; access to a full range of preventative, reproductive, and sexual health services under state Medicaid programs; and coverage and access to essential health benefits, such as birth control and maternity care coverage. Additionally, ACNM's members were integral in boosting Congressional support for issues that would help move the profession forward and increase access to midwifery:

- **The Improving Access to Maternity Care Act** (H.R. 315/S. 783) passed the House of Representatives in January 2017 by unanimous consent. The purpose of the bill is to identify areas of the country where a shortage of maternity care providers exist, and it provides other measures to eliminate gaps in access to care by creating a maternity health provider shortage area sub-designation. The legislation has been referred to the Health, Education, Labor & Pensions Committee in the Senate where it is expected to be included in discussion and mark-up of public health-related legislation in Spring 2018.
- **The Preventing Maternal Deaths Act of 2017** (H.R. 1318/S.1112), introduced in March 2017, is designed to help states establish or improve their maternal mortality review committees to examine maternal death cases and identify ways to prevent future deaths. The legislation requires each state's maternal mortality review committee to include a CNM or CM.
- **The Addiction Treatment Access Improvement Act** (H.R. 3692), introduced in September 2017, builds on steps taken under the Comprehensive Addiction and Recovery Act to expand the types of providers able to prescribe buprenorphine medication-assisted treatment (MAT) in office-based settings to those struggling with opioid use disorder. The legislation would permit CNMs to train and apply to become DATA-waiver practitioners who can prescribe MAT in states where they have prescriptive authority for schedule III drugs.

THROUGH PRACTICE IMPROVEMENT, QUALITY, AND SAFETY

In 2017, ACNM led or joined in a range of critical projects and grants to improve maternal and child health in the United States. Highlights include the following:

- **The Alliance for Innovation on Maternal Health.** ACNM continues to contribute its expertise as a lead partner in the Alliance for Innovation on Maternal Health (AIM). Together with ACOG and under the auspices of the Council on Patient Safety in Women's Health Care, the AIM collaborative seeks to reduce maternal mortality by 1,000 incidents and severe maternal morbidity by 100,000 instances between 2014 and 2018 using data-driven, actionable safety bundles and associated tools and materials. The initial funding was for eight states. However, now 18 states have enrolled. Funding is being sought for an additional five years.
- **Spotlighting AIM's Opioid Use Disorder (OUD) Bundle.** One of the bundles ACNM contributed to significantly during 2017 was AIM's new Obstetric Care for Women with Opioid Use Disorder bundle. The purpose of this bundle is to establish specific prenatal, intrapartum, and postpartum clinical pathways for women with OUD that incorporate care coordination among multiple providers. By the end of 2017, 14 states had begun implementing. Additionally, six states that are not part of the AIM collaborative (Massachusetts, Maine, New Hampshire, New Mexico, Ohio, and Vermont) have

begun implementing these important steps to improve care for and education about obstetric care for women with OUD. Every state will have a CNM/CM lead as a required member of the project team.

- **The Reducing Primary Cesarean Project.** In 2015, ACNM launched the Reducing Primary Cesarean Learning Collaborative (RPC), funded by the Transforming Birth Fund, a donor-advised fund of the New Hampshire Charitable Foundation, and by fees paid by participating hospital teams. In 2016-2017, the project continued efforts to advance multi-disciplinary practice change and develop midwifery quality-improvement leaders. By the end of 2017, the RPC supported and improved the skills needed to promote physiologic birth for more than 70 clinicians on 22 multi-disciplinary teams for more than 30,000 eligible births. Hospitals participating in the learning collaborative work with each other and a multi-disciplinary team of RPC quality-improvement experts to identify areas of improvement and track process and outcome measures. Hospitals implement one of three change bundles that are designed to reduce nulliparous, term, singleton, vertex (NTSV) cesareans by promoting key principles of physiologic birth. The three bundles are aimed toward: promoting progress in labor, promoting comfort in labor, and implementing intermittent auscultation (fetal assessment). The hospitals participating in the RPC represent a national cross-section of public, community, and academic medical centers in urban and rural settings. Most of the participating hospitals receive more than



Leslie Cragin, CNM, PhD, Reducing Primary Cesarean project director, discusses RPC results with stakeholders.

