



ANNUAL REPORT 2010



AMERICAN COLLEGE
of NURSE-MIDWIVES

With women, for a lifetime®



Our Mission

To promote the health and well-being of women and infants within their families and communities through the development and support of the profession of midwifery as practiced by certified nurse-midwives and certified 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 is the oldest women's health care organization in the United States still in existence. ACNM provides research, administers and promotes continuing education programs, establishes clinical practice standards, and liaisons with state and federal agencies and members of Congress.

It is with great pride and pleasure that we present our 2010 ACNM Annual Report and share our accomplishments of the year, one of our most dynamic and successful ever. Here are just a few of our accomplishments:

- ◆ **Legislative Success!** CNMs have been recognized as health care providers under Medicare and Medicaid since 1987; in 2010 we finally gained “equal pay for equal work” under Medicare. We continue the fight for federal recognition of CMs and reimbursement equity from state Medicaid and private health plans.
- ◆ **An active player on the health policy front.** The national health policy scene of 2010 was highly dynamic and fraught with urgency. ACNM dedicated more resources than ever to ensuring that our members were represented in every major policy arena related to maternity care, women's health, and health workforce policy.
- ◆ **A philosophy of partnership.** We believe in the power of alliances. In 2010, we partnered with other organizations on issues of shared concern. Special thanks and recognition go to Childbirth Connection; the American College of Obstetrics and Gynecology; the American Nurses Association and our national counterparts representing advanced practice nurses; Midwives Alliance of North America and the National Association of Certified Professional Midwives; and the Association of Women's Health, Obstetric, and Neonatal Nurses.
- ◆ **Establishment of state affiliates.** In 2010, 25 state affiliates were formed and others were well down the road to complete formation in early 2011. We applaud the hard work and dedication of the leaders of our state, territorial, and unincorporated services affiliates and look forward to supporting your continued success.
- ◆ **Trending positive.** The number of CNM- and CM-attended births hit a new high at 317,626.

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For the second year in a row, there was an increase in the number of ACME-accredited midwifery education programs and institutions. The number of newly certified CNMs and CMs rose for the third consecutive year. ACNM membership overall grew slightly, while student membership has grown more than 20% since 2005. ACNM celebrates this new generation, the future midwives of America!

- ◆ **Embracing technology.** In 2010, ACNM implemented a state-of-the-art association management system and a new Web site content management system. Technology-wise, we are now a 21st century organization.
- ◆ **A strong voice for evidence-based practice.** Through the *Journal of Midwifery & Women's Health*, ACNM position papers, ongoing work with traditional and social media, the ACNM Benchmarking project, launch of "Evidence-Based Practice: Pearls of Midwifery," and other initiatives, ACNM was a leading voice for high-quality, evidence-based maternity care and women's health.

- ◆ **Dramatic growth in our global activities** and launch of the Division of Global Health to spearhead initiatives to support our members in global health. At a time when increasing the supply of midwives in developing countries has become a global priority, ACNM is well-positioned with outstanding staff and volunteer leadership, 30 years of program development and on-the-ground experience, and a strategic plan for the future.



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



Lorrie Kline Kaplan, CAE, Executive Director

We are grateful for the continued support and active participation of our members in the ACNM community. We look forward to working with you to advance the care of women and their newborns through midwifery care in 2011 and beyond.



2010-2011 ACNM Board of Directors

Standing, left to right: Kate McHugh, CNM, MSN, FACNM, Region II Representative; Kate Harrod, CNM, PhD, FACNM, Secretary; Michael McCann, CNM, Region III Representative; Linda Nanni, CNM, Region I Representative; Dawn Durain, CNM, MPH, FACNM, Vice President; Kathryn Osborne, CNM, MSN, PhD, Region IV Representative; Heather Swanson, CNM, MSN, FNP, IBCLC, Region V Representative; Christian Ornburn, SNM, Student Representative; and Tanya Tanner, CNM, MS, MBA, Treasurer.

Seated, left to right: Candace Curlee, CNM, Region VI Representative; and Holly Powell Kennedy, CNM, PhD, FACNM, FAAN, President



Future Focus

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.

STRATEGIC GOAL 1

Strategic Communications

ACNM has been steadily working to build and expand our communications platforms to increase the knowledge base about the benefits of midwifery care among consumers as well as fellow clinicians and state and national policymakers.

As health reform took center stage beginning in 2008, much of ACNM's communications focus shifted toward policymakers, advocating for the inclusion of CNMs and CMs in all federal health care programs for women and newborns, with particular emphasis on the role of CNMs and CMs in addressing our nation's primary care and maternity care provider shortages.

On the consumer front, with funding from the A.C.N.M. Foundation, Inc., ACNM in 2009 launched the Ambassador Toolkit—a comprehensive media guide that ACNM members can use to communicate the value of midwifery care in their communities. The toolkit continues to evolve with input from our members.

We continue building our public outreach via social media. ACNM maintains a presence on Facebook, Twitter, and Youtube and has been steadily increasing our online influence. We ended 2010 with nearly 3,500 Facebook likes and more than 1,000 Twitter followers. Exciting developments to expand online communication are in progress for 2011, including a targeted social media campaign (Team Midwife) designed to recruit midwifery supporters to help us dispel longstanding misconceptions that block women's awareness of and access to midwives.

