ACNM MISSION STATEMENT

The mission of the American College of Nurse-Midwives is to promote the health and well-being of women and newborns 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 Board of Directors

Front (l-r):
Ginger Breedlove, CNM, Secretary
Gwendolyn Spears, CNM, Vice-President
Katherine Camacho Carr, CNM, President
Claire Westdahl, CNM, Treasurer

Back (l-r):
Margaret McGill, CNM, Region III Representative
Elaine Mielarski, CNM, Region II Representative
Cheri Moran, CNM, Region IV Representative
Susan Jacoby, CNM, Region VI Representative
Amy Levi, CNM, Region I Representative
Roberta Poirer, CNM, Region V Representative.
A Report from the President and Executive Director

By Katherine Camacho Carr, CNM, PhD, FACNM, President and Deanne Williams, CNM, MS, FACNM, Executive Director

In 2004, midwives, physicians and their clients faced a health care system marked by declining access to care, decreasing reimbursement for services, a shortage of nurses, rising professional liability premiums, and a growing number of women who were under or uninsured. These system-wide problems were accompanied by a decrease in patient options such as vaginal birth after cesarean section, access to birth centers, and an increase in interventions such as induction of labor and cesarean section.

While these trends are hard to reverse and fewer students are enrolling in midwifery education programs, members of ACNM remain committed to this profession and take strength from the knowledge that the organization has prospered far beyond early expectations. Consumers continue to seek out midwifery care and have joined in the protest over changes that place the needs of the institution above the needs of the mother-to-be. ‘Revise,’ ‘reinvent,’ and ‘regroup’ became common watchwords for the profession.

Early in 2004, the ACNM Board of Directors published the 2004-2006 Strategic Priorities. Organized into five categories, the priorities provide guidance to the volunteer divisions and committees, as well as the staff. The ACNM Code of Ethics, Philosophy and seven position statements were updated. The Board of Directors created a new Uniformed Services Committee, placed the Membership Committee on hold and moved the Political and Economic Affairs Committee out of the Division of Standards and Practice, renaming it the Government Affairs Committee. Plans were made for the first election of officers via electronic ballot and membership renewal and applications were offered on-line.

After thirty years of calling the District of Columbia home, the national office moved to Silver Spring, Maryland. The dollars saved on rent, coupled with careful financial management, resulted in excess revenue over expenses and have helped place the organization in a more solid financial position.

While most federal legislation stalled during the election year, midwives made significant gains at the state level. In several states tort reform legislation included protection for CNMs; in Puerto Rico, changes were made that significantly improved the ability of nurse-midwives to provide services to women; insurance companies in Michigan are now mandated to reimburse for nurse-midwifery care; Maryland midwives played a key role in passage of right-to-breastfeed legislation; and nurse-midwives in Idaho no longer have to practice under the direction and supervision of physicians.

Communication with members, consumers and policy-makers increased via the launch of the monthly ACNM electronic newsletter (Quick eNews), MyMidwife.org, and publication of the fourth edition of Every Baby magazine. The Journal of Midwifery & Women’s Health is now available on-line. Midwifery services were marketed in new growth areas such as Federally Qualified Health Centers and the Indian Health Service. The ACNM Department of Global Outreach expanded the organizations’ impact on safe motherhood projects around the world with the introduction of the ACNM Home Based Life Saving Skills program. Joint clinical conferences were held with the National Association of Nurse Practitioners in Women’s Health and the Canadian Association of Midwives. The ACNM Division of Accreditation, in a move that will provide a wider base of support for midwifery education, began plans to expand their US Department of Education recognition to include institutional accreditation. As the year came to a close, ACNM established communication with the ACNM Certification Council, Inc regarding contract renewal.

ACNM members continued to find strength in the leadership and services provided by the Board of Directors and the national office staff. The end of the year found us actively involved in plans for the 50th Anniversary of the American College of Nurse-Midwives!
**Regional Reports**

**Region I**

**Amy J. Levi, CNM, PhD, FACNM**

Region I is comprised of 7 chapters and 4 midwifery education programs. This year brought a number of wonderful achievements for Region I. In April 2004, midwives from around the country attended a celebration in Connecticut in honor of the retirement of Helen Varney Burst, CNM. Rhode Island midwives honored Christine Pfeiffer, CNM, for her 20 years of contributions to their midwifery community and celebrated 25 years of nurse-midwifery during Midwifery Week in October.

In New Hampshire, MIDWIVES-PAC recognized Senator Judd Gregg (R-NH) who has supported efforts to secure reasonable tort reform. New Hampshire member Roberta Gould, CNM was recognized as the Advanced Practice Registered Nurse of the Year in New Hampshire. New Hampshire is also the home of Mary Bidgood-Wilson, CNM who was selected for a Department of Health and Human Services Primary Health Care Policy Fellowship.

This region’s “shining stars” are also in Massachusetts, where legislative efforts to provide equitable reimbursement have steadily been gaining momentum. A Massachusetts member, Jan Weingrad-Smith, became the first CNM to chair the Maternal-Child Health Section of the American Public Health Association.

In Vermont, a new chapter Web site is now on-line, providing a great source of midwifery information to the state. Vermont became the first state in the nation to open a hospital-based birthing center named for a nurse-midwife, Claire M. Lintilhac, who brought nurse-midwifery to the Green Mountains in 1968.