40% of their payments from public insurance. Results from RPC collaborative participants have shown a reduction of up to 18% in the NTSV rate, and the balancing measure of Apgar scores of less than 7 at 5 minutes was stable. One participating hospital reported savings from the decrease in the NTSV cesarean rate of close to \$1 million in one year. To learn more about RPC, visit birthtools.org/rpc-learning-collaborative.

THROUGH SHARED KNOWLEDGE

Volunteers in the Divisions of Standards and Practice (DOSP), Education, and Research, in partnership with the Department of Midwifery Practice, Education and Global Outreach (MPEGO), continue to produce relevant, evidence-based resources to keep our members informed about best-practice changes and updates, as well as ACNM's responses to challenges facing midwifery practice. New documents in 2017 include five new position statements: "Active Management of the Third Stage of Labor," "Screening and Brief Intervention to Prevent Alcohol-Exposed Pregnancy," "Safe Infant Sleep Practices," "Newborn Male Circumcision," and "Climate Change and Maternal and Infant Health," and one new issue brief: "Use of Culturally Appropriate Terminology for Gender Diverse Populations." In addition, the volunteer members of the Clinical Practice and Documents section of the DOSP reviewed

and updated 11 existing documents and resources. These resources are available at www.midwife.org/ACNM-Library.

JMWH: Growing Impact and Value. ACNM members consider the peer-reviewed *Journal of Midwifery & Women's Health* among their most highly valued member benefits, and its impact continues to grow. The journal's impact factor, which is the frequency with which a *JMWH* article is cited yearly, increased in 2017 to 1.5, the highest to date.

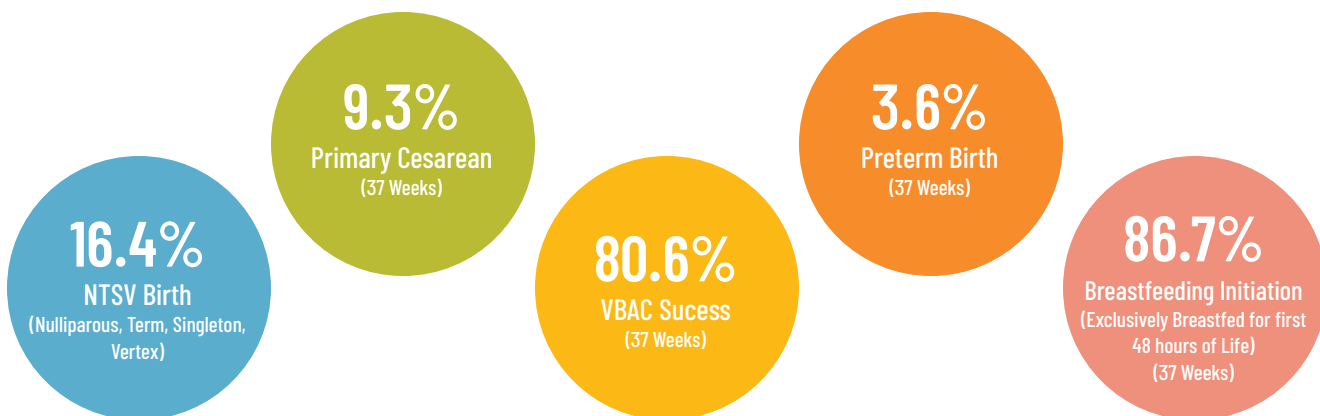
This year, *JMWH's* many highlights include the following:

- *JMWH* published two continuing education theme issues in 2017: The first addressed pharmacotherapies for a diverse array of clinical conditions, and the second focused on mental illness and wellness across the lifespan.
- The *JMWH* article, "Effects of Human Maternal Placentophagy on Maternal Postpartum Iron Status: A Randomized, Double-Blind, Placebo-Controlled Pilot Study," received wide-ranging attention from traditional and social media outlets, making it the 2017 article with the most media engagement out of all the journals in our publisher's nursing portfolio.