In 2010, ACNM took a major step forward by launching "Evidence-Based Practice: Pearls of Midwifery," a presentation aimed at educating other health care providers about the science that underlies midwifery care. Equipped with fully referenced slides, speaking notes, and a summary of clinical best practices, Pearls is a presentation that showcases the proven

benefits of evidence-based midwifery care. This simple, effective tool is ideal for communicating practices that support physiologic labor and childbirth to numerous audiences, including, labor and delivery nurses, physicians, medical residents, hospital administrators

and students. Initial reports from members have shown success in using *Pearls* in their practice settings. We've provided this valuable resource free for ACNM members and also made it available for purchase by non-members.

Changing Hospital Birth Practices from the Inside Out

We presented *Evidence-Based Practice: Pearls of Midwifery* for grand rounds at Providence Hospital in Washington, DC. The culture in labor and delivery at Providence is obstetrically conservative. Physiologic birth practices featured in the *Pearls* presentation are not routine for low-risk women and are rarely utilized.

Our audience at grand rounds included neonatologists, obstetric and family medicine attendings and residents, medical students, physician assistants, nurses, CNMs, and hospital administrators. Despite the conservative obstetric culture, *Pearls* was well received, especially by family medicine residents and attendings.

After the presentation, one of the family medicine residents suggested that we work together to develop labor and birth protocols for low-risk women that can be used on our labor unit. Developing protocols with a multi-disciplinary group and facilitating their implementation would be the most valuable outcome of our presentation. It has the potential to make a tremendous change in the way care is delivered at Providence and, perhaps,



The more visible midwives are, the better. The more we stand up and say "This is what we do. It's great care and the studies prove it," the more opportunities we will have to take a designated place at the decision-making table.

—Suz Brown, CNM MSN

how satisfied women are with their care on our labor unit.

Presenting the content in *Pearls* positioned us as the experts on normal birth in our setting. The fact that midwives presented at grand rounds had a significant impact on our contribution to the obstetric service, and we will most likely be invited to present in the future.

We feel that institutions like ours are the ones who can most benefit by receiving this kind of presentation. Many of the ideas in *Pearls* are radical

and transformative in such settings. We hope this presentation gives midwives in many facilities an opportunity to speak about midwifery practice and outcome data to an audience of colleagues and peers. The more visible midwives are, the better. The more we stand up and say "This is what we do. It's great care and the studies prove it," the more opportunities we will have to take a designated place at the decision-making table.

by Suz Brown, CNM, MSN, Debra Keith, CNM, MSN, and Catherine Ruhl, CNM, MS

Thank you ACNM Industry Partners for your support of midwifery and ACNM. For more information about ACNM's Industry Partner program visit <http://www.midwife.org/Industry-Partners>.

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STRATEGIC GOAL 2

Autonomy in practice and equitable reimbursement

Autonomy and equity are the core principles of ACNM's strategic advocacy to advance midwifery practice in the United States. Our goal is that all CNMs and CMs be recognized as licensed, independent providers in all federal programs and in all 50 states, free from requirements for physician supervision and written collaborative agreements, and reimbursed at 100% of public and private health plan fee schedules on par with physicians and other health care providers.



North Carolina midwives celebrate their arrival on Capitol Hill during ACNM's 2010 lobby day.

Our progress continues. 2010 ushered in the most sweeping health care reform our nation has seen in nearly 50 years, and with it, an opportunity to make significant progress on a national level. Through passage of the Patient Protection and Affordable Care Act (ACA), CNMs achieved their longstanding goal of “equal pay for equal work.” As of January 1, 2011, CNMs must be reimbursed at 100% of the physician fee schedule under Medicare Part B.

In addition to this hard-won battle, ACNM worked in coalition with other national organizations sharing common goals, particularly the advanced practice nursing community. Notable successes in the ACA include increased funding opportunities for students and faculty at midwifery education programs, reimbursement for freestanding birth centers, and other provisions benefiting women and families.

Despite ACNM's concerted and consistent efforts, recognition of CMs under Medicare unfortunately was not included in the final health reform package. Securing federal recognition of and equitable reimbursement for CMs is one of our top legislative priorities for the 112th Congress. We are also working to increase Medicaid reimbursement rates in the 22 states where CNMs are reimbursed at less than 100% of the Medicaid provider fee schedule. Since CNMs and CMs play a significant role in serving lower-income women and their newborns, these reimbursement changes are critical to ensuring women's access to sustainable midwifery practices nationwide that provide high-value health care services. ACNM's new Committee for the Advancement of Midwifery Practice (CAMP) will play a key role in these efforts

Additional Federal Priorities

Health reform shifted the nation's focus to the looming shortage of primary care providers in the United States. CNMs and CMs are educated to provide primary care services, and ACNM has placed a high priority in gaining recognition of CNMs and CMs as primary care providers in all relevant federal legislation and regulations pertaining to provider incentives, loan repayment programs, workforce initiatives, and eligibility for new health care delivery models, including accountable care organizations.

In conjunction with the ACNM 55th Annual Meeting, ACNM hosted a lobby day in Washington, DC, where more than 400 members representing 42 states and the District of Columbia educated members of Congress about the need to pass legislation that would improve childbirth outcomes for mothers and their newborns, as well as access to quality maternity care, most notably H.R. 5807, Maximizing Optimal Maternity Services for the 21st Century Act (MOMS21), which was officially introduced in July 2010.

MOMS21 was the most ambitious but by no means the only bill introduced in the 111th Congress aimed at improving maternity care in the U.S., creating new

opportunities to advance this important cause. ACNM began work on the formation of the Coalition for Quality Maternity Care—an unprecedented lobbying coalition of leading national maternal health organizations. Other founding members include the American Association of Birth Centers; Amnesty International; the Association of Women’s Health, Obstetric and Neonatal Nurses; Black Women’s Health Imperative; Childbirth Connection; the International Center for Traditional Childbearing; the Midwives Alliance of North America; and the National Association of Certified Professional Midwives. These coalition-building efforts in the latter part of 2010 laid the groundwork for improved coordination of national advocacy efforts in 2011.