In Maine, a statewide newsletter has been launched to keep midwives connected and informed about legislative and regulatory issues during a time of health care change.

In March, Region I members met for a retreat sponsored by the Nurse-Midwifery Education Program at Boston University. Members from all six states were in attendance.

**Region II**

**Elaine Mielcarski, CNM, MS, NP, FACNM**

Region II is comprised of 15 chapters and 8 midwifery education programs, and is quite diverse: midwives are practicing in large metropolitan centers, isolated rural areas, all manner of Caribbean islands, and everything in between. The common thread among this region’s settings is the heart and soul of its midwives and the tremendous need of the women and families they serve.

New York staved off a potential catastrophe when an edict from Medicaid officials, with notification of the same to all hospitals targeted. New York State Association of Licensed Midwives continues to create legislation that will enhance midwifery practice including a bill to enhance hospital privileges.

Pennsylvania, after successfully preventing the institution of an onerous liability surcharge 2 years ago, roared back when the bill was due to retire by helping to pass an abatement bill to extend the reprieve, thus ensuring relief from catastrophic increases in liability premiums for midwives. They have now turned their sights to achieving prescriptive privileges for CNMs in their state.

New Jersey is looking forward to the opportunity to review and suggest revisions to their state’s Board of Medical Examiners regulations, which govern midwifery practice there.

Puerto Rico, through the tireless leadership of Irene dela Torre, has seen the continuation of midwifery education through her 6-year tenure as Program Director of the University of Puerto Rico at San Juan.

St. Thomas, US Virgin Islands, has an incredibly strong midwifery presence. They attend 60% of the births on St. John and St. Thomas. They are now engaged in the task of writing a new delineation and scope of practice to meet JCAHO regulations.

**Region III**

**Margaret McGill, CNM, MN**

Region III is comprised of 6 chapters and 5 midwifery education programs. While some chapters have experienced difficulties in maintaining a viable number of active members, others are experiencing renewed interest.

Honors to Region III CNMs include: Libby Dixon, CNM, of South Carolina was the recipient of the 2004 ACNM Regional Award for Excellence. A.C.N.M. Foundation, Inc. Teaching Awards were made to Elisabeth Howard, CNM, Vanderbilt University; Janice Taleff, CNM, East Carolina University; and Jane Gannon, CNM, University of Florida. Jill Alliman, CNM, Tennessee, received a nationally publicized Wyeth award for 20 years of service to her community. Two practices received Golden “With Women, for a Lifetime” Commendations—Women’s Wellness and Maternity Center in Madisonville, TN, and the Athens (GA) Regional Nurse-Midwifery Practice. Other practices and educational programs are in the process of preparing applications.

Ongoing challenges to CNMs in Region III include obtaining equitable insurance reimbursement, obtaining prescriptive privileges in Georgia, and keeping watchful eyes on legislative initiatives that threaten the ability of new graduates or CNMs not holding an MSN to practice.
Region IV
Cheri Moran, CNM, PhD

Region IV is comprised of 14 chapters, 12 midwifery education programs, and over 1,400 ACNM members. Many areas of concern were shared throughout the region in 2004. Reimbursement, tort reform, professional liability coverage, and coordinated state legislative offenses were paramount in Region IV.

Legislation in Michigan mandating that midwifery coverage be offered by insurance companies was passed. Wisconsin CNMs are implementing admitting privileges, site by site. In Ohio, where several practice locations closed, midwives were ‘reborn’ in new locations. During Nurse-Midwifery Week, the Northeast Ohio chapter awarded “Midwife of the Year” to Marcia Riegger, CNM. West Virginia faced threatening liability issues, and VBACs are being denied in some sites, but CNMs/CMs were building alliances with other groups for lobbying. In Maryland, Judi Parsley, CNM, was appointed to the Governor’s Task Force on the Malpractice Crisis. Maryland and DC identified practices that are threatened by the malpractice crisis, and midwives are moving from private settings to hospital-based practices. The Illinois midwives honored Trish Woollcott, CNM, as the Illinois Excellence in Midwifery Award recipient. Virginia, which has some of the most restrictive oversight laws for CNMs in the nation, has been hearing the voices of CNMs at state hearings and in the press. Indiana CNMs, while having lower liability premiums, were being challenged by increased productivity expectations.

The education programs in Region IV moved forward. Many have added Web-enhanced courses; many include Women’s Health Nurse Practitioner programs alongside the midwifery program, as well as non-nurse graduate entry into midwifery.

Region V
Roberta Poirer, CNM, MS, FACNM

Region V is comprised of 24 chapters and 9 midwifery education programs. This year, a concerted effort was made to try to meet as many midwives in this region as possible. I attended chapter meetings in South Dakota, Texas, New Mexico, and Minnesota.

The Annual Meeting also provided an opportunity to meet midwives from our region, and gave us all the opportunity to celebrate the awards that were presented to members. Planning began for a regional Chapter Chairs meeting as a way to learn more about leadership skills, share concerns, and identify ways to better communicate within this region.

Region VI
Susan Jacoby, CNM, MS

Region VI is comprised of 17 chapters and 6 midwifery education programs. This has been a busy year for midwives across Region VI, with many positive changes realized in the legislative arena, as well as with individual practices and educational programs. The San Diego State University midwifery program was reaccredited. Oregon Health Sciences University tied for #1 in the nation in midwifery education for the second year in a row, according to US News and World Report. The University of California at San Francisco held a nurse-midwifery symposium for those who have supported the 30 year legacy of legal midwifery in California. In Hawaii, the Molokai Midwifery Service was honored with a prestigious award from Healthy Mothers, Healthy Babies, and another new midwifery service was started on the big island of Hawaii.

