



# ANNUAL REPORT



# 2011



AMERICAN COLLEGE  
*of* NURSE-MIDWIVES  
With women, for a lifetime®

## About ACNM

ACNM is the professional association that represents certified nurse-midwives (CNMs<sup>®</sup>) and certified midwives (CMs<sup>®</sup>) in the United States. With roots dating to 1929, ACNM is one of the oldest women's health care organizations in the United States. ACNM provides research, administers and promotes continuing education programs, establishes clinical practice standards, and creates liaisons with state and federal agencies and members of Congress.

As the elected president and chief staff officer of the American College of Nurse-Midwives (ACNM), we are pleased to share our excitement and optimism about the profession of midwifery both globally and domestically. As you read our 2011 Annual Report, we believe you will share our enthusiasm.



Holly Powell Kennedy,  
CNM, PhD, FACNM, FAAN,  
President



Lorrie Kline Kaplan, CAE  
Executive Director

The midwifery profession and ACNM continue to grow stronger and the evidence demonstrating the high quality of midwifery care continues to mount. 2011 was shaped by historic partnerships and unprecedented events in which ACNM played leading and supporting roles. We can't do them all justice, but we can provide a snapshot of a truly remarkable year.

In March, ACNM and the American College of Obstetricians and Gynecologists (ACOG) published the "Joint Statement of Practice Relations between Obstetrician-Gynecologists and Certified Nurse-Midwives/Certified Midwives,"

outlining key principles **for facilitating improved communication, working relationships, and seamlessness** in providing maternity care and other women's health services. ACNM and ACOG members also worked together to participate in a joint project to spotlight successful collaborative practices of midwives and obstetricians.

In April, we announced the formation of the **Coalition for Quality Maternity Care**, a platform for nine prominent national organizations to work together to champion federal legislative approaches for improving the quality and value of maternal and newborn health care in the United States.

In June, at the **International Confederation of Midwives triennial meeting** in South Africa, midwifery leaders from across the globe approved new standards for education, regulation, and association-building for midwifery. These standards offer a powerful new framework for strengthening our profession both in the United States and abroad.

In September, the systematic review “Advanced Practice Nurse Outcomes 1990-2008,” published in *Nursing Economics*, reported that care provided by certified nurse-midwives is associated with **comparable or better outcomes than care managed exclusively by physicians.**

In October, multiple and diverse stakeholders held a **Home Birth Summit** where they developed core principles and affirmed a shared commitment to quality maternity care for women and their babies in all birth settings.

State and national leaders teamed up to establish affiliates in every US state and territory, offering an opportunity for **stronger state-level midwifery advocacy** at a time of unprecedented state legislative and regulatory activity.

We salute ACNM members who provide outstanding care for women across the lifespan by attending more than 300,000 births a year in the United States, educating the next generation of midwives and obstetric residents, and working to strengthen maternity care in developing countries throughout the world.

We are especially grateful to the many ACNM members who actively serve our organization—many but not all are listed on page 16. We recognize the contributions of the organizations



that work alongside us to improve women’s health, including Childbirth Connection; Centering Healthcare Institute; the American Nurses Association; the Association of Women’s Health, Obstetric and Neonatal Nurses and our counterparts representing advanced practice nurses; ACOG; the National Association of Certified Professional Midwives; and the Midwives Alliance of North America.

We are poignantly aware that much work needs to be done to advance the public image of midwifery, ensure high standards of care for all women, and to overcome the many barriers that block access to midwifery care. The ACNM Board of Directors is committed to a comprehensive strategy to face these challenges with renewed confidence and vigor as we move forward in 2012.

**2011-2012 ACNM Board of Directors**

*Standing, left to right:* Heather Swanson, CNM, APRN, FNP, IBCLC, Region V Representative; Kate Harrad, CNM, PhD, FACNM, Secretary; Deborah Kaiser, SNM, Student Representative; Kate McHugh, CNM, MS, MPH, FACNM, Region II Representative; Kathryn Osborne, CNM, MSN, PhD, Region IV Representative; Tanya Tanner, CNM, MS, MBA, Treasurer; Linda Nanni, CNM, MSN, Region I Representative; Michael McCann, CNM, Region III Representative; Michelle Grandy, CNM, MN, Region VI Representative. *Seated, left to right:* Lorrie Kline Kaplan, CAE, Executive Director; Holly Powell Kennedy, CNM, PhD, FACNM, FAAN, President; Cathy Collins-Fulea, CNM, FACNM, Vice President.



Five strategic goals are key to the pursuit of our mission and create a framework for ACNM activities in the current decade. Our overarching vision is that by 2020, CNMs and CMs will attend 20% of births in the United States.

## GOAL 1: Strategic Communications

**A**CNM's expert input is solicited by major newspapers, popular consumer magazines, professional journals, public radio, and national television news outlets. In 2011, midwives received major media play in high-profile outlets including *The New York Times*, *The Washington Post*, National Public Radio, *Fit Pregnancy*, and [WebMD.com](http://WebMD.com). Yet 47.9% of women surveyed in a Jones Public Affairs (JPA) 2008 consumer survey said that it has never occurred to them to use a midwife for their OB/GYN needs.

In 2011, ACNM leadership met this challenging lack of awareness by launching Team Midwife™, a growing social media campaign created to unify and mobilize midwifery supporters. We also debuted About Midwives, a new section of the ACNM Web site that highlights our philosophy of care, scope of practice, history, and credentials.

Later in the year, the ACNM Board of Directors opened a new chapter in the College's history book. We contracted with JPA to undertake a long-term, multi-year comprehensive effort to create an accurate, positive, and visible image for midwifery. This project yielded a new vision, mission and core values to focus the future of the organization and lay the foundation for a comprehensive consumer public relations campaign. ACNM members

and leaders alike have consistently ranked consumers as our top priority audience.

We have steadily worked to expand our communications platforms and have a solid base on which to build. We have wonderful stories to tell about the benefits of choosing a midwife; public relations messages and tools funded by the A.C.N.M. Foundation; a new Web site with rich, untapped capabilities; and active social media channels. More than 5500 people like the ACNM Facebook page ([www.facebook.com/acnmmidwives](http://www.facebook.com/acnmmidwives)), and engage in lively conversation on a daily basis. The ACNM Web site, [www.midwife.org](http://www.midwife.org), earns nearly 40,000 visitors per month, with the new About Midwives section ranking among the top three most visited pages.

We are committed to the goal of promoting midwifery to consumers and will unveil the PR campaign at the ACNM 57<sup>th</sup> Annual meeting & Exposition in Long Beach, CA, June 2 – 7, 2012.