State Advocacy

State laws and regulations play the leading role in the ability of CNMs and CMs to practice. In 2010, ACNM dedicated more resources to state policy work and to supporting our state organizations, and several states made great headway. New York, New Jersey, and Maryland eliminated requirements for collaborative



New York midwives lobby for practice improvements. NY eliminated the written practice agreement requirement during 2010.

practice agreements between midwives and physicians and/or health care facilities.

ACNM worked closely with state leaders to assist them in establishing affiliate organizations for every state, territory, federal district, and the unincorporated services. The transition to affiliates required significant work from ACNM chapter leaders as well as internal restructuring of ACNM national office operations. By year end, approximately half of the states had transitioned to the affiliate structure. ACNM affiliates are the official voice and organizing bodies for ACNM members within their jurisdictions. We look forward to working closely with our affiliate leaders to advance midwifery practice, women’s health, and maternity care.

STRATEGIC GOAL 3

1,000 newly certified midwives per year by 2015

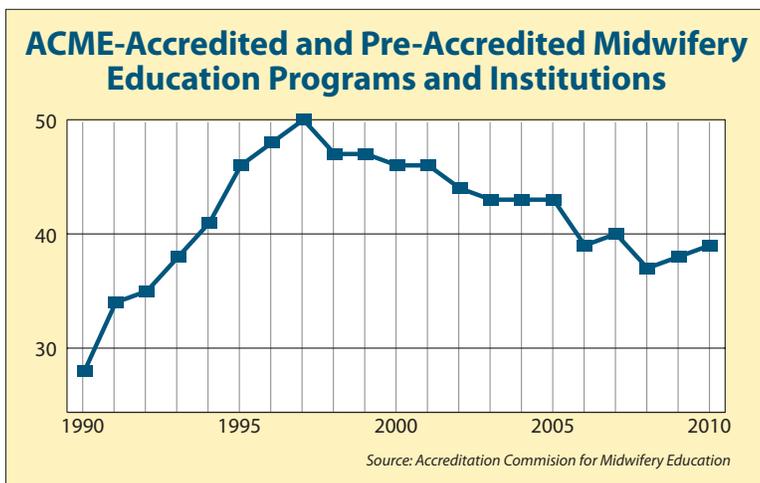
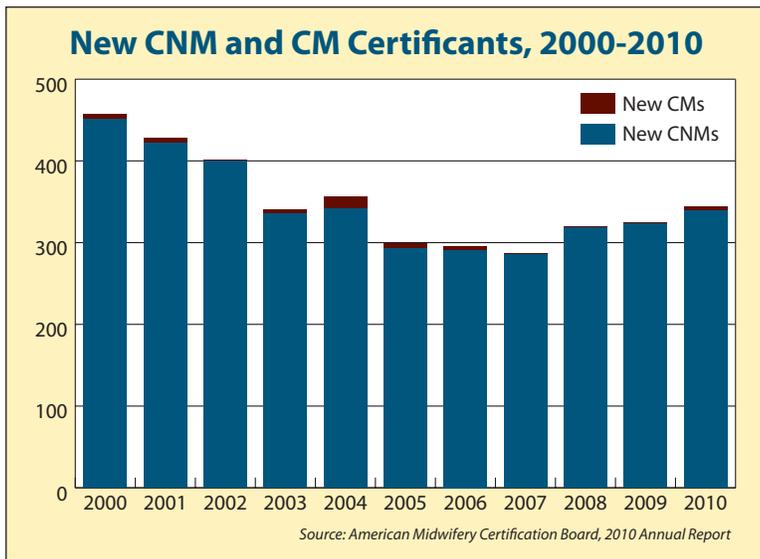
Adequate access to midwifery care and quality maternity care cannot be accomplished without dramatically increasing the number of practicing midwives in the United States. According to the American Midwifery Certification Board (AMCB), 2010 marked the third straight year of increase in the number of new certificants.

2010 also marked a second consecutive year of increase in the number of midwifery education programs in the United States accredited by Accreditation Commission for Midwifery Education (ACME), an autonomous

accrediting body within the ACNM corporate structure that is recognized by the US Department of Education. New programs included a CM pathway at the Philadelphia University Midwifery Institute distance-learning program. Seattle University College of Nursing and Texas Tech University Health Sciences Center also added programs.

ACNM Outreach

ACNM continued to build on our Become a Midwife campaign. ACNM’s third annual “Become a Midwife”



forum in Washington, D.C., provided resources to aspiring midwives and opportunities to talk with local midwives in clinical practice as well as midwives working in policy arenas. Our third annual student video contest attracted outstanding submissions on the topics “Why I am becoming a midwife” and “Why you should choose a midwife.” Winning and honorary mention videos are featured on ACNM’s YouTube channel.

We also expanded our outreach for prospective midwives by exhibiting at the National Student Nurses Association (NSNA) Annual Meeting, attended by more than 3,000 students annually. ACNM also participated in a panel on advanced practice careers at the NSNA Midyear Meeting in November.

The world needs midwives now more than ever. Countries need to make midwifery a priority in plans and budgets.