In Alaska, midwives worked closely with the Alaska Nurse Practitioner Association to pass two bills designed to help CNMs and nurse-practitioners.

In Washington, midwives joined with other nursing organizations to form a new coalition, specifically to lobby legislators about the malpractice crisis. They participated in a statewide walkout by health care providers protesting the high cost of malpractice insurance.

The California Nurse-Midwives Association has a State Lobby Day every year, and this year, a reception was held for Senator Liz Figueroa, who was named “CNMA Legislator of the Year” to honor her continuing support and advocacy for midwifery in California.

In Hood River, OR, midwife-attended births have climbed to 26% of all deliveries in the 8 years since the first midwifery practice opened there. In Nevada, midwives at the Las Vegas UMC hospital attended 36% of total births. In Molokai, midwives attend 100% of total births on this island paradise.
Department of Professional Services

The ACNM Strategic Priorities have provided clear direction for the work of the Department of Professional Services. At the federal level, the staff is addressing EMTALA issues and Medicare reimbursement. With the ACNM Political Action Committee, key legislators were identified and supported during the last election cycle. To support chapters in their state efforts, ten visits were made to state chapter meetings to assist in forming legislative action plans. Continuous phone support is provided to midwives for all state policy activities.

With the Division of Education’s Education Promotion Section, national office staff developed a new recruitment initiative called “Be A Midwife,” designed to increase the number of midwifery students applying to midwifery education programs and to support the current student population.

The Department of Professional Services continues to administer the Continued Competency Assessment program for CNMs/CMs and the ACNM CEU recognition to educational offerings, both within ACNM and from outside organizations.

Professional liability insurance has been a major issue at the federal, state, and individual levels. Availability and affordability remain problematic and national office staff worked with other medical, nursing, insurance, and professional organizations to promote solutions that will be fair to families, midwives, and colleagues in the health professions.

The department created and distributed new resource packets on the outcomes of care, cost savings, and patient satisfaction with midwifery services, federally qualified health centers, the Indian Health Service, rural hospitals, managed care organizations, liability insurers, and potential employers of CNMs/CMs. Staff regularly provides information on credentialing CNMs/CMs to hospitals, attorneys, employers, managed care organizations and liability insurers. Staff published six new Resources & Bibliographies in 2004.

The department speaks regularly with reporters about a wide range of issues that impact women’s health and midwifery care, including research, cesarean sections, VBACs, and the role of CNMs/CMs in today’s health care system.

Most important, staff speak directly to members about obtaining licenses, employment contracts, getting and maintaining hospital privileges, dealing with a potential lawsuit, and other challenges.

Department of Member Services

A key charge for staff is to raise the awareness of ACNM and midwifery among consumers, health care professionals, and regulators. As part of those efforts, ACNM exhibited at 7 major conferences, including the tradeshows at the American College of Obstetricians & Gynecologists, the American Public Health Association and the National Council of State Legislatures. The tabletop exhibit was shipped out to 10 chapters in 2004. Staff members were successful in placing midwifery stories in dozens of national and local publications, broadcast news programs, and Web sites. Communications staff talked to members daily about how to respond to local issues and how to better market their practices. Working with the Public Relations Committee, staff identified members with expertise in certain areas to serve as spokespersons in women’s health. Staff also worked with chapters to ensure that there was a PR liaison in every chapter.

ACNM improved our members’ experience with the organization’s on-line services. Over 1000 members joined or renewed their membership online in 2004. Additionally, the www.myMidwife.org Web site debuted as ACNM’s main consumer information portal.

MidwifeJobs.com is part of the HealthCareers Network, which raises its profile and attracts recruiters who might not have considered hiring a midwife. MidwifeJobs.com was also advertised in Ob.Gyn. News.

ACNM published the fourth edition of Every Baby magazine. The cover article featured General Hospital actress Rebecca Herbst during her second pregnancy. Advice for parents-to-be included features on taking maternity leave; pros and cons of fetal monitoring; finding relief for pregnancy complaints; Centering Pregnancy; prenatal yoga; preterm labor; cesareans on demand; postpartum depression; domestic abuse; baby-proofing your home; and a guide to prenatal tests.

In April 2004, ACNM moved its national office from Washington, DC to Silver Spring, Maryland. The relocation affords the national office the opportunity to grow along with the needs of its members, and remains close enough to Capitol Hill to maintain a presence for advocacy purposes. A grand opening celebration was held in June 2004, and ACNM welcomed local elected officials to the offices for a special ribbon-cutting ceremony.
The strength of the *Journal of Midwifery & Women’s Health* was reaffirmed with a new contract with the publisher, Elsevier, Inc., which extended its commitment to provide enhanced editorial and publishing support.

Other member services highlights include: membership experienced a slight decline for the year, primarily because of a decrease in the number of students. The membership office maintains a current list of practices for the practice directory and the on-line practice locator. Staff continued to find funding sources for more of the operations of ACNM from non-dues sources at an aggressive pace.