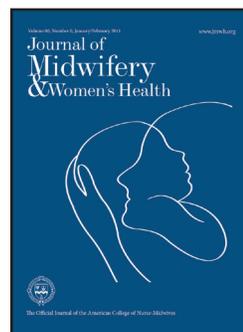
## *Journal of Midwifery & Women's Health*

**T**he *Journal of Midwifery & Women's Health (JMWH)*, the official journal of ACNM, is a bimonthly, peer-reviewed journal dedicated to the publication of original research and review articles that focus on midwifery and women's health. We had a momentous year in 2011 as Wiley-Blackwell became the Journal's publisher, bringing considerable expertise and innovation to *JMWH*. Other accomplishments included:

- The pages of *JMWH* were completely redesigned with a visually appealing layout, reader-friendly fonts, and more full-color figures and photographs.

- The *JMWH* Web site, [www.jmwh.org](http://www.jmwh.org), now contains the complete digital archive of the Journal with all full-text articles back to Volume I published in 1955.

- The Journal's continuing education Web site, [www.jmwhce.org](http://www.jmwhce.org), was launched and allows users to receive certificates of completion immediately after test submission.



## Midwife Clients Show Their Love

In August, Team Midwife launched a share feature on its Web site where midwifery clients could write their stories about how their midwives helped and supported them to overcome postpartum depression, try for a VBAC, have empowering birth experiences, and so much more. Below are excerpts of the stories women shared at [www.midwife.org/TeamMidwife-Stories](http://www.midwife.org/TeamMidwife-Stories).

- “My midwife appointments were an hour long, and we felt our midwives really cared about us—and not just about the physical aspects of the pregnancy, but the emotional as well. They didn’t just help me birth a baby; they helped us become a family.”
- “I am so thankful that we have a wonderful midwifery practice

in my city that delivers in a great progressive hospital. My midwife was so calm and treated my labor as something normal, and not scary. Not surprisingly, I didn’t feel afraid after that! I saw her confidence in me and my ability to give birth. We were so pleased with our experience that we cannot imagine going to anyone but a midwife for our next child.”

- “When I became pregnant with my first child, my sister-in-law, an OB/GYN, suggested that I see a midwife. She so overwhelmingly praised the midwives in her practice that it seemed like the natural choice for us. My midwife approached pregnancy as a

Photo used with permission from Marguerite Fick.



Carolyn Spranger Photography.

## TEAM MIDWIFE

normal process and conveyed a sense of calm empowerment to me throughout. I am certain that her patience and wisdom saved us from needing undesired interventions and helped us have the birth experience that was important to us. She will always have a special place in our lives and hearts.”

- All of the Journal’s *Share with Women* patient education handouts can now be found more easily with the launch of the direct URL [www.sharewithwomen.org](http://www.sharewithwomen.org). By the end of 2011, these handouts covered more than 60 primary care, gynecology, pregnancy, labor, postpartum, and newborn topics.
- The *JMWH* Instructions for Authors, Style Guide, Editorial Policies, and Clinical Rounds guidelines were revised and updated.
- The *JMWH* awards sponsored by Wiley-Blackwell were presented at the ACNM 56<sup>th</sup> Annual Meeting

in San Antonio, TX. The winner of the Mary Ann Shah New Author Award was Jeremy Neal, CNM, PhD, RNC, for the article entitled “Active Labor’ Duration and Dilation Rates among Low-Risk, Nulliparous Women with Spontaneous Labor Onset: A Systematic Review,” and the winner of the Best Article of the Year Award was Leissa Roberts, CNM, DNP, and her co-authors for the article entitled “The Coping with Labor Algorithm: An Alternate Pain Assessment Tool for the Laboring Woman.”

- The theme for the May/June 2011 and November/December 2011 continuing education issues was pharmacology, a topic ACNM members frequently request due to licensure requirements for pharmacology-specific continuing education.
- Volume 56 of the *JMWH* contained 656 print pages, which is the largest print volume to date.

## GOAL 2: **Autonomy in practice and equitable reimbursement**

**2**011 was an exciting time of forward momentum on autonomy and equity, the core principles of ACNM's advocacy initiatives. Our goal is for all CNMs and CMs to be recognized as licensed, independent providers, free from requirements for physician supervision and written collaborative agreements, and reimbursed on par with physicians and other health care providers.

### Research Tools

ACNM published several important documents that will enhance federal and state policymakers' understanding and support of midwifery. In concert with the American College of Obstetricians and Gynecologists (ACOG), ACNM issued a revised

"Joint Statement of Practice Relations between Obstetrician-Gynecologists and Certified Nurse-Midwives/Certified Midwives." ACNM also created a Professional Midwifery Credentials Comparison Table that clarifies distinctions in licensure, accreditation, certification, and education among CNMs, CMs, and certified professional midwives (CPMs). Lastly, a white paper entitled *Midwifery in the United States and the Consensus Model for APRN Regulation* was jointly developed by ACNM, the Accreditation Commission for Midwifery Education (ACME), and the American Midwifery Certification Board (AMCB) to address the impact of the Consensus Model's recommendations on midwifery.

### Federal Advocacy

ACNM focused on numerous federal initiatives to protect and advance maternal health and the stature of CNMs and CMs. In 2011, the Coalition for Quality Maternity Care (CQMC) was launched, and included representation from a diverse group of stakeholders who play strong roles in maternal and child health care issues. ACNM worked with other CQMC member organizations to endorse bills and strengthen outreach.

In April, the ACNM Government Affairs Committee (GAC) held a Virtual Lobby Day. ACNM member midwives from across the country contacted their members of Congress to urge midwifery awareness and support. In August, Midwifery Advocacy Month, ACNM members contacted their legislators to gain support for the MOMS for the 21<sup>st</sup> Century Act.

ACNM has been involved in a number of activities regarding the formal implementation of the Affordable

Care Act (ACA), including signing on to amicus efforts defending the constitutionality of the legislation. In June, ACNM submitted formal comments to the Centers for Medicare and Medicaid Services (CMS) proposed rule addressing ACA Accountable Care Organization provisions. ACNM noted support for efforts to improve care coordination and efficiency within Medicare, but raised concerns about the potential for the proposed rules to negatively affect senior women and women with disabilities. We also submitted comments on a proposed rule on hospital credentialing and privileging, urging additional changes to give midwives unfettered access to the full array of clinical privileges as well as full medical staff membership.

ACNM also weighed in on federal budget negotiations and urged House and Senate leaders to support women's reproductive rights by rejecting policy riders and funding cuts that would limit access to and information about vital women's reproductive health services.

Finally, ACNM's government relations department advocated on behalf of CMs to urge their inclusion in eligibility for the National Health Services Corps Loan Repayment Program. The Government Relations Department works closely with the GAC, Midwives-Political Action Committee (PAC), and the Committee for the Advancement of Midwifery Practice (CAMP) to support efforts to ensure full CNM and CM practice recognition.

### State Advocacy

State laws and regulations play a leading role in the ability of CNMs and CMs to practice.