— Thoraya Ahmed Obaid,
Executive Director,
United Nations
Population Fund



Based on our well-received 2009 presentations to the National Youth Leadership Forum (NYLF) in Washington, DC, in 2010 ACNM members presented to NYLF students in DC, Los Angeles, and Atlanta.

Fortifying Clinical Sites and Preceptors

A shortage of clinical sites and preceptors is the most significant barrier to increasing the number of midwives. A 2010 survey of midwifery education program directors revealed that qualified students are currently being turned away for combined accelerated nursing/graduate midwifery programs.

ACNM advocates for federal funding for preceptors as a national priority to meeting the health care workforce challenge. In the meantime, ACNM has undertaken a range of strategies to tackle this issue, including a National Preceptor Database (scheduled for launch in 2011), outstanding preceptor awards, a free half-day workshop for preceptors at the ACNM Annual Meeting, and an online preceptor handbook.

ACNM: A Prominent Player in Global Health

Each year, hundreds of thousands of women die in developing countries as a result of pregnancy and childbirth and over three million newborns do not survive the first week of life. It is estimated that midwives could help avert over 90% of maternal deaths if they are well trained and empowered to apply their skills.

In response, in 2010, global health leaders issued a united call for dramatically increased investments in midwifery services in developing countries. With decades of experience in pre-service and in-service education throughout the world both in community and facility settings, ACNM and its global programs are well known in the field of global health. ACNM is well-positioned to play an active role in this important campaign.

In 2010, ACNM's Department of Global Outreach (DGO) provided technical assistance throughout the world to many organizations, including the International Confederation of Midwives in Ghana; the Columbia University Averting Maternal Death and Disability project to review

core competencies, standards and regulations for non-physician clinicians in six African countries; a consortia of organizations in Namibia for Life Saving Skills (LSS); and USAID-funded programs in Tanzania, Pakistan and Zambia. Our input for technical assistance continues to be requested by numerous organizations for new programs.

DGO also continues to support midwifery education in Ghana through an anonymous donation extended through April 2011. Through this grant, ACNM has developed a successful template for midwifery education that can be readily scaled-up and replicated. DGO submitted a two-year proposal to expand to two additional midwifery schools in areas of Ghana facing the highest rates of maternal mortality. The University of Michigan continues to provide technical assistance for this project.

Supporting our Members Interested in Global Health

Interest in global health among our members is clearly growing, and ACNM

has responded by launching the Division of Global Health to provide a higher level of member support and focus on global health. In December, DGO staff and Division leadership held a strategic planning meeting to chart the future of ACNM's role in global health and to clarify the working relationship of staff, the Division, and our members. The Division is well-positioned to launch a number of new initiatives in 2011.

ACNM also published the second edition of its unique community based curriculum, "Home Based Life Saving Skills" (HBLSS), now available as an online download and in hard copy through ShopACNM. The second edition has also been translated in Spanish and will be available as an online download. HBLSS will also be implemented in Zambia through a USAID grant. ACNM's "Life Saving Skills" (LSS) curriculum will also be available as an online download, and efforts are underway to develop online training courses for HBLSS and LSS through ACNM's Live Learning Center.

STRATEGIC GOAL 4

High-quality maternity care and women's health services

The core of our mission is to provide the highest-quality care possible to women and infants in the United States. While all of our work is in support of this goal, certain activities more directly influence maternity and women's health care. This year ACNM has continued to move the organization at the forefront of the national effort to increase access to high-quality health care services.

Expanded Access to Continuing Education

Education is the cornerstone of successful midwifery. ACNM partnered with Courtesy Associates to make significant changes to the ACNM Annual Meeting in 2010 to strengthen the educational content, format, and evaluation processes of the meeting. The ACNM 55th Annual Meeting was our best attended since 2001.

ACNM also made a major investment in online education, hosting eight webinars and recording all educational sessions from the 2010 ACNM 55th Annual Meeting for continued learning online after the meeting and for those who could not join us in person. We made progress on our multi-year initiative with the American Institute of Ultrasound in Medicine to develop standards and curricula to support the appropriate use of ultrasound by midwives. ACNM's Annual Meeting ultrasound workshops were among our most popular in 2010.

Sharing Quality Standards with the Health Care Community

ACNM worked to ensure that women receive quality care—not just at the hands of our members, but across the health care continuum. New ACNM position statements on induction of labor, use nitrous oxide,

MIDWIFERY

Evidence in Action

ultrasound, and group prenatal care help define and enhance standards of care for women and their newborns.

ACNM updated its Standards for the Practice of Midwifery, collaborated with the International Confederation of Midwives (ICM) on development of international regulatory standards, and contributed data and member expertise in preparation for the 2011 release of the State of the World Midwifery Report. ACNM leaders also participated actively in the National Institutes of Health consensus conference on vaginal birth after cesarean (VBAC), and was a vocal proponent for increased access to VBAC and on sorting through the myths and facts about the safety of home birth.

Recent years have seen the emergence of multi-stakeholder initiatives to develop quality measures in all areas of health care. ACNM has placed a high priority on being actively involved in every national initiative related to quality measurement related to maternity care and women's health. In 2010, ACNM representatives participated actively in the National Quality Forum, the American Medical Association Physician's Consortium for Performance Improvement, the *Medicaid and CHIP Payment and Access Commission*, the National Committee for Quality Assurance, the Institute of Medicine, and more. ACNM's primary focus in these activities is to champion measures that support the development of practices and outcomes for healthy, low-risk pregnancy.