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<th>Membership figures as of December 31, 2004</th>
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<tr>
<td>Active ........................................ 4608</td>
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<tr>
<td>Active-Retired/Disabled ..................... 175</td>
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<td>Active-First Year .......................... 284</td>
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<td>Active-Life .................................. 393</td>
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<tr>
<td>Associate ..................................... 448</td>
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<td><strong>Total</strong> ..................................... <strong>6436</strong></td>
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<td>AIC Member .................................... 3</td>
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<td>Friends of the College ...................... 103</td>
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**Department of Global Outreach**

Through the Department of Global Outreach (DGO), ACNM has strengthened the capacity of nurse-midwives, midwives, and other skilled birth attendants around the world to provide safe and satisfying care, to reduce maternal and neonatal morbidity and mortality, and to increase the public health impact of midwifery in more than 30 countries across Africa, Asia, Latin America, and Eurasia.

ACNM’s Home Based Life Saving Skills curriculum, successfully field tested in India and Ethiopia in 2002, was published in 2004.

In 2004, ACNM became a partner in the ACCESS Project, a 5 year, multimillion dollar program with the US Agency for International Development (USAID). ACCESS was awarded to JHPIEGO, the lead agency, and its partners, which include ACNM, Save the Children (SC), the Futures Group, the Academy for Educational Development (AED), and Interchurch Medical Assistance (IMA). The ACCESS Partnership will support and promote a continuum of care in women’s health across the life cycle, focusing on women of reproductive age, and extending where opportunities exist, to younger and older women.

ACNM also continued its activity in Ethiopia. The successful collaboration with Save the Children evolved into an expansion of the HBLSS program in Liben Woreda in southern Ethiopia, and a new project in the Somali region in the east. In addition, ACNM continued its participation in the Hareg project in Ethiopia, a Prevention of Mother to Child Transmission (PMTCT) project funded through the Presidential Initiative to Reduce Mother-to-Child Transmission led by IntraHealth. Hareg is a collaborative activity with the Ethiopian Ministry of Health (MOH), jointly funded by the USAID and the Centers for Disease Control and Prevention (CDC).
**Division of Accreditation**

The Division of Accreditation (DOA) continued to fulfill its mission to foster excellence in midwifery education through its accreditation activities, which assure the public, students, administration, and faculty that the highest possible standards of education are maintained. During the past year, the Standing Rules of Procedure were revised, criteria were written for institutional accreditation, and a process has begun to update “The Skills, Knowledge, Competencies and Health Sciences Prerequisite to Midwifery Practice” document.

The DOA held workshops to orient program directors, site visitors, and other interested parties to the DOA and to the new Criteria for Programmatic Accreditation and Pre-accreditation documents. The criteria were revised with the goal of streamlining the accreditation process, while maintaining high accreditation standards.

Three DOA Governing Board members presented a paper about the structure and function of the DOA at the International Confederation of Midwives (ICM) ‘Midwifery in the Americas’ conference in Trinidad in April 2004. Deanne Williams reported to the DOA on the Toronto meeting between ICM and International Council of Nurses about regulation issues, where Canadian midwives expressed interest in exploring possible reciprocal recognition processes between the US and Canada. The DOA would like to be proactive in this area, and DOA members have attended national workshops on the emerging international role of accreditation and quality assurance.

The DOA continued its involvement with other accreditation organizations by participating in meetings and conferences with the Alliance for Nursing Accreditation, the Council for Higher Education Accreditation, and attending the first meeting of the APN Consensus Conference. The DOA continues to collaborate with nursing organizations to facilitate the accreditation process for midwifery programs located in schools of nursing, while maintaining the integrity of our separate accreditation process.

The DOA conducted its first institutional site visit in October, 2004. Doing such visits is a prerequisite to applying to the US Department of Education for recognition as an institutional accreditor.

Seven accreditation and pre-accreditation site visits were conducted, the Board of Review made accreditation decisions about 12 programs, and 2 programs closed. There were a total of 43 accredited education programs at the end of 2004.

The DOA wishes to thank its excellent staff, all of its dedicated volunteers, and especially wants to acknowledge the excellent leadership that has been provided by Betty Carrington. We also thank Teresa Marsico and Laraine Guyette for their tireless work as Coordinators of the Site Visitors Panel, and to everyone who has made a donation to the DOA through the A.C.N.M. Foundation, Inc.

**Division of Education**

The ACNM Division of Education (DOE), composed of six sections— Basic Competency, Continuing Competency Assessment, Continuing Education, Education Promotion, Policy and Preceptor Development, and Support—supports and promotes educational endeavors for, and by, CNMs and CMs. 2004 activities included:

- Participation in the AACN Alliance for Nursing Accreditation
- Active representation in the AACN Advanced Practice Nursing Consensus process
- Support for two successful joint conferences: ACNM/NPWH Second Joint Clinical Symposium in Honolulu, February 2004, and ACNM/CAM Second Joint Clinical Symposium in Calgary, September 2004
- Continued development of a preceptors website
- Finalized a position paper on implications of nursing degree requirements for midwifery educators
- Ongoing evaluation of implications of liability insurance crisis on midwifery education – survey in collaboration with Professional Liability Section
- Collaboration with ACNM on issues of student recruitment and resources for education programs
- Discussed the next revision of the 2002 core competencies
- Reviewed 109 applications for CEUs

**Division of Research**

The Division of Research (DOR), comprised of 5 sections—Research Advisory, Research Development & Dissemination, Networking, International and Data & Information Management—contributes to knowledge about the health of women, infants, and families, and advances the profession of midwifery by promoting the development, conduct, and dissemination of research.