Several new state laws enhanced the ability of midwives to function as



## Midwives-PAC

by Heather Bradford, CNM, ARNP, FACNM, Chair, Midwives-PAC

2011 was a performance improvement year for the Midwives-Political Action Committee (PAC). With the unending support of ACNM national office staff and our Board of Director liaisons, we made many changes to increase the size of the PAC while also decreasing overhead costs. These changes were made strategically by identifying best practices for health care PACs and surveying our members on how best to communicate with them.

Our improvements and accomplishments for the year include:

- Hiring a new vendor for Federal Election Committee (FEC) filings and other administration functions, reducing our costs for that service by half.
- Discontinuing PAC telemarketing since 40% of these calls were unanswered in 2010.
- Recruiting new committee members with fundraising experience.
- Implementing donor club incentives and a “peer to peer” campaign.
- Revamping our Web site.
- Adding a Midwives-PAC donation line to the ACNM membership renewal form.
- Challenging ACNM affiliates to raise money. Affiliates also gave straight or matching donations—special thanks to the Connecticut,

Massachusetts, Minnesota, Oregon, and Washington state affiliates for their generous support.

- Hosting our first, zero-overhead Midwives-PAC Rally at the ACNM 56<sup>th</sup> Annual Meeting in San Antonio, raising over \$32,000.

Through these efforts, we raised almost \$73,000 from members in 2011, not including in-kind donations, achieving 97% of our overall goal of \$75,000 for the year. Approximately 21% of our income was spent on overhead expenses, largely on FEC filings and bank fees. We donated \$7500 to federal campaigns of seven legislators, and have set aside the remaining funds to assist key legislators who are supportive of midwifery legislation and up for re-election in 2012.

### Who Midwives-PAC Supported in 2011

Representative Michael Burgess (R-TX), \$1000  
Representative Lois Capps (D-CA), \$1000  
Senator Tom Harkin (D-IA), \$1000  
Representative Allyson Schwartz (D-PA), \$1000  
Representative Pete Stark (D-CA), \$500  
Representative Fred Upton (R-MI), \$2500  
Senator Sheldon Whitehouse (D-RI), \$500

### Midwives-PAC Board of Directors

Erin Biscione, CNM  
Heather Bradford, CNM, *Chair*  
Patrick Cooney, *Federal Representative*  
Katy Dawley, CNM, PhD, *Immediate Past Chair*  
Meredith Graham, MBA, *Treasurer*  
Kate Harrod, CNM, PhD, *Board of Directors Liaison*  
Jacqui Henrich, CNM  
Eliza Holland, CNM  
Jennifer Jagger, CNM, *Vice-Chair*  
Kathryn Kravetz Carr, CNM, *GAC Chair*  
Nora Lewis, CNM  
Vivian Lowenstein, CNM  
Caitlin Madison, SNM, RN, *Student Representative*  
Kathryn Osborne, CNM, *Board of Directors Liaison*  
Jeni Poell, CNM, *Secretary*  
Diane Utz, SNM, RN, *Student Representative*

### Premier Advocate Donor Club (\$1000 or more)

Katherine Camacho Carr, CNM  
Mary Kaye Collins, CNM  
Katy Dawley, CNM  
Janelle Green, CNM  
Kate Harrod, CNM  
Barbara Hughes, CNM  
Tina Johnson, CNM  
Lorrie Kaplan, CAE  
Holly Powell Kennedy, CNM  
Vivian Lowenstein, CNM  
Lonnie Morris, CNM  
Lisa Summers, CNM

independent practitioners, ensure proper recognition of scope of practice, and make strides toward greater economic equality with physicians. Notable achievements included the enactment of a North Dakota law that eliminated the requirement for written practice

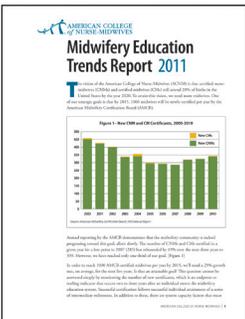
agreements for prescriptive authority; the release of advanced practice registered nurses (APRNs) from collaborative practice agreements governing overall practice in Vermont; a Hawaii law requiring hospitals to allow APRNs the ability to practice to their full scope; and South Dakota

birth center licensure. Additionally, some proposed legislation opened doors for fruitful conversations about the central role of CNMs and CMs in health care delivery, such as a proposal in Florida to end physician supervision.



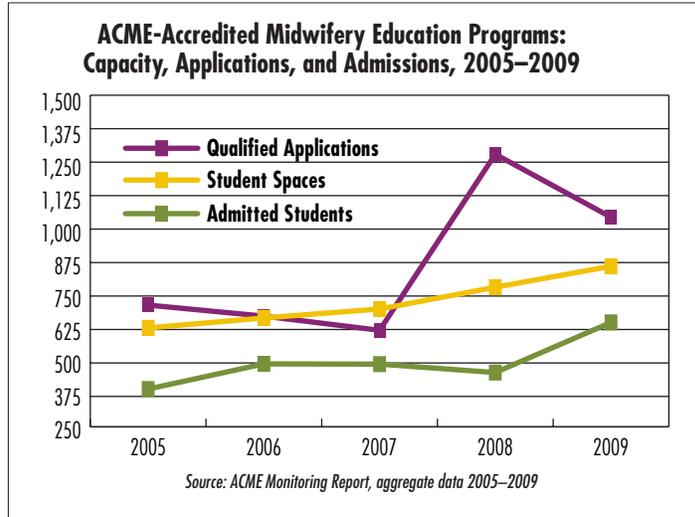
# GOAL 3: 1,000 newly certified midwives per year by 2015

The State of World's Midwifery 2011: Delivering Health, Saving Lives report called for 350,000 more midwives to fully meet the needs of women worldwide. In the United States, ACNM leads this effort by providing research, education opportunities, and resources for students and educators to help grow our profession. In 2011, the number of new midwives continued to grow for the fourth straight year in a row. In fact, the American Midwifery Certification Board (AMCB) reported a **17% increase in the number of new certificants**. The number of midwifery education programs remained stable at 39, and several programs have increased their distance-based offerings, enabling students to remain in their home communities for their clinical education.



**Research**  
As we work to attract more students to midwifery programs, it is important to have a clear picture of the midwifery education landscape. ACNM published *Midwifery Education Trends Report 2011* based on a review of aggregate data from the Accreditation Commission for Midwifery Education (ACME) for 2005–2009 and a 2010 survey of midwifery education program directors (see <http://bit.ly/GKkkK8>). In particular, the report found that the number of midwifery applications increased substantially in 2008–2009, but the number of

admitted students has consistently fallen short of the number of available spaces because there is a mismatch between the type of applicant and the type of available spaces. Nationally, there are about 230 spaces unfilled every year that are available to RNs only, while there is a shortage of spaces in accelerated programs for non-nurses that offer an RN and masters degree. The expansion of programs for CMs may be an option to address this gap in some states.