Highlights from ACNM's Latest Benchmarking Survey

Here are averages for all benchmarking participants for 2017—a total of 257 practices.

See all of the results at www.midwife.org/Benchmarking-Project-Results, along with information about best practices.



- *JMWH* published “A Model Practice Template for Hydrotherapy in Labor and Birth,” a series of recommendations for clinicians. The recommendations were endorsed by ACNM, the American Association of Birth Centers, the Midwives Alliance of North America, and the National Association of Certified Professional Midwives.

THROUGH MEASURES OF QUALITY

The ACNM Benchmarking Project. The ACNM Benchmarking Project enables members to compare their practice outcomes and productivity measures against midwifery practices of similar size. The Benchmarking report facilitates quality improvement opportunities in clinical practice, provides data for reports for internal and external stakeholders, and increases member awareness of best practices in midwifery care. The 2017 ACNM Benchmarking data reflect selected outcome measures and encompass 257 practices that participated and reported on 113,347 births in 41 states. The report also includes:

- A variety of birth settings, including 25 homebirth and 41 freestanding birth center practices,
- 3,294 water births,
- 55 practices providing care using the CenteringPregnancy model, and
- More than 1,300 CNM/CM full-time equivalents.

The affiliate with the most participation was New York, with 28 practices. Pennsylvania had the highest increase in participation with a 44% increase. Region VII had the greatest participation with 49 practices.

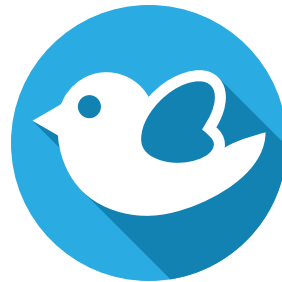
THROUGH DIGITAL CHANNELS

ACNM has a robust presence in the digital space. Whether we're tweeting, promoting our activities on Facebook, or adding to our growing Instagram account, ACNM is sharing its compelling stories. These stories include, for example, the ways that ACNM makes a difference through its advocacy to improve maternal health for all women. We ended 2017 with 22,452 followers on Facebook, and with a variety of trending health news, midwifery updates, and the latest clinical studies, ACNM's individual posts reached as many as 49,819 people this year. Our most-shared posts include one that linked to our position statement on delayed cord clamping and one that shared ACOG's evolving thinking on hospital vaginal birth after cesarean.



22,452

Followers on Facebook in 2017. ACNM reached an average of 49,819 this quarter



13,350

Followers on Twitter in 2017



1,137

Instagram reaches per week

In 2017, our Twitter followers numbered 13,350, with the greatest activity showing up during ACNM's National Midwifery Week. Our Instagram account, now just more than a year old, reaches an average of 1,137 people per week and features birth photography of midwives in action, infographics, and empowering videos of women.

ACNM keeps our members updated regularly through various means, including the e-newsletter ACNM SmartBrief, which has a clinical focus; the ACNM Digest, a compendium of current association news; and the Policy Brief, which provides the latest advocacy news. Additionally, in 2017, we launched ACNM Connect, our members-only platform. We wrapped up the year with:

- 130 communities,
- 6,240 users, and
- 22,646 active records within community discussions.

ACNM continues to work toward expansion of global engagement through expert consultation, strategic partnering, and support of member-led initiatives.

The Division of Global Health (DGH), the member volunteer section, had a busy year in 2017 focusing on addressing members' global health needs and working to engage students in the division. The DGH Communication Section held its first webinar in a series: Building a Global Health Career in Midwifery: Part 1 - Overview of Global Health History and Industry. The division, with support from student members, spent most of this year developing a set of Global Health Competencies for Midwives. After a comprehensive review and synthesis of competencies from other health professions, the division finished this recommended set of Global Health Competencies, which will be submitted to the ACNM Board of Directors in March 2018.