The DOR helped the national office revise the annual membership survey and develop Web-based surveys to elicit information from the membership. DOR also developed guidelines for approving surveys of the membership for both research and marketing purposes. A document outlining the rights of ACNM members as research subjects and explaining the purpose of the ACNM policy was approved by the ACNM BOD.

A proposed research agenda, reflective of the ACNM Strategic Priorities, has been drafted. The ACNM Nurse-Midwifery Minimum
Datasets are in the process of revision. The DOR International Section and the Nursing and Midwifery Research Society of Trinidad and Tobago hosted a research meeting and dinner at the ICM Regional Conference of the Americas in Trinidad, in April.

DOR sponsored two successful research forums and poster sessions at the ACNM Annual Meeting in New Orleans. Patricia Janssen, PhD, received the “Best Presentation” award; Amy M. Romano, RN, MSN, GNM, received the “Best Student Paper” award; and Melissa D. Avery, CNM, PhD, FACNM, Catherine Carr, CNM, DrPH, and Patricia Burkhardt, CNM, DrPH, received the “Best Poster” award.

**Division of Standards and Practice**

The Division of Standards and Practice (DOSP) is comprised of five sections—Clinical Practice & Structure, Home Birth, Quality Management, Professional Liability, Political & Economic Affairs, and Business. The purpose of the DOSP is to promote development, communication, and review of midwifery clinical practice; to influence health policy that affects midwifery practice; to promote quality in practice; and to communicate information about relevant professional liability issues.

All the sections have been working on review and revision of essential clinical documents. The Professional Liability Section also developed risk reduction strategy documents on general risk reduction, preterm labor, postdate pregnancy, shoulder dystocia, and informed consent. DOSP also participated in the revision of the ACNM Clinical Privileges Handbook.

All of the sections presented at the annual meeting.

The Quality Management Section continued with the Benchmarking Project and the development of a mechanism for transfer to the national office.

The Business Section participated with the national office on a salary and productivity survey, and the Professional Liability Section is currently collaborating with the Division of Education on a survey of student and faculty liability insurance issues.

**Division of Women’s Health Policy and Leadership**

The Division of Women’s Health Policy and Leadership is comprised of 5 sections—Policy and Evaluation; Networking; Leadership; Emerging Issues & Developing Trends; and Public Information. This was a refining and rebuilding year for the division. After many months of review and modification, the BOD accepted the revision of the Division’s SROPs. The Division hosted its first annual DOW forum at the Annual Meeting in New Orleans, an educational session designed to focus on timely and emergent section, and that group submitted an abstract for the 2005 Annual Meeting. The “Leadership Moments” publication was established on the ACNM Web site. The section began a collaborative effort with the national office and the Chapter Chairs to promote leadership within ACNM Chapters. The section also began to explore mutual interests with the A.C.N.M. Foundation, Inc. in promoting leadership in midwifery.

The Women’s Health Issues and Projects Section developed a position statement on “Addiction in Pregnancy” and revised position statements on “Violence Against Women,” “Breastfeeding,” and the “Immunization Status of Women.. The section has worked with the Safe Motherhood Task Force to establish more formal working groups within the College, while maintaining coordination of the Violence against Women, Environmental Health, and Adolescent Health Interest Groups.

The Networking Section continued its practice of bringing together official liaisons of the College at the Annual Meeting to discuss their networking activities.

In 2004, the Board of Directors felt it was important to reestablish the Public Information Section, with a charge to “develop and/or promote public information campaigns that improve the health of women.” The section will be exploring the feasibility for a needs assessment of potential consumer education materials for ACNM to develop.

**50th Anniversary Ad Hoc Committee**

The 50th Anniversary Committee will see completion of their efforts at the 50th Anniversary Gala and the historical retrospective woven into the Annual Meeting. In addition to supporting the Program Committee and ACNM staff to make the 50th Annual Meeting a memorable occasion, the 50th Committee worked this past year to implement its 50th Anniversary Marketing and Action Plan. Individual midwives contributed photos from past Annual Meetings to be used in a display during the Gala. Members also purchased quilt squares through the ACNM bookstore, and then designed and submitted them to the Committee to be made into quilts. The anniversary quilts will become part of the items up for bid in the silent auction sponsored by the A.C.N.M. Foundation, Inc. Members will also be challenged to complete a 50th-themed crossword puzzle during the Annual Meeting. Highlights of our anniversary will be included in a commemorative book.
Divisions & Committees

Ad Hoc Committee to Revise Statement on Ethics
Following an opportunity for the ACNM membership to review proposed revisions of Code of Ethics (1990), the Ad Hoc Committee prepared the final draft for submission to the ACNM Board of Directors. The revised Code of Ethics was approved by the Board at its December 2004 meeting, with the expectation that explanatory statements to accompany the Code of Ethics would be prepared by the Committee by June 2005.

Ad Hoc Committee on ACNM Philosophy
At the September 2004 meeting of the ACNM Board of Directors, final approval was given to a revised ACNM Philosophy.

“Our belief is that this document will stand the test of time,” the authors wrote in the March/April 2005 issue of the Journal of Midwifery & Women’s Health. “More importantly, we hope women will continue to experience the optimal health outcomes they deserve, which we know midwifery care exemplifies, and that we hope we have reflected in this new Philosophy of the American College of Nurse-Midwives.” Further details about the revision process and significant changes are available in the Journal.