**Fortifying Clinical Sites and Preceptors**  
The most significant barrier to increasing the number of midwives is a shortage of clinical sites and preceptors. ACNM is working to address this issue by increasing our recognition of and support for those midwives who take on the additional role of preceptor to midwifery students. In 2011, we offered free education workshops for potential preceptors at the ACNM 56<sup>th</sup> Annual Meeting. ACNM has established an online resource for preceptors at [www.midwife.org/Preceptors](http://www.midwife.org/Preceptors), as well

as a national preceptor database to aid midwifery education program directors in identifying preceptors. Several taskforces have been established to specifically address the need for additional clinical sites for our students,

including a taskforce to develop potential legislative strategies to fund and support preceptors; and the Midwifery Workforce Taskforce. The ACNM-ACOG Liaison Committee is also focused on developing innovative models for interprofessional education between CNMs/CMs and obstetrician-gynecologists.

## Outreach

We have expanded our outreach for prospective midwives by exhibiting at the National Student Nurses Association (NSNA) Annual Meeting, where we held two education sessions. We also participated in the career panel at the NSNA MidYear Conference in November. We continued our participation in the National Youth Leadership Forum (NYLF).

Our fourth annual student video contest received many excellent entries from currently enrolled midwifery students on why they want to become midwives. Winning entries can be viewed on [www.youtube.com/acnmweb](http://www.youtube.com/acnmweb).

## Global Health: A Growing Priority

Every year approximately 350,000 women die while pregnant or giving birth—almost 1,000 a day. Of these women, 99 percent die in developing countries. One in 31 women in sub-Saharan Africa will die from a maternal cause, compared with 1 in 4300 in developed regions of the world.<sup>1</sup>

The technical knowledge and clinical skills exist to prevent the vast majority of these deaths and injuries. Yet, between underdeveloped and developed regions of the world, enormous disparities exist in the delivery of lifesaving interventions.

In response to this frustrating and tragic disparity, ACNM's global programs are growing. In 2011, grant funding for the ACNM Department of Global Outreach (DGO) more than doubled. In September, the ACNM Board of Directors voted to incorporate global health as a core value of ACNM's identity and intrinsic component of ACNM's strategic plan. The elevation of midwifery in the global context is deeply connected to ACNM's efforts to elevate the profession of midwifery in the United States.

In 2011, ACNM's Department of Global Outreach continued or began several major projects, including:

- An initiative spanning five states in **Nigeria** to train midwives and community health workers in lifesaving skills and establish systems for the program's support, supervision, and further growth.
- Continued work and growth of the **Ghana** midwifery education program. ACNM's comprehensive approach to strengthening pre-service education was expanded to two new midwifery schools. In addition, DGO is working with the Center for International Medicine



at UCLA to develop an innovative e-learning package to support classrooms and simulation centers.

- In **Zambia**, we are working with a large health systems strengthening project to support emergency obstetric and neonatal care, pre-service education to three midwifery schools, and a large community-based initiative called Safe Motherhood Action Groups.

### Supporting Member Interest in Global Health

Many ACNM members have a passionate interest in participating in global health projects, and we are working to expand their opportunities to do so. The Division of Global Health (DGH) Disaster Preparedness Caucus became official in September. The caucus leaders have established committees and enlisted support to officially begin the work of the

caucus at the 2012 ACNM Annual Meeting. The Education Section of DGH has developed online training courses for ACNM members looking to gain competency in global health. A major initiative will be announced in 2012 that will expand members' opportunity to learn about and participate in global health efforts. Additionally, ACNM has now published its community-based curriculum "Home Based Life Saving Skills" (HBLSS) in French, and is implementing HBLSS in both Zambia and Guatemala.

### New Standards, Bright Future

Two major events in 2011 paved the way for an exciting

shift in the care of mothers and babies worldwide. Several ACNM members played leadership roles in developing global standards for the education, competence, regulation, and association of midwives, which were unveiled at the International Confederation of Midwives Triennial Congress in Durban, South Africa. Additionally, *The State of the World's Midwifery 2011* report elevated the visibility and need for midwives globally in an unprecedented way. ACNM looks forward to using these breakthrough documents to assess and improve our standards and work in collaboration with other midwifery and professional groups so that more women worldwide can receive skilled care at birth from midwives. For more information, see [www.midwife.org/global-health](http://www.midwife.org/global-health).

1. United Nations Population Fund, *State of the World's Midwifery 2011: Delivering Health, Saving Lives*. <http://bit.ly/koU2QT>.



## GOAL 4: High-quality maternity care and women's health services

**P**roviding the highest quality care for women and newborns is at the heart of all ACNM activities. This year, our focus on quality and collaboration crossed all borders of the health care spectrum to expand access to evidence-based midwifery care, best practices, and interdisciplinary collaboration and education.

### Quality Initiatives

ACNM, in coalition with other leading health care organizations, developed interdisciplinary recommendations for health care providers and administrators with the white paper *Quality Patient Care in Labor & Delivery: A Call to Action*. Written with the American Academy of Family Physicians, the American Academy of Pediatrics, ACOG, the American College of Osteopathic Obstetricians and Gynecologists, AWHONN, and the Society for Maternal-Fetal Medicine, the paper outlines specific strategies for maternity care clinicians that foster a culture of communication, safety, and quality, and guide policy and evidence-based practice.

ACNM members served on leading national panels driving quality improvement in perinatal care, including the National Quality Forum's (NQF) Perinatal and Reproductive Healthcare Steering Committee as well as the American Medical Association's Physician Consortium for Performance Improvement Maternity Care Work Group. While much of the focus of these activities is preventing care practices that have been shown to impede maternal health outcomes, the teamwork of ACNM, Childbirth

Connection, AWHONN, and the American Nurses Association (ANA) was instrumental in securing the development of a new performance measure to promote spontaneous vaginal birth. ACNM members served in staff and representative capacities to such key organizations as the Agency for Healthcare Research and Quality, Childbirth Connection, The Joint Commission, the Medicaid and CHIP Payment and Access Commission, National Advisory Council on Nurse Education and Practice, and the Institute of Medicine.

### Fostering Collaboration

Health care experts are calling for interdisciplinary approaches to optimize care delivery. ACNM has taken the lead in developing solutions to improve access to seamless quality care and outcomes for women.

ACNM and ACOG crafted a landmark document in 2011 highlighting key principles to facilitate improved communication, working relationships, and seamlessness in the provision of maternity care and other vital women's health services. The "Joint Statement of Practice Relations between Obstetrician-Gynecologists and Certified Nurse-Midwives/Certified Midwives" outlines our ongoing shared commitment to the support of



American Academy of Nursing. Used by permission.

evidence-based practice, national professional certification and licensure, and the recognition of women's right to options in their care.

Additionally, ACNM and ACOG implemented a joint project, "Successful Models of Collaborative Practice in Maternity Care," that yielded 60 manuscripts illustrating how CNMs/CMs and obstetrician-gynecologists can work together.