The Department of Global Outreach (DGO) is the global consulting arm of the MPEGO Department. DGO, through its staff and expert consultants, provides leadership, expertise, and direct technical assistance on a variety of grant-funded initiatives. Collaborations during 2017 included projects with the International Confederation of Midwives, ACOG, the American Academy of Pediatrics, Laerdal Global Health, Jhpiego, Save the Children, Abt Associates, Project Concern International, and Project Hope. DGO projects focused on promoting evidence-based interventions for preterm and low-birth weight infants

through Every Premie Scale; strengthening the primary health care system so that it can better respond to challenges from the increasing refugee population through Health Service Delivery Activity in Jordan; and strengthening pre-service midwifery education through Systems for Better Health in Zambia. ACNM continued work as one of the three American professional association partners in the Survive and Thrive Global Development Alliance (GDA). GDA activities continued to be focused on professional association strengthening in Rwanda and on preventing newborn deaths in Ethiopia, India, and Nigeria. In addition to providing direct technical assistance in several countries, ACNM's global team provided expertise to develop resources in service to the global community, including the newest Jhpiego module in the Helping Mothers Survive series, Normal Labor and Birth. In ongoing activities with the Maternal Child Survival Program in Myanmar, ACNM supported the midwifery association through clinical updates, leadership training, and introduction of quality improvement processes utilizing the GDA's "Improving Care of Mothers and Babies: A Tool for Improvement Teams."

DGH and DGO were well represented at the triennial International Confederation of Midwives (ICM) meeting in Toronto, and DGO continued as a partner on the Global Midwifery Advocacy Strategy Group, convened by the White Ribbon Alliance, ICM, and the United Nations Population Fund. To learn more about global health and ACNM's work through DGO, see www.midwife.org/Global-Outreach and www.midwife.org/dgh.



ACNM collaborates with a variety of organizations, such as Jhpiego, on high-impact global programs focused on improving maternal and child health and mortality.

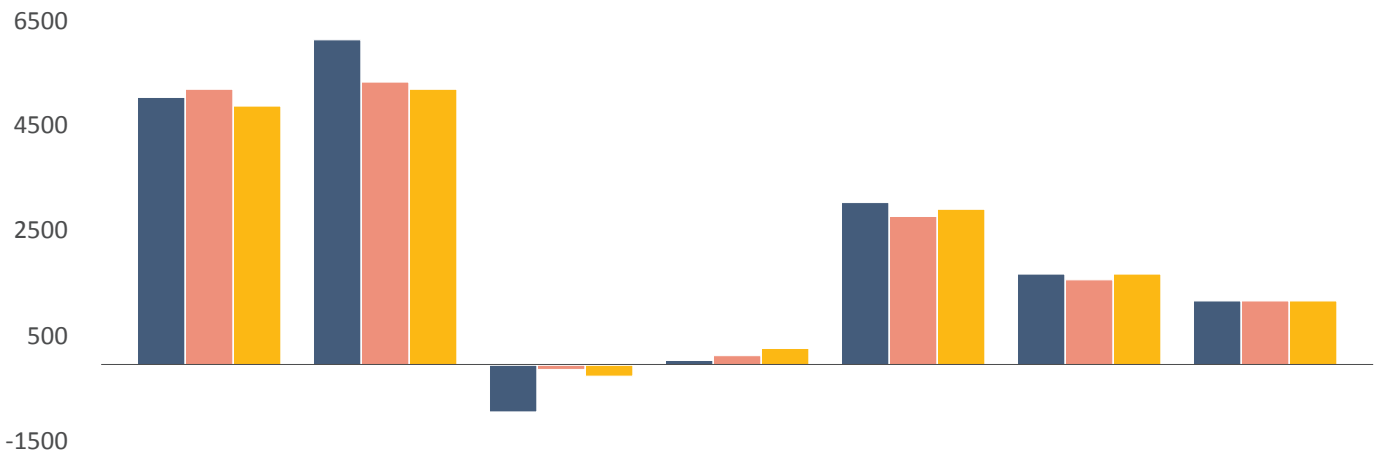
The ACNM Board of Directors and national office staff worked throughout 2017 to address our strategic priorities while aligning our financial resources with expenses. A clean audit of the 2016 financial reports revealed that ACNM closed the year with \$115,000 in deficit spending, plus investment income of \$82,000, resulting in a \$33,000 decrease in net assets, which was significantly less than projected for the year and a dramatic improvement from the previous two years. The board approved a balanced budget for 2017.