ACNM Benchmarking

We took significant steps in 2010 to improve the ACNM Benchmarking Program by developing online data entry capability. Offered free to all ACNM members, benchmarking allows our members to compare their care processes to identified "best practices" and use that information to improve patient satisfaction, patient safety, effectiveness, and efficiency.

ACNM 2009 Benchmarking Project Selected Results

	Small Practices <199 births	Medium Practices 200-499 births	Large Practices >500 births
Spontaneous Vaginal Birth rate	82.1%	81.7%	81.0%
Primary C-Section rate	9.2%	10.2%	10.4%
Total C-Section rate	11.5%	13.6%	14.1%
VBAC Success rate	86.4%	76.9%	76.6%
Episiotomy rate	1.7%	5.9%	3.4%
Neonatal Intensive Care Unit Admission rate	2.0%	3.9%	6.1%
Preterm Birth rate	2.9%	4.1%	5.0%
Low Birth Weight Infant rate	1.9%	2.6%	3.5%
Rate of 5-Minute APGAR scores <7	1.1%	1.0%	1.1%
Breastfeeding Initiation rate	76.0%	78.9%	80.9%
Breastfeeding Continuation rate	65.3%	52.8%	37.5%
Total Induction rate	12.2%	17.1%	18.3%
Epidural Use rate	30.7%	42.6%	45.3%

For 2009 (reported in 2010), a total of 50 data points were collected and analyzed, resulting in 33 benchmarks for comparison. A total of 90 midwifery practices participated, representing more than 35,000 births and the work of approximately 400 midwives. The majority of participating practices were large practices (>500 births/year), located in urban areas, and described their caseload as midwifery-managed, as opposed to a shared caseload with physicians.

It is important to note that the purpose of the ACNM Benchmarking Project is not data collection for research purposes. Rather, benchmarking data is intended to provide an annual snapshot comparison of midwifery practices, using a nationally recognized set of quality metrics. More information about the the ACNM Benchmarking Project is available at <http://www.midwife.org/Benchmarking>. Participants also receive custom reports comparing their practices to those of similar size.

The ACNM Board of Directors allocated new funding for 2011 to develop a data collection system for ACNM members based on a shared data library with the Midwives Alliance of North America and the American Association of Birth Centers. This system will increase the number of ACNM members reporting on their care practices and birth outcomes.

STRATEGIC GOAL 5

Ensure the effectiveness and efficiency of ACNM

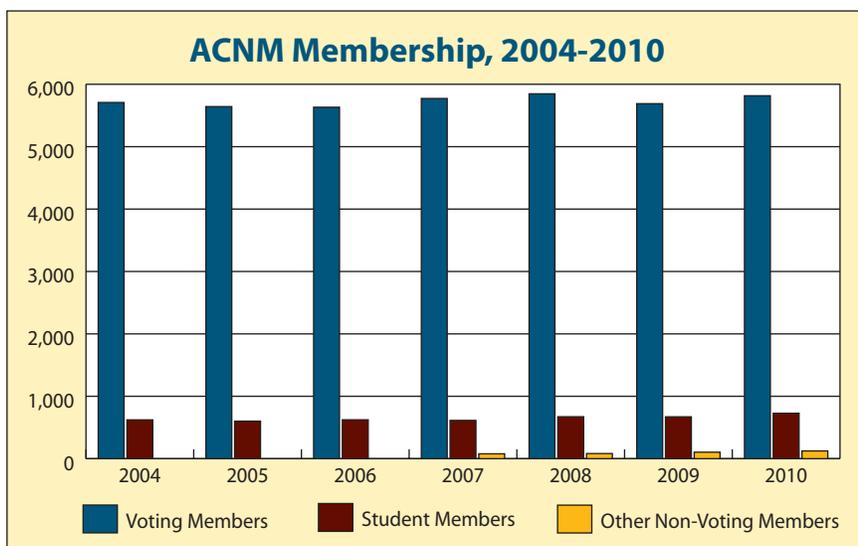
With such ambitious goals, and especially during an economic downturn in the United States, we must be a very careful and strategic in “optimizing our resources” — our human resources, our membership dues and other operating revenues, the reserves carefully accumulated over our history, and our communications channels. Perhaps more than any other goal, ACNM is proud of the tremendous strides we made toward this goal in 2010.

In short, while ACNM has been made many big changes in recent years, the last year was the most dynamic of all. Major highlights include:

- ◆ **Re-organization of our volunteer structure.** Our members are our biggest assets. With literally hundreds of members volunteering their time and talents each year, maximizing the benefit of these contributions is a major task. By year-end, we had essentially completed the restructuring of our volunteer structure (divisions, committees, and taskforces), under our 2008 bylaws.
- ◆ **New Association Management System (AMS).** ACNM completed its long-planned conversion to a new AMS, replacing a crumbling IT infrastructure that had been essentially unchanged since the 1990s, along with dozens of expensive and disconnected outside-vendor databases and the recurrent customer service problems that go with it. Implementing the AMS required a comprehensive analysis and revamping of our internal workflow, with numerous efficiencies identified in the process. We aspire to continue to improve our service to our members as we move forward.
- ◆ **ACNM Affiliates.** As noted on page 7, supporting the establishment of ACNM affiliate organizations was a high priority. In January 2011, ACNM met its goal of beginning the collection of affiliate dues in conjunction with national dues and

remitting these funds in full back to the affiliates. ACNM looks forward to working closely with affiliate leadership to maximize the benefits of this network.