The four winning submissions were published in the September 2011 issue of *Obstetrics & Gynecology*.

ACNM continued to enhance its relationship with AWHONN, with leaders from both organizations coming together to discuss strategic initiatives and priorities to expand our impact on women's health and maternity care. Coalition work also continues with ANA and other advanced practice nursing organizations through the Workgroup on Patient Access to Advanced Practice Registered Nurse Care and Practice.

### ACNM Benchmarking

The purpose of the ACNM Benchmarking Project is to improve and maintain the quality of midwifery care provided to women and children by promoting member awareness of best practices. To facilitate this, members share data on nationally recognized quality metrics. Participants receive custom reports comparing their practices to those of similar size.

For 2010 (reported in 2011), a total of 50 data points were collected

and analyzed, resulting in 33 benchmarks for comparison. Ninety-eight midwifery practices participated, representing more than 53,000 births and the work of approximately 570 midwives. The majority of participating practices were located in urban areas and described their caseload as midwifery-managed, as opposed to a shared caseload with physicians. Small, medium, and large practices were equally represented. Births at community-based hospitals and tertiary care hospitals were well represented; participation of birth centers and home birth practices was significantly lower.

More information about the ACNM Benchmarking Project is available at [www.midwife.org/Benchmarking](http://www.midwife.org/Benchmarking).

## ACNM 2010 Benchmarking Project Selected Results

	Small Practices <199 births per year	Medium Practices 200-499 births per year	Large Practices >500 births per year
Spontaneous Vaginal Birth rate	88.3%	85.5%	85.6%
Primary C-Section rate	9.0%	10.7%	10.5%
Total C-Section rate	11.7%	14.5%	14.4%
VBAC Success rate	79.7%	76.3%	78.3%
Episiotomy rate	3.1%	3.0%	3.5%
Neonatal Intensive Care Unit Admission rate	3.3%	3.6%	5.2%
Preterm Birth rate	6.6%	4.2%	4.7%
Low Birth Weight Infant rate	2.7%	3.0%	3.5%
Rate of 5-Minute APGAR scores <7	1.3%	1.6%	1.4%
Breastfeeding Initiation rate	81.0%	85.0%	77.6%
Breastfeeding Continuation rate	95.3%	78.2%	71.2%
Total Induction rate	14.9%	19.3%	19.1%
Epidural Use rate	23.1%	41.7%	49.3%
Intact Perineum rate	52.5%	44.7%	49.3%

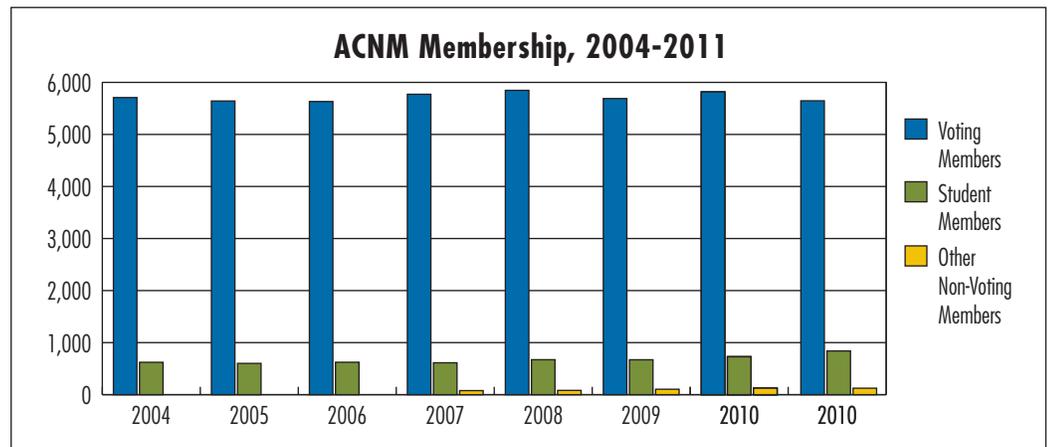
*Data is shown as AVERAGE of all participating practices.*

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

In 2011, we continued to help states form their ACNM affiliates. We're proud of the tremendous strides we've made toward establishing ACNM affiliates as the official organizing bodies for ACNM members within their jurisdictions. We now stand strong with 48 affiliates.

Once each affiliate organization was officially established, ACNM began the collection of affiliate dues and released 100% of affiliate dues to the affiliate organization. At year end, ACNM remitted a total of \$197,000 in affiliate dues to approved affiliates.

The establishment of affiliates represents an opportunity to significantly increase the resource base for midwifery at the state level which is critically important considering the volume of state legislation, implementation of state insurance exchanges, and state workforce analyses.



As the resource bases of affiliate organizations continue to expand, ACNM members should expect accountability and transparency on affiliate use of resources. The ACNM national office will continue to work closely with affiliates to ascertain how best to support their growth and evolution.

Other major highlights include:

- Information Technology:** The development of affiliates required that the national office make many changes in 2010–2011, including major investments in a new membership database,

*Continued next page*

new financial processes, and a new content management system (CMS) to better support our online presence. ACNM affiliates are encouraged to use the ACNM online platform and CMS to build low-cost affiliate Web sites.

- **Annual Meeting:** ACNM continued to make improvements to the ACNM Annual Meeting. Attendance at the 56<sup>th</sup> Annual Meeting in San Antonio exceeded ACNM's



American Academy of Nursing. Used by permission.

10-year average and was the third-highest attended meeting in that period (behind Washington, DC, and Chicago). Most attendees (96.5%) said they would recommend the meeting to their peers.

- **Building Alliances:** ACNM's success depends on our ability to work effectively with other organizations with similar goals and values. In 2011, ACNM formalized partnerships with the Midwifery Business Network and the Directors of Midwifery Education—two separately incorporated ACNM-member organizations. We continued to strengthen relations with ACOG, the American Nurses Association, and the coalition of advanced practice nursing organizations,

and we initiated a new liaison with AWHONN. ACNM chairs the Coalition for Quality Maternity Care (see page 6) and opened a new dialogue with other US midwifery organizations regarding standards for midwifery in the United States.

- **Official Document Overhaul:** In recent years, the breadth, depth, and number of official documents have increased as have the systems in place to produce them. To maximize this effort, in 2011 the Division of Standards and Practice, Documents and Clinical Standards section and the Department of Professional Practice and Health Policy began reorganizing and maintaining these materials. ACNM hired consultants to streamline document revision and editing processes and established an official policy dealing with how documents are created, reviewed, updated, and stored online.