Archives Committee
The Archives Committee serves to establish, maintain, and preserve the material of historical significance to ACNM for reference by members, midwifery students, and individual researchers approved by the Board.

2004 saw committee volunteers complete the preliminary assessment of all the remaining boxes of materials housed at the National Library of Medicine. The History Associates, an association of professional archivists, have been contracted to complete the final archival processing. There are 61 boxes of archived materials in our current collection. This final phase of processing will add another 25 boxes of historic materials to our collection. The ACNM archives can be accessed via the two finding aids at the NLM website (www.nlm.nih.gov).

The committee’s oral history project was put on hold in order to focus the committee’s efforts on processing the backlog of materials currently at the library. Completing this task became the committee’s priority in an effort to have those materials available by the 50th anniversary celebration. The oral history project will resume in 2005. The committee continued to work with the 50th Anniversary Committee on the 2005 celebrations.

Bylaws Committee
The Bylaws Committee maintains congruency between chapter bylaws and the bylaws of ACNM by reviewing proposed national bylaw amendments and chapter bylaws. Proposed changes to the bylaws were published in Quickening and voted on by the general membership at the Annual Meeting in New Orleans. The Committee will review the impact of restructuring on the organization’s bylaws and necessary changes will be examined as plans develop.

Government Affairs Committee
The Government Affairs Committee (formerly the Political Affairs and Economics Committee) worked closely with the national office to support legislative activities and grassroots efforts regarding the Medicare reimbursement bill (House Resolution 2980 and Senate Resolution 2492) introduced in 2004. This year, the committee engaged in an informative and useful dialogue with the Divisions to identify and coordinate proactive legislative agenda items. And SROPs for the new Government Affairs Committee are in the final edits.

The committee continues to restructures grassroots outreach efforts with the guidance of national office staff. The committee will assist with the development of information packets on credentialing for third party payers, a state-by-state analysis of the laws/regulations that need to be changed to improve the practice environment for CNMs/CMs, and assist in the development of strategies to make these changes. The committee also plans to evaluate legislation regarding reimbursement, pursue remedies to avoid further erosion at the policy level for midwives to receive adequate reimbursement, and work to change current legislation that interferes with the ability of CNMs/CMs to discharge pregnant women who are evaluated to rule out labor (EMTALA regulations). Finally, the committee will continue to pursue local, state, and national tort remedies that will reduce professional liability premiums.

MIDWIVES-PAC
MIDWIVES-PAC is a fiscally distinct entity from ACNM. It exists to raise funds to support candidates for elective office.

In 2004, the MIDWIVES-PAC Board of Directors launched an “All Politics is Local” initiative. After determining which candidates to support, the Board asked midwives from the legislator’s district to present the check to the legislator in his/her home district. This allowed the legislator and/or their staff to hear directly from their constituents. It also allowed the local midwives to establish a relationship with the legislator and /or their staff, and to educate them about midwifery in their district.

The MIDWIVES-PAC Board of Directors has continued to work on decreasing administrative costs. MIDWIVES-PAC raised $75,800 and contributed $33,500 to political campaigns in 2004.
International Health Committee

The International Health Committee worked with the *Journal of Midwifery & Women’s Health* to finalize the July/August 2005 issue focusing on global issues in women’s health. It will be available at the International Confederation of Midwives triennial conference in Australia in July 2005. The committee also updated the International Health pages on the ACNM Web site.

Midwives of Color

The Midwives of Color Committee focused on re-establishing connections between executive members and members-at-large this year, and worked to overcome communication challenges. The committee discussed various ways for the College to address health care disparities within, including working with the Board of Directors on an official position statement, and other programs such as participation in the federal government’s “Closing the Gap” campaign. The committee continued its tradition of a successful Annual Meeting fundraiser at the 2004 meeting in New Orleans. The committee plans to establish a biannual newsletter to its members, conduct a needs assessment of committee members with regard to the committee’s activities within the College, and address methods of promoting the committee during regional and chapter workshops throughout the year.

Nominating Committee

The Nominating Committee solicits candidates for the Board of Directors and the Nominating Committee and conducts elections in accordance with the bylaws. After the bylaws change in 2004, allowing on-line elections, the Committee worked with ACNM staff to plan a hybrid election for 2005, offering members the opportunity to vote on-line or to receive a paper ballot.

Program Committee

The Program Committee plans and coordinates the program and assists at the business sessions for the Annual Meeting of the College. The committee reviewed evaluations from the 2004 Annual Meeting in New Orleans, Louisiana, and evaluated abstract submissions for the 2005 Annual Meeting in Washington, D.C. The committee selected “Premier Sessions” to highlight nationally-known speakers, and coordinated with the 50th Anniversary Committee for special events that spotlight the 50th Anniversary of ACNM. The Program Committee undertook to review program length, target audience, and format of meetings, and updated the submission process and evaluation of abstracts.

Public Relations Committee

The Public Relations Committee interprets services provided by ACNM, components of maternal and child health care, and the role of the CNM/CM in the provision of quality maternal and child health care to professionals and consumers.

Many chapters participated in the 2004 Midwifery Week and accessed the information posted on the ACNM Web site. This year’s theme was adolescent health. Work continues on the review and revision process for the *Marketing & PR Handbook*.