During 2017, several initiatives were undertaken to support our organizational capacity and continued financial stability. A reorganization of departments and staff within the national office was implemented early in the year to match the structure and function of the office with the strategic priorities. We enlisted the services of Vault Consulting to bring the 2016 financials to a close, prepare for the 2016 audit, bring the 2017 financials up to date, and assist with the implementation of the new association management system. The search

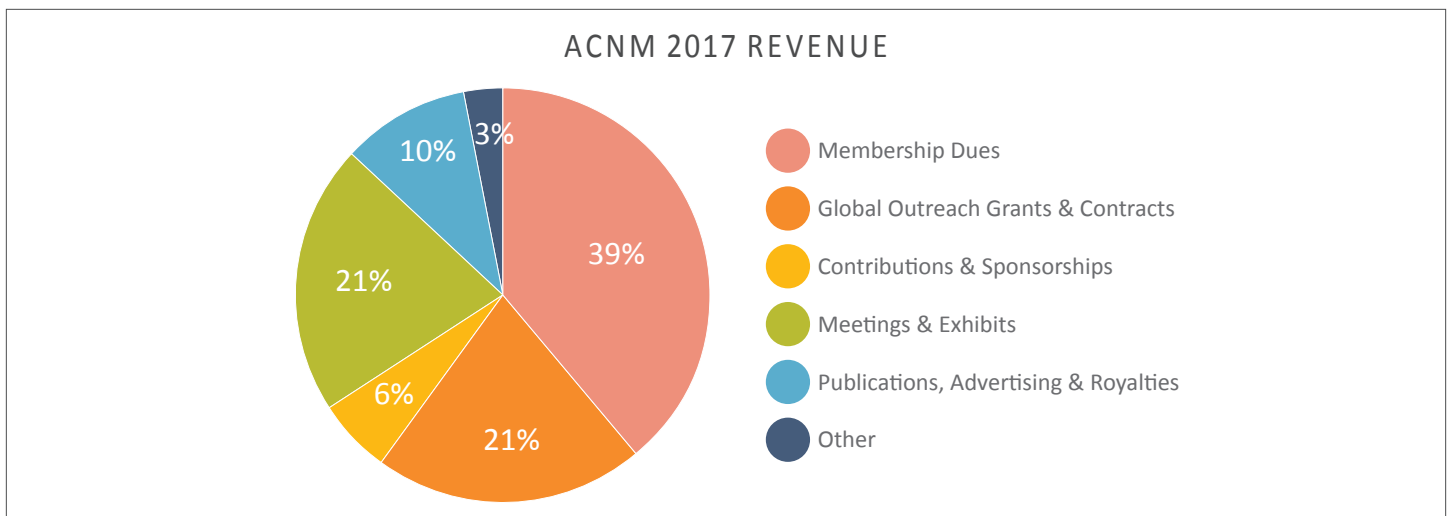
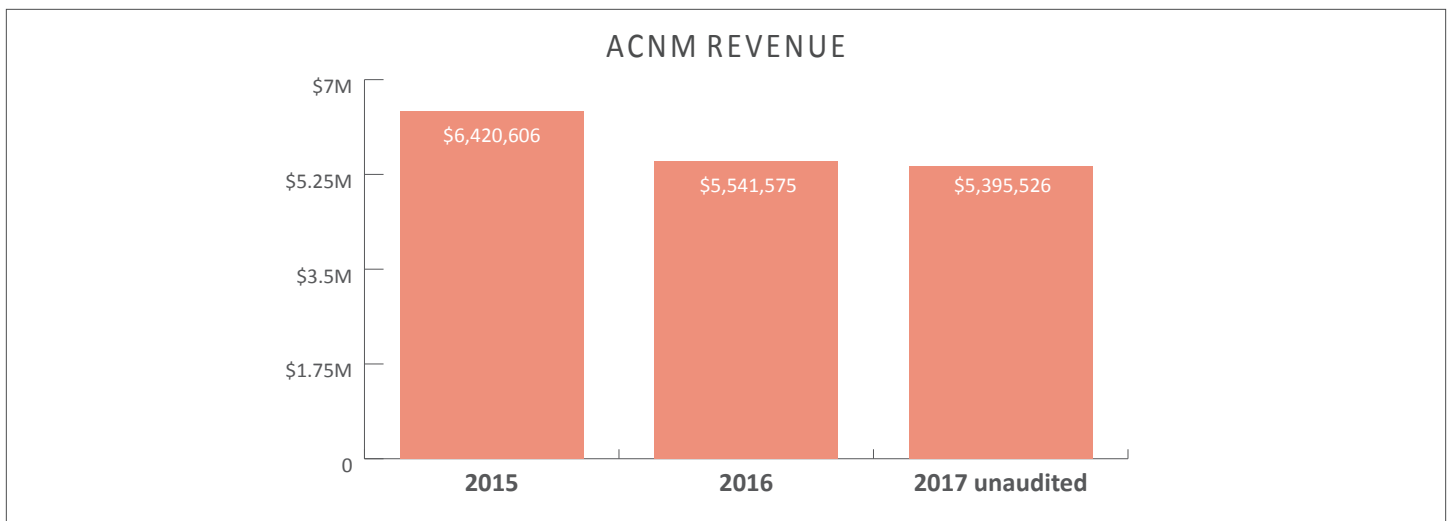
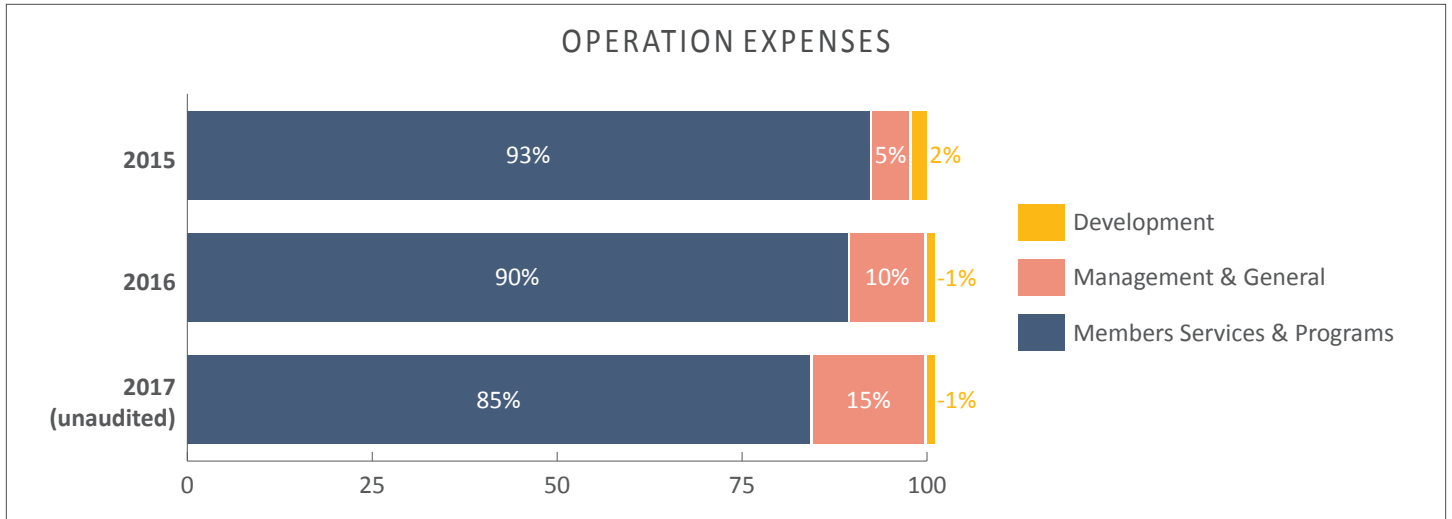
for a director of finance ensued in the fall for a planned hire in early 2018. The Finance Department worked throughout 2017 to crosswalk from our old AMS to the new system, which created some challenges along the way. We appreciated our members' patience and support as we worked hard to transition to the new AMS.