## Key Performance Metrics

- ACNM experienced an overall 6% growth in membership in the past year, including a 33% growth in student membership. ACNM active membership numbers were down 3% compared to the previous year, possibly due to the addition of affiliate dues and changes made by the American Midwifery Certification Board to the recertification requirements for CNMs certified prior to 1997, which imposed additional costs on these members to maintain their active certification. ACNM is closely monitoring its membership statistics by state affiliate and affiliate dues requirements to share with affiliates.
- Year-on-year revenue grew 38% since 2005—including 12% from 2010-2011 alone.
- National office staff turnover has been reduced to near zero.
- Grant funding for ACNM global outreach projects nearly doubled.

## A.C.N.M. Foundation, Inc. Board of Trustees 2011-2012

Jan M. Kriebs, CNM, MSN, FACNM, *President*  
 Elaine Moore, CNM, MSN, *Vice President*  
 Nancy Jo Reedy, CNM, MPH, FACNM, *Secretary*  
 Ellen Martin, CNM, MS, FACNM, *Treasurer*  
 Marsha Jackson, CNM, MSN, FACNM  
 Jo-Anna Rorie, CNM, MSN, MPH, FACNM  
 Christopher Shields, *Financial Advisor*  
 Frances T. Thacher, CNM, MS, FACNM  
 Holly Powell Kennedy CNM, PhD, FACNM, FAAN, *ex officio*

### Foundation Staff

Lisa Paine, CNM, DrPH, FACNM, *Development Consultant*

### Business Office

Christine Filipovich, and Debra Danner,  
*Professional Nursing Resources*

## Mary Breckinridge Donors

Mary C. Akers	Mary Anne Laffin
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Katherine L. Dawley	Kathryn Osborne
Janet Engstrom	Nancy Jo Reedy
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Laraine Guyette	Suzanne M. Smith
Kathryn S. Harrod	Pamela K. Spry
Denise Henning	Lefitia Sullivan
Barbara Hughes	Tanya Tanner
Marsha E. Jackson	Frances T. Thacher
Lisa Kane Low	Maria Valentin-Welch
Lorrie K. Kaplan	Heidi A. Von Nieda
Jan M. Kriebs	Deborah S. Walker
Cara Krulewitch	

## Corporate and Foundation Support

ACNM Chapter IV-2	Maryland ACNM Chapter
ACNM Inland Desert Chapter VI-14	Nossa Familia Coffee Nurse-Midwifery Associates
ACNM Region III, Chapter 5	The Charles Engelhard Foundation
Childbirth Connection	The John & Frank Sparacio Charitable Foundation, Inc.
Connect Healthcare Communications, Inc.	Varney, Inc.
Harold K. Raisler Foundation, Inc.	

# THE A.C.N.M. FOUNDATION, INC.

The A.C.N.M. Foundation, a 501(c)(3) organization, works to promote excellence in health care for women, infants, and families worldwide through the support of midwifery. For more than 40 years, the Foundation has worked with our donors to establish funds that support leadership development, educational grants, research, community projects, policy development, and international experiences. Our 2011 activities highlight our commitment to the growth of midwifery.

The Jeanne Raisler International Award, established in 2011, is designed to provide partial support for a CM or CNM beginning international health work as a midwife. The first Raisler Award went to Elizabeth Withnall, CNM, who spent five weeks in Ethiopia as part of the Maternal and Newborn Health Partnership, funded by the Bill & Melinda Gates Foundation, which works to improve outcomes for mothers and newborns in the critical period from birth to 48 hours postpartum.

Established in 2010, the Louis E. Hellman Midwifery Partnership Award is a joint presentation of the A.C.N.M. Foundation, ACNM, and Midwifery Business Network. This award honors a physician who has been a champion or supporter of midwifery practice. Timothy R.B. Johnson, MD, FACOG, was selected as the 2011 honoree. He was recognized for his excellence in clinical practice, education, research and administration. Dr. Johnson is the



Left, Elizabeth Withnall, CNM, in Ethiopia.



chair of the department of obstetrics and gynecology at the University of Michigan.

At the ACNM 56<sup>th</sup> Annual Meeting, the Dorothea M. Lang Pioneer Award was presented to Shirley Okrent, CNM, FACNM, and Patricia Aikins Murphy, CNM, DrPH, FACNM, recognizing their commitment to women's reproductive health. Okrent published the first article describing the role of the midwife in family planning and published a clinical training manual for midwives on family planning. Dr. Murphy is the Annette Poulson Cumming Presidential Endowed Professor of Women's and Reproductive Health at the University of Utah.

The Foundation also provides scholarships and awards to support education and research and support

student participation in the ACNM Annual Meeting and the fall Midwifery Business Network meeting. The Foundation also recognizes midwives who lead the way to the future of women's health care through their clinical and educational efforts. The Excellence in Teaching Award is given to an educator chosen by the students in each basic midwifery educational program. The Clinical Stars Award recognizes midwives who have been in clinical practice for 25 years or more and who are nominated by midwives in their community.

The Foundation Board of Trustees recognizes that the generosity of our donors provides us the opportunity to promote the future of midwifery and women's health. To make a donation or learn more about our programs, contact the Foundation at [fdn@acnm.org](mailto:fdn@acnm.org).



Sluggish economic growth continued to impact world markets as well as the health of US corporations and non-profits in 2011. ACNM focused its resources on strategic priorities while remaining responsive to opportunities arising throughout the year and pursuing a path of continued growth in our programs.

**V**olatile financial conditions kept our senior management looking for new revenue opportunities, scaling down expenditures and re-allocating resources as needed. We are pleased to report that we achieved our goals with a slight loss in operations and with our reserves intact. ACNM remains financially stable to pursue our mission.

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

Factors that led to investment uncertainty in 2010 carried over into 2011, including volatile domestic and foreign markets, low consumer confidence, the European debt crisis, low interest rates, a 8.5% unemployment rate, and stagnant housing markets. This investment uncertainty resulted in a net investment loss to ACNM of \$32,206. ACNM remains committed to safeguarding the investments of the College by adhering to financial policies designed to maximize returns over the long-term.

Unrestricted operating revenues in 2011 were up 2% compared to 2010. However, total combined (temporarily restricted and unrestricted) revenues increased by more than \$1.7 million (30%), through receipt of the second phase of a \$2.9-million private foundation grant to the ACNM Department of Global Outreach to support midwifery education in Ghana through mid-2013. This grant funding also resulted in an increase in net assets of \$2.0 million.