The Committee began to develop teacher-friendly information about midwives and midwifery at various age-appropriate levels.

Student Committee

The main thrust of activity for the Student Committee has been (re)organization. In an attempt to lay the groundwork for committee activities, the chair had a conference call with national office staff to determine direction in organizing the committee. A mass e-mail was sent to educational program directors in order to make contact with a student representative from the programs.

The most pressing project at this point is committee organization, and then soliciting student input/opinions on topics such as involvement in ACNM and their “Top Ten Stressors.” The committee looks to promote increased student input of content for *Quickening* and complete the drafting of the SROPs for the Student Committee.

Uniformed Services Committee

Established in 2004, the Uniformed Services Committee (USC) recruits and retains members of all commissioned corps (Army, Navy, Air Force, and Public Health Service) to ACNM, provides representation for the needs of midwives working in federal facilities to the College, and increases awareness among the ACNM membership of the unique issues concerning uniformed services members.

The USC was consulted on the initiative for a national scope of practice for CNMs/CMs practicing in the Indian Health Service. The inaugural SROPs for the committee were approved by the BOD. Members communicate through both the eMidwife discussion list and individual e-mail.

Journal of Midwifery & Women’s Health

The *Journal of Midwifery & Women’s Health* (*JMWH*) is a bimonthly, peer-reviewed journal dedicated to the publication of original research and review articles that focus on midwifery and women’s health. *JMWH* provides a forum for interdisciplinary exchange across a broad range of women’s health issues. Manuscripts that address midwifery, women’s health, education, evidence-based practice, public health, policy, and research are welcomed.

Volume 49 (2004) contained 574 print pages, and included a supplement published in July/August on Maternal/Child Health in Disasters. Issues on Ethics in Midwifery and on Pain in Women’s Health offered CEUs. Single article CEU offerings were initiated. Please refer to the November/December issue (49-6) for a complete list of Editorial Board members and peer reviewers.

In 2004, the Journal received a total of 170 manuscript submissions. Rejection rates for unsolicited and solicited manuscripts were 49% and 5%, respectively.
A.C.N.M. Foundation, Inc.

The A.C.N.M. Foundation, Inc. is a 501(c)(3) organization, whose mission is to promote excellence in health care for women, infants, and families worldwide through the support of midwifery. Since 1967, the A.C.N.M. Foundation, Inc. has achieved this mission by funding research and education awards as well as creating and supporting education and awareness projects that support high-quality maternal and well-woman health services through the practice of midwifery. The Foundation collaborates closely with ACNM and complements its goals and activities. The Foundation has a history of supporting individual awards to midwives as well as global projects to enhance the ability of midwives to better serve their clients. The Foundation achieves this mission by working in three core areas.

Midwifery Practice
The Foundation supports projects that help midwives to become effective leaders, provides tools and materials for midwives to use in educating women about health issues, and disseminates information that assists midwives in managing their practices.

Midwifery Research
The Foundation funds research projects and graduate fellowships. Recently funded projects include a study of the elements that make midwifery care unique, the creation of a data set for nurse-midwifery/midwifery care, and a pilot study on the safety of vaginal birth after cesarean section.

Midwifery Education
The Foundation awards scholarships to student nurse-midwives and midwives, supports opportunities for students to gain valuable leadership skills, and recognizes excellence in teaching and mentoring.

Leadership in Women’s Health
The Foundation supports projects that prepare midwives to advocate for quality women’s health care. A grant from the Charles Englehard Foundation provides funding for 3 years of leadership development. Midwives will attend “Leadership in the Twenty-First Century” at the Kennedy School of Government as part of this grant. In combination with a grant from the Service Director’s Network, 24 practicing midwives have received funding to attend the Midwifery Business Institute. Additional midwives will be supported to attend the Business Institute and/or similar leadership development. The Foundation provided support to a Leadership Development Conference for leaders of ACNM.

Dorothea M. Lang Pioneer Award
The A.C.N.M. Foundation, Inc. gives the Dorothea M. Lang Pioneer Award annually. The premier award given by the Foundation, it is named for a midwife who has modeled excellence in midwifery and moved the profession forward in clinical practice, legislation, and education for the benefit of women and their families. The award recognizes the pioneers in midwifery and their innovative, often heroic, contributions to the profession.

A.C.N.M. Foundation, Inc. Financial Information as of December 31, 2004

<table>
<thead>
<tr>
<th>Category</th>
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<tr>
<td>Net Assets — End of Year</td>
<td>$651,516</td>
</tr>
</tbody>
</table>

"Our belief is that the ACNM Philosophy will stand the test of time …"
A.C.N.M. Foundation, Inc. Board of Trustees 2004
Ellen Martin, CNM President
Suzanne M. Smith, Vice President
Kathleen Martin, CNM Treasurer
Katherine Camacho Carr, CNM, ACNM President
Barbara Fitchitt, CNM
Carolyn Gegor, CNM
Catherine Gordon, CNM
Lily Hsia, CNM
Jo-Anna Rorie, CNM
Katherine Camacho Carr, CNM, ACNM President
Barbara Fitchitt, CNM
Carolyn Gegor, CNM
Catherine Gordon, CNM
Lily Hsia, CNM
Jo-Anna Rorie, CNM
Katherine Camacho Carr, CNM, ACNM President
Barbara Fitchitt, CNM
Carolyn Gegor, CNM
Catherine Gordon, CNM
Lily Hsia, CNM
Jo-Anna Rorie, CNM