- ◆ **New Web Platform.** With improved navigation and interactive features, ACNM’s web platform lays the groundwork for transforming ACNM into a member-driven organization that is easy to engage with and that allows members to easily develop communities of interest with their peers. The new Web site also will offer significant benefits to the national organization and the affiliates in 2011.
- ◆ **Major focus on extending our impact by building alliances.** When we identify common goals, our strategy is to build alliances. Major strides were made to improve our alliances and strategic partnerships with national midwifery, medical, nursing, and other health care organizations.
- ◆ **New Partnerships.** ACNM had benefited from the dedicated partnership of many longtime vendors, but we are also true believers in periodic re-evaluation through a systematic request for proposal (RFP) process. The result in 2010 was selection of a new publisher for *JMWH*, a new audit firm, and a new investment advisor.





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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 2010 activities highlight our commitment to the growth of midwifery.

The Frances T. Thacher Midwifery Leadership Endowment, established in 2009, helps midwives advance their leadership potential, supports midwives who live with chronic diseases and disability, and prepares midwives to care for families affected by chronic disease and disability. The endowment was created to honor Frances Thacher, CNM, FACNM, and to recognize her work as a midwifery leader, both clinically and with the A.C.N.M. Foundation Board of Trustees. These funds supported printing and distribution of "Positioning Midwifery in Health Care Reform: A Policy Review." They also helped provide support for three midwives to attend the 2010 Midwifery Business Network Meeting in Nashville. The endowment will be used in the future to provide both Community Grants and formal Leadership Awards.

Also new is the Louis E. Hellman Midwifery Partnership Award, 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. Charles Mahan, MD, is the first recipient of this award. He is currently senior scientist at the Lawton and Rhea Chiles Center for Healthy Mothers and Babies, and his commitment to midwifery has been one of the hallmarks of his distinguished career.

At the ACNM 55th Annual Meeting, the Dorothea M. Lang Pioneer Award was presented to Julia Lange-Kessler, CM, MSM, and Margaret Ann (Peg) Marshall, CNM, EdD, FACNM. Both recipients have demonstrated vision and leadership within the field of midwifery. Ms. Lange-Kessler is the first certified midwife to direct a midwifery education program in a

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school of nursing, at New York University. Ms. Marshall has a career that spans more than 40 years of policy, education, and consultation and is renowned for her international expertise.

Late in 2010, the Foundation opened applications for the Hazel Corbin/Childbirth Connection Grant for Evidence-Based Midwifery Care. The Foundation gave the award to Susan Stapleton, CNM, and the American Association of Birth Centers for their project entitled “Outcomes and Practices in the Midwifery Led Collaborative Model of Care.” This completes a cycle of awards advancing recognition of the significant body of evidence that underlies midwifery care.

Every year, the Midwives of Color Committee has taken the lead in promoting diversity in midwifery by encouraging donations to the Midwives of Color/Watson Scholarships. Their efforts have ensured that financial awards for basic midwifery education are available to young men and women of color. Last year, the Foundation was proud to award two Midwives of Color/Watson scholarships to deserving recipients.

The Foundation also wants to recognize midwives who are identified locally as leading 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 new Clinical Stars Award is given to recognize midwives who have



been in clinical practice for 25 years or more, and who are nominated by midwives in their community. In 2010, 11 midwives received these awards.

Looking forward, the A.C.N.M. Foundation anticipates that 2011 will bring the first award to an American midwife for international activity, from the Jeanne Raisler Fund. The W. Newton Long Award to advance midwifery through clinical, research, or educational activities will be available, as will a number of other scholarships.

As always, 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.

Mary Breckinridge Donors

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Carolyn Gegor	Ann Orndorff	

Corporations and Foundations

Cervilenz, Inc.	March of Dimes
The Charles Engelhard Foundation	Rubena Flores Associates
Chico’s	San Francisco Wine Exchange
Childbirth Connection	T.S. Deacon Economos & Associates
Hologic, Inc.	Varney, Inc.
The Hutchinson Dyer Group	
The John & Frank Sparacio Charitable Foundation, Inc.	

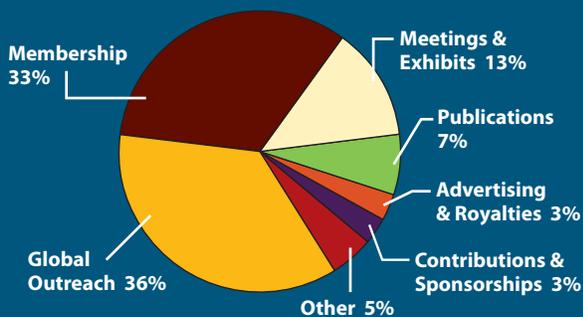


AMERICAN COLLEGE
of NURSE-MIDWIVES

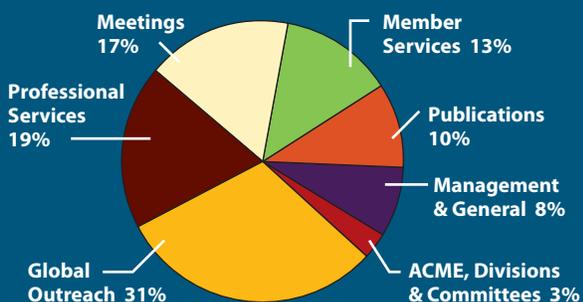
Financial Report

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

ACNM 2010 Operating Revenue



ACNM 2010 Operating Expenses



At the closing bell on December 31, 2010, ACNM is financially stable and recovering from the challenges of an uncertain US economic climate.

In 2010 ACNM retained RBC Wealth Management as its new investment advisor. RBC associates work closely with the ACNM Finance and Audit Committee (FAC) to ensure that reserve funds are invested according to our financial and investment policies.