ACNM ended 2017 with an operating budget deficit of approximately \$233,000. Our investment portfolio realized total gains in interest and income of about \$206,000 in 2017 with long- and short-term reserves combined equaling \$2,021,583. Thus in 2017, ACNM's change in net assets was a decrease of \$27,000. In 2018, our budget goals include completing the integration of the new AMS into all finance functions, examining our banking relationships for potential cost savings, and continuing to diversify our fund development efforts while carefully monitoring expenses. Audited financial statements are available to members on the website at www.midwife.org/fac.

FINANCIAL SUMMARY



Amounts listed in the thousands.



The A.C.N.M. Foundation, Inc.

The A.C.N.M. Foundation, Inc., a 501 (c)(3) nonprofit organization, has two charitable purposes: to advance public knowledge and understanding of midwifery and to support the mission and strategic priorities of ACNM. As such, the Foundation remains closely aligned with ACNM’s core commitment of diversification and inclusion through scholarships for midwives of color and other awards that address global health inequities. Through the Frances T. Thacher Midwifery Leadership Endowment, we advance ACNM’s core commitment to leadership development, and through the Teresa Marsico Memorial Fund, we strengthen the organizational capacity of ACNM. We also endowed a new fund to support midwifery research with an estate gift, the Dianne S. Moore Midwifery Research Endowment.

Our mission is to promote excellence in health care for women, infants, and families worldwide through the support of midwifery. We accomplished our mission in 2017 by awarding nearly \$75,000 to support individuals through scholarships for midwifery students and midwives in doctoral education, funding for midwifery researchers, fellowships for practice and business leaders, international

midwifery awards, and high-impact community grants. In our fiscal agency role, we also awarded close to \$90,000 to ACNM to advance its strategic goals and support special projects and initiatives. In 2017, we celebrated the 50th anniversary of our incorporation as a charitable organization by honoring our visionary founders and celebrating the global impact of a half-century of work to advance our mission. Our celebration took place at a special Hall of Fame ceremony in Chicago. Founders’ Awards were presented to “Kitty” Ernst, CNM, MPH, FACNM; Ruth Watson Lubic, CNM, EdD, FACNM; William “Bill” Lubic, attorney; and posthumously to ACNM past-presidents, the late Vera Keane, CNM, MA, FACNM (1919–2005); Sr. Mary Stella Simpson, CNM, BSN, FACNM (1910–2004); and to Martin “Marty” Ginsburg (1932–2010). Special Foundation Hall of Fame Awards were also presented to 16 individuals and groups that have established or advanced our many scholarships, awards, and our growing endowment.

A complete listing of 2017 scholarship and award winners can be found at www.midwife.org/2017-Award-Recipients. The full 2017 Annual Report of The A.C.N.M. Foundation, Inc., including financial information, can be found at www.midwife.org/ACNM-Foundation.



Mistress of Ceremonies Dr. Jo-Anna Rorie, CNM, PhD, FACNM (left) and Foundation President Elaine Moore, CNM, MSN, FACNM (right) present Ruth Watson Lubic, CNM, EdD, FACNM (center) with a Founder’s Award at The A.C.N.M. Foundation’s 2017 Hall of Fame Ceremony.



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