Operating expenses similarly rose 2% in 2011 vs. 2010 but slightly exceeded unrestricted revenues, resulting in a net operating loss of \$5,840 (less than 1%). Approximately 65% of total expenses were spent on core member services such as professional practice programs and resources, legislative and regulatory advocacy, promotion of the midwifery profession, and individual member assistance. We were successful in allocating \$110,000 funding to strategic priorities including evaluating and improving our internal policies and procedures, improving our information technology infrastructure, affiliate implementation, ACNM's documents project, an organizational name analysis, and accelerating the workplan for our

**AMERICAN COLLEGE OF NURSE-MIDWIVES  
STATEMENT OF FINANCIAL POSITION,  
DECEMBER 31, 2011**

**ASSETS**

Cash and cash equivalents	\$274,594
Accounts receivable, net	\$635,847
Grant receivable	\$2,336,353
Prepaid expenses	\$164,647
Investments	\$3,498,833
Inventory	\$36,372
Furniture and equipment, net	\$215,427
Other assets	\$43,046

**Total Assets** ..... **\$7,205,119**

**LIABILITIES AND NET ASSETS**

**Liabilities**

Accounts payable	\$192,699
Accrued salaries and benefits	\$124,969
Due to state affiliates	\$39,322
Lines of credit	—
Deferred membership dues	\$1,169,817
Other deferred revenue	\$89,106
Refundable advances	—
Deferred rent	\$130,387

**Total Liabilities** ..... **\$1,746,300**

**Net Assets**

Unrestricted	\$3,033,385
Temporarily Restricted	\$2,425,434

**Total Net Assets** ..... **\$5,458,819**

**TOTAL LIABILITIES  
AND NET ASSETS** ..... **\$7,205,119**

2012 strategic communications and branding initiative.

ACNM's 2012 \$6.2 million balanced budget continues support for these core activities and strategic priorities while also continuing to invest in new technologies to improve efficiency and better support our members and affiliates. We have implemented new revenue opportunities consistent with our mission while ensuring that our expenditures produce value for the College and our membership.

**AMERICAN COLLEGE OF NURSE-MIDWIVES  
STATEMENT OF ACTIVITIES FOR THE YEAR ENDED DECEMBER 31, 2011**

**REVENUE**

Global Outreach	\$3,822,572 *
Membership dues	\$2,004,413
Meetings and exhibits	\$679,225
Publications	\$331,621
Advertising and royalties	\$149,240
Accreditation Commission for Midwifery Education (ACME)	\$116,040
Contributions and sponsorships	\$113,958
Product sales	\$82,089
Subscriptions	\$62,916
Other	\$44,822
Continuing education division	\$17,575

**TOTAL REVENUE** ..... \$7,424,471

**EXPENSES**

**Program Services:**

Global Outreach	\$1,873,237
Professional services	\$974,245
Meetings	\$1,022,850
Member services	\$622,100
Publications	\$278,013
ACME, divisions and committees	\$173,017

**Total Program Services** ..... \$4,943,462

Management and general ..... \$ 465,831

**TOTAL EXPENSES** ..... \$5,409,293

**Total Changes in Net Assets  
from Continuing Operations and  
Before Investment Income** . . . . \$2,015,178

Net Income from Discontinued Operations . . . . \$3,357

**Total Changes in Net Assets After Income  
from Discontinued Operations and  
Before Investment Income** . . . . \$2,018,535

Investment Income (Loss) . . . . . (\$32,206)

**Total Change in Net Assets** . . . . \$1,986,329

**Net Assets,  
Beginning of Year** . . . . . \$3,472,490

**Net Assets, End of Year** . . . . . \$5,458,819

**THE ACNM FINANCE AND AUDIT COMMITTEE**

Tanya Tanner, CNM, PhD, MS, MBA, *Treasurer*

**Board Representatives:**

Linda Nanni, CNM, MPH, FACNM,  
*ACNM Region I Representative*

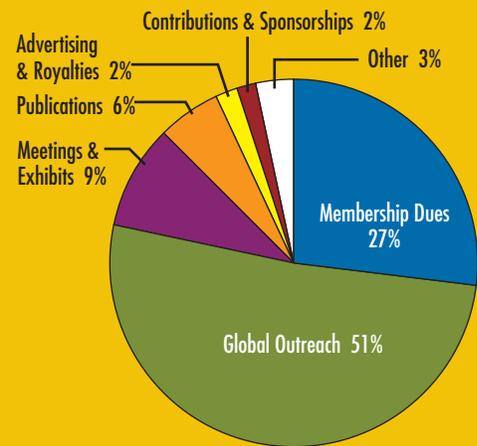
Kate Harrod, CNM, PhD, RN, APNP, FACNM,  
*ACNM Secretary*

Michael McCann, CN, *ACNM Region III Representative*

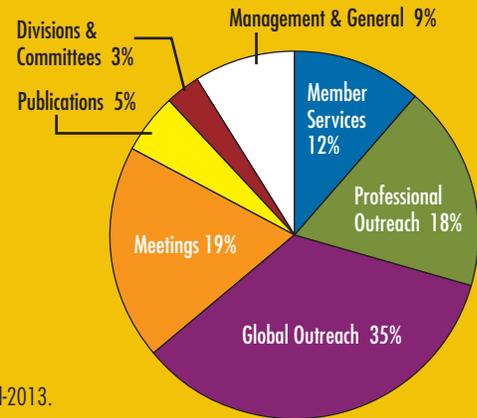
**Appointed Financial Advisor:**

Joan Slager, CNM, DNP, CPC, FACNM

**ACNM 2011 Operating Revenue**



**ACNM 2011 Operating Expenses**

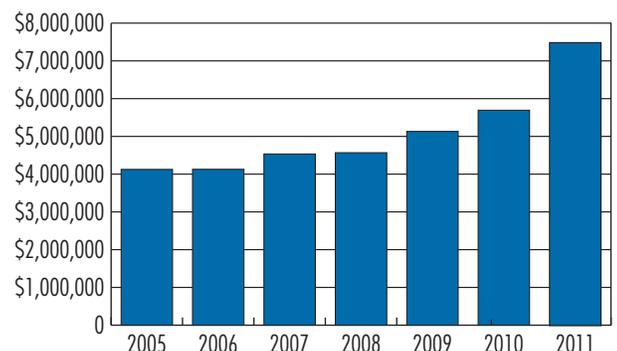


\*Includes \$2,021,018 in temporarily restricted private foundation grant funding to support midwifery education in Ghana through mid-2013.

Finally, we note with great appreciation that our financial position is positively impacted by our dedicated members who serve on divisions, committees, taskforces, and in other volunteer positions within the College. Many members work countless hours for the College without compensation, provide 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 2011 and previous years are accessible for members only from the ACNM Web site "About ACNM" ([www.midwife.org/about](http://www.midwife.org/about)).

**ACNM Revenue Growth, 2005-2011\***



\*Includes \$2,021,018 in temporarily restricted private foundation grant funding to support midwifery education in Ghana through mid-2013.



The success and progress of ACNM is largely due to the vision, commitment, and hard work of the ACNM Board of Directors and the many dedicated members who serve on divisions, committees, taskforces, as representatives to other organizations and initiatives, and in other volunteer positions within the College. ACNM staff is honored to work in partnership with our volunteer leadership. The Board of Directors is featured on page 3; staff and volunteer leadership are listed below.