Several factors created investment uncertainty in 2010, including volatile domestic and foreign markets, low interest rates, a 9% unemployment rate, and disasters both natural and manmade. ACNM safeguards our investments by adhering to financial policies designed to maximize returns over the long-term. We have been fortunate to recover 100% of our 2008 investment losses (\$756,000), and we ended 2010 with net assets of nearly \$3.5 million—a net gain of approximately \$852,000 over 2009. The ACNM Board approved spending policy changes to allow a limited distribution from earnings in years of high returns to support approved initiatives.

ACNM operating revenues in 2010 rose 10.7% vs. 2009, resulting in a net income of \$81,960. These strong results are primarily attributed to a 4.6% increase in membership revenues; continuation of a

AMERICAN COLLEGE OF NURSE-MIDWIVES STATEMENT OF FINANCIAL POSITION • DECEMBER 31, 2010

ASSETS

Cash and cash equivalents.....	\$304,586
Accounts receivable, net....	\$468,259
Prepaid expenses.....	\$175,148
Investments.....	\$4,267,526
Inventory.....	\$61,342
Furniture and equipment, net.....	\$248,844
Other assets.....	\$19,226

TOTAL ASSETS **\$5,529,600**

LIABILITIES AND NET ASSETS

Liabilities

Accounts payable	\$101,246
Accrued salaries and benefits.....	\$126,343
Line of credit	\$159,088
Deferred membership dues	\$1,299,352
Refundable advances.....	\$206,847
Deferred rent expense.....	\$158,622

Total Liabilities **\$2,051,498**

Net Assets

Unrestricted	\$3,073,686
Temporarily restricted	\$404,416

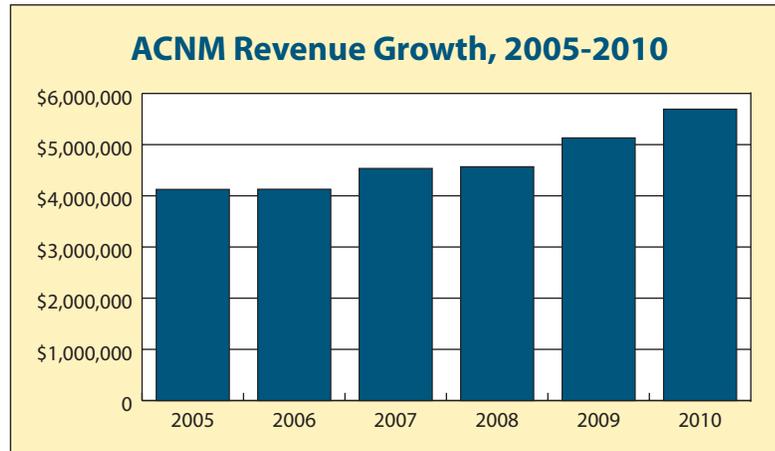
Total Net Assets..... **\$3,478,102**

TOTAL LIABILITIES AND NET ASSETS..... **\$5,529,600**

\$2.1-million private foundation grant to our Department of Global Outreach to support midwifery education in Ghana; a \$100,000 signing bonus from Wiley-Blackwell, the new publisher for the *Journal of Midwifery & Women's Health (JMWH)*; and recognition of \$120,000 due to the discontinuation of ACNM's Continuing Competency Assessment program.

Operating expenses rose 7.5% in 2010 vs. 2009. Approximately 69% of total expenses were spent on core member services such as professional practice programs and resources, legislative and regulatory advocacy, promotion of the profession, and individual member assistance. Operationally, we placed a major focus on evaluating and improving our internal policies and procedures, improving our information technology infrastructure, and conducting several major requests for proposal process to secure a new investment advisor, new audit firm, and a new publisher for *JMWH*.

ACNM's 2011 balanced budget continues support for these core activities 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 assuring that expenditures produce value for the College and our membership. We are financially sound to continue to pursue our mission.

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, 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.

AMERICAN COLLEGE OF NURSE-MIDWIVES STATEMENT OF ACTIVITIES FOR THE YEAR ENDED DECEMBER 31, 2010

TOTAL REVENUE

Global Outreach	\$2,024,185
Membership dues	\$1,896,399
Meetings and exhibits	\$727,193
Publications	\$374,044
Contributions and sponsorships	\$193,359
Advertising and royalties	\$167,161
Other	\$61,342
Product sales	\$94,350
Accreditation Commission for Midwifery Education (ACME)	\$77,689
Subscriptions	\$56,465
Continuing education division	\$20,700

TOTAL REVENUE \$5,692,887

EXPENSES

Program services

Global Outreach	\$1,655,000
Professional services	\$988,332
Meetings	\$925,332
Member services	\$690,259
Publications	\$509,696
ACME, Divisions and committees	\$141,126
Total Program Services	<u>\$4,909,745</u>

Management and general	\$417,476
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TOTAL EXPENSES \$5,327,221

Total Changes in Net Assets from Continuing Operations and Before Investment Income

Income	<u>\$365,666</u>
Net Income from Discontinued Operations	\$120,710

Total Changes in Net Asset Income from Discontinued Operations and Before Investment Income

Income	<u>\$486,376</u>
Investment Income	\$365,200

TOTAL CHANGES IN NET ASSETS \$851,576

NET ASSETS, BEGINNING OF YEAR .. \$2,626,526

NET ASSETS, END OF YEAR \$3,478,102

ACNM's audited financial statements for 2010 and previous years are accessible for members only from the ACNM webpage "About ACNM" (www.midwife.org/about).