## A.C.N.M. Foundation

*Foundation Manager*  
Christine Filipovich  
*Consultant*  
Lisa Paine

## Accreditation Commission for Midwifery Education

*Administrative Assistant*  
Jo Ann Burke  
*Chair:* Susan E. Stone

## ACNM National Office Staff

### Executive Office

*Executive Director*  
Lorrie Kline Kaplan  
*Manager, Administration & Meetings*  
Kathleen Przybylski  
*IT Manager*  
Fausto Miranda  
*Senior Staff Researcher*  
Kerri Schuling  
*Senior Education Policy Advisor*  
Elaine Germano  
*Program Coordinator*  
Melinda Bush

### Communications

*Communications Manager*  
Melissa Garvey  
*Writer and Editor*  
Cassie Moore  
*Graphic Designer*  
Rebecca Feldbush

### Finance & Administration

*Director*  
Meredith Graham  
*Finance Manager*  
Sandra Gray  
*Senior Accountant*  
Holly Burns  
*Financial Specialist*  
Sujata Chavan

## Global Outreach

*Director*  
Suzanne Stalls  
*Senior Technical Advisor*  
Diana Beck  
*Midwifery Advisors*  
Lindsay Grenier and Cheryl Jemmott  
*Program Coordinator*  
Kiev Martin

## Government Relations

*Director*  
Joanna King  
*Federal Lobbyist*  
Patrick Cooney  
*Health Policy Researcher*  
Cara Kinzelman

## Membership

*Director*  
George Hamilton  
*Membership & Marketing Coordinator*  
Judy Barlas  
*Membership and Data Licensing Coordinator*  
Robert Burman

## Professional Practice & Health Policy

*Director*  
Tina Johnson  
*Senior Practice Advisor*  
Eileen EHUDIN Beard  
*Department Coordinator*  
Monica Greenfield

## Journal of Midwifery & Women's Health

*Editor-in-Chief*  
Francie Likis  
*Deputy Editors*  
Tekoa King and  
Patty Aikins Murphy  
*Managing Editor*  
Brittany White

## Divisions and Committees

### Division of Education

*Chair:* Barbara Camune  
*Vice Chair:* Melissa Willmarth  
*Section Chairs:* Julia Phillippi, Judy Lazarus, Joyce Brewer, Lynneece Rooney, Elaine Brightwater, Heather Clarke, Kim Dau, Melissa Willmarth

### Division of Global Health

*Chair:* Jody Lori  
*Section Chairs:* Catherine Carr, Barbara Reale, Diana Spalding, Katrina Nardini

### Division of Research

*Chair:* Amy Levi  
*Section Chairs:* Robin Jordan, Cara Krulewicz, Carrie Klima

### Division of Standards and Practice

*Chair:* Joan Slager  
*Section Chairs:* Rebeca Barroso, Diana Jolles, Lisa Kane Low, Karen King, William F. McCool, Saraswathi Vedam

### HIT Taskforce

*Chair:* Karen King

### Archives Committee

*Chair:* Cecilia Jevitt

### Awards Committee

*Chair:* Cathy Collins-Fulea

### Bylaws Committee

*Chair:* Lynne Himmelreich

### Committee for the Advancement of Midwifery Practice

*Chair:* Shawna King

### Ethics Committee

*Chair:* Mary Kaye Collins

### Executive Committee

*Chair:* Holly Powell Kennedy

## Government Affairs Committee

*Chair:* Kathryn Kravetz Carr

## Midwives of Color Committee

*Chair:* Maria Valentin-Welch

## Midwives – PAC

*Chair:* Heather Bradford

## Nominating Committee

*Chair:* Mavis Schorn

## Personnel Committee

*Chair:* Cathy Collins-Fulea

## Program Committee

*Chair:* Martha Hoffman Goedert

## Uniformed Services Committee

*Chair:* Michelle Munroe

## ACNM Representatives to External Organizations

Melissa Avery, Joyce Bailey, Mary Barger, Eileen Beard, Debra Bingham, Diane Bohn, Ginger Breedlove, Marilyn Pierce-Bulger, Barbara Camune, Cathy Collins-Fulea, Sarah Coulter Danner, Stephanie DeVane-Johnson, Jenifer Fahey, Barbara Fildes, Frances Ganges, Carolyn Geger, Elaine Germano, Mamie Guidera, Barbara Hackley, Pandora Hardtman, Carol Hayes, Denise Henning, Elizabeth Hill-Karbowski, Lynne Himmelreich, Elisabeth Howard, Cecilia Jevitt, Rima Jolivet, Diana Jolles, Tina Johnson, Lorrie Kline Kaplan, Deborah Karsnitz, Holly Powell Kennedy, Joanna M. King, Christina M. Kocis, Mary Ann Laffin, Mary Sagady Leslie, Lisa Kane Low, Nancy Lowe, Polly Malby, Michael McCann, Marion McCartney, Cydney Menihan, Kathy Mercer, Michelle Munroe, Katharine O'Dell, Robbie Prepas, Nancy Jo Reedy, Lynneece Rooney, Nicole Rouhana, Cathy Ruhl, Mavis Schorn, Joan Slager, Suzanne Stalls, Lisa Stephens, Kai Tao, Catherine Walker, Linda VanderWerff Walsh, Jan Weingrad, Helen Welch

## Award Winners

### ACNM Awards

*Hattie Hemschmeyer Award:*  
Leah Albers

*Kitty Ernst Award:*  
Melissa Willmarth

*Louis E. Hellman Midwifery Partnership Award*  
Timothy Johnson

*Public Policy Awards:*  
Lonnie Morris, Mary Rossi, Nell Tharpe

*Distinguished Service Awards:*  
Jeanne Prentice, Maureen Shannon

*2011 Outstanding Preceptor Awards:* Lauren Abrams, Angela Anderson, Lisa Chickadanz, Nancy Donaldson, Mary Ann Durbin, Denise Gershwin, Katie Isaac, Laurie Jurkiewicz, Denise Keppel, Kate Koschoreck, Jackie Martin, Donna McLean, Donna Mosier, Linda Nanni, Candace Riehl, Sally Rae Soucy, Catherine Schwob, Kim Tisch, Annette Tomasello, Pam Ward

### JMWH Awards

*Best Article of the Year Award:*  
Dr. Leissa Roberts, Brenda Gulliver, Janet Fisher, and Kristin G. Cloyes

*Mary Ann Shah New Author Award:*  
Jeremy Neal

### Division of Research Awards

*Best Research Forum Presentation:*  
Gina Novick

*Best Poster Presentation of Research (tie):* Nancy Havill; Mary Maher, Margaret Kearney, Susan Groth

*Best International Health Research Forum Presentation:* Michelle Dynes

### 2011 ACNM Fellows

Linda Bergstrom, Heather Bradford, Joyce Brewer, Mary Ann Faucher, Jennifer Foster, Marie Hastings-Tolsma, Cecilia M. Jevitt, R. Rima Jolivet, Mavis Schorn, Suzanne Stalls