Finance and Audit Committee

Tanya Tanner, *Treasurer*

Joan Slager, Linda Nanni, Kate Harrod, and Michael McCann

The ACNM Team

The success and progress of ACNM is largely due to the vision, commitment and hard work of the ACNM Board of Directors and 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, 717-503-0034
fdn@acnm.org

Consultant
Lisa Paine, 617-876-6660

Accreditation Commission for Midwifery Education

Administrative Assistant
Jo Ann Burke
Chair: Mary C. Brucker
Vice Chair: Susan E. Stone

ACNM National Office Staff

Executive Office

Executive Director
Lorrie Kline Kaplan
Executive Assistant/Office Manager
Kathleen Przybylski
IT Manager
Fausto Miranda
Senior Staff Researcher
Kerri Schuiling
Senior Education Policy Advisor
Elaine Germano
Continuing Education Coordinator
Melinda Bush

Finance & Administration

Director
Meredith Graham
Finance Manager
Sandra Gray
Senior Accountant
Kim Barnes
Financial Specialist
Holly Burns

Membership

Director
George Hamilton
Membership Coordinator
Elizabeth Suellentrop
Membership and Data Licensing Coordinator
Robert Burman

Communications

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

Professional Practice & Health Policy

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

Government Relations

Director
Joanna King
Federal Lobbyist
Patrick Cooney
Legal Research Analyst
Quinton Callahan

Journal of Midwifery & Women's Health

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

Department of Global Outreach

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

Divisions and Committees

Division of Education

Chair: Barbara Camune
Vice Chair: Valerie Roe

Division of Global Health

Chair: Jody Lori
Section Chairs: Catherine Carr,
Barbara Reale, Anne Hyre, Katrina
Nardini

Division of Research

Chair: Amy Levi
Section Chairs: Lisa Hanson, Cara
Krulewitch, Katherine O'Dell

Division of Standards and Practice

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

HIT Taskforce

Chair: Karen King

Disaster Preparedness Committee

Chair: Mary Curran

Archives Committee

Chair: Cecilia Jevitt

Bylaws Committee

Chair: Lynne Himmelreich
Section Chairs: Jan Kriebs,
Connie Swentek

Committee for the Advancement of Midwifery Practice

Chair: Shawna King

Ethics Committee

Chair: Mary Kaye Collins

Government Affairs Committee

Chair: Kathryn Kravetz Carr

Midwives of Color Committee

Chair: Maria Valentin-Welch

Midwives – PAC

Chair: Katy Dawley

Nominating Committee

Chair: Thomas Chappell

Program Committee

Chair: Martha Hoffman Goedert

Student Committee

Chair: Lindsey Wilson

Uniformed Services Committee

Chair: Michelle Munroe

Award Winners

ACNM Awards

Hattie Hemschmeyer Award:
Sharon Schindler Rising

Kitty Ernst Award:
Tonia Moore-Davis

Media Awards: ACNM Washington
DC Chapter, Lorrie Walker

Public Policy Awards:

Heather Bradford, Mairi Breen
Rothman, Laura Sheperis

Organizational Partner Award:
Childbirth Connection

Distinguished Service Awards:
Karen Criss, Pat Loftman

Best Book of the Year Award,
Tekoa King, Mary C. Brucker

Preceptor Awards: Mary C. Akers,
Julie Cristol, Anne Erickson, Trisha
Farrell, Eileen Turner, Sheri Williams

JMWH Awards

Best Article of the Year Award:
Gwen Latendresse

**Mary Ann Shah New Author
Award:** Kim J. Cox

Division of Research Awards

**Best Research Forum
Presentation:** D. Elizabeth Jesse,
Amy Blanchard, Sheila Bunch

**Best Poster Presentation of
Research:** Mary Ellen Doherty,
Elizabeth Scannel-Desch

**Best Student Presentation of
Research:** Teresa Jarvis, Carrie
Sauter, Julie Jensen Kean, Melissa
Avery, Laura Duckett

2010 ACNM Fellows

Vivian H. Lowenstein, Diana Beck,
Jane Dyer, Lynn Himmelreich,
Frances E. Likis, Jody Rae Lori,
Barbara L. McFarlin, Patricia
Riley, Maureen Theresa Shannon,
Saraswathi Vedam

ACNM Representatives to External Organizations

Melissa Avery, Joyce Bailey, Mary
Barger, Georgia Blair, Ginger
Breedlove, Marilyn Brooks, Marilyn
Pierce Bulger, Barbara Camune,
Sarah Coulter Danner, Cathy
Emeis, Jenifer Fahey, Barbara
Guidera, Barbara Hackley, Pandora
Hardtman, Carol Hayes, Denise
Henning, Elizabeth Hill-Karbowski,
Elisabeth Howard, Rima Jolivet,
Diana Jolles, Catherine Jones,
Laurie Jurkiewicz, Holly Powell
Kennedy, Christina M. Kocis, Mary
Anne Laffin, Nancy Lowe, Polly
Malby, Marion McCartney, Cydney
Menihan, Kathy Sue Mercer,
Katharine O'Dell, Robbie Prepas,
Nancy Jo Reedy, Lynneece Rooney,
Nicole Rouhana, Cathy Ruhl, Mavis
Schorn, Colleen Senterfitt, Joani
Slager, Kai Tao, Kim Updegrove,
Saraswathi Vedam, Cecilia
Wachdorf, Catherine Walker,
Jan Weingrad, Julie Womack