Basic Scholarship Awards
The TUMS Calcium ForLife Consumer Health Care Scholarship supported by GlaxoSmithKline
Sarah Obermeyer, SNM
Edith B. Wonnell, CNM Scholarship
Ellen O’Neal, SNM
Watson Midwives of Color Scholarship
Catrice Brently, CNM
A.C.N.M. Foundation, Inc. Memorial Scholarship
Anna Sanderson, SNM
A.C.N.M. Foundation, Inc. Award
Bonnie Hablutzel, CNM, CFNP

Donations were made to the ACNM Memorial Scholarship in honor of:
Doris Baker, CNM
Charisse Banfield, CNM
Linda Bertucci, CNM
Sae Camp, CNM
Agnes Chan, CNM
Sylvia Clark, CNM
Ronnie Davis, CNM
Ronnie Wingert Dembeck, CNM
Shoshana Dilian, CNM
Therese Dondero, CNM
Sister Betty Dougherty, CNM
Sonja Dowie, CNM
Doris Dunn, CNM
Judy Flanagan, CNM
Trudy Friedman, CNM
Joe Gibson, CNM
Marianne Godena, CNM
M. Adrienne Hawthorne, CNM
Pat Jones, CNM
Mary Keller, CNM
Darlene Kern, CNM
Nancy Kokoshis, CNM
Linda Sloan Locke, CNM
Mary Ann McKee, CNM

Varney Participant Awards
Nena Harris, SNM
Kathryn Beaton, SNM

Major Donors
Gabrielle Oleva, CNM
Harriet Ozer, CNM
Bonnie Pedersen, CNM
Maura Pilet, CNM
Asoka Roy, CNM
Bobbie Ryan, CNM
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Phyllis Leppert, CNM
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Kathleen Martin, CNM
Patricia Murphy, CNM
Nancy Jo Reedy, CNM
June Sangala, CNM
Theresa Sipe, CNM
Helen Smith, CNM
Suzanne Smith, CNM
Pam Spry, CNM
Frances Thacher, CNM
Sally Tom, CNM
Kimberly Whitfill, CNM
Deanne Williams, CNM
CNPE
ACNM Liaisons

These nurse-midwives have served as official representatives of the American College of Nurse-Midwives during 2004-2005. We gratefully acknowledge their contributions on behalf of our profession.

Leah Albers, CNM, Leslie Cragin, CNM, and Lisa Kane Low, CNM – Agency for Healthcare Research and Quality (AHRQ), RTI-UNC Evidence-based Practice Center – expert peer review
Carolyn Nelson-Becker, CNM – HRSA, Bureau of Health Professions Policy Fellowship in Primary Health Care
Mary Barger, CNM – Healthy People 2010
Diane Boyer, CNM, and Peter Johnson, CNM – Alliance for Nursing Accreditation
Mary Brucker, CNM – Editorial Board of Medscape, Women’s Health report on the use of episiotomy in obstetrical care
Sarah Coulter Danner, CNM – US Breastfeeding Committee
Elaine Germano, CNM – DC Office of the Chief Medical Examiner, Maternal Death Task Force and CDC/ACOG, Maternal Mortality Study Group
Emalie Gibbons-Baker, CNM – Smoke Free Families Partnership
Barbara Hackey, CNM – CDC Lead and Pregnancy Workgroup
Barbara Hughes, CNM, Teresa Marchese, CNM, Joan Slager, CNM, and Kathleen Martin, CNM (alternate) – ACOG/ACNM Liaison Task Force
Barbara Hughes, CNM, and Mary Anne Laffin, CNM – National Perinatal Association Board of Directors
Barbara Hughes, CNM – Newborn Channel Advisory Board
Debbie Jessup, CNM – National Call to Action Conference on Diabetes and Women’s Health
Ruth Johnson, CNM – DHHS National Perinatal Depression Collaborators Steering Committee
Cara Krulewitch, CNM, and Carol Snapp, CNM – PAPS Coalition
Teresa Marchese, CNM – NCQA Health Care Practitioner Advisory Board and the AHRQ Pediatric Quality Indicators Neonatal Clinical Review Panel
Marion McCartney, CNM – Coalition for Improving Maternity Services (CIMS) and Baby Friendly USA
Kate McHugh, CNM – National Institutes of Child Health and Human Development, Panel of Experts, CE Module Sudden Infant Death Syndrome Risk Reduction
Anthonia Obichere, CNM – AWHONN/Pfizer, Women and Heart Disease
Patricia Paluzzi, CNM – AMERSA/HRSA Faculty Development Program, Faculty Advisory Committee: Strategic Planning Advisory Committee
Katherine Camacho Carr, CNM, and Deanne Williams, CNM – delegates to the International Confederation of Midwives
Kate Swift-Scanlan, CNM – ANA Partners in Adolescent Health: A Nursing Initiative
Joan Slager, CNM – Editorial Board, OB/GYN Coding Alerts, The Coding Institute
Lisa Summers, CNM – Centers for Disease Control and Prevention DES Education Campaign
Deborah Walker, CNM – March of Dimes National Prematurity Campaign
Ann Weathersby, CNM – ACOG Committee on Gynecologic Practice, Preconception Care
Workgroup and the CDC/ATSDR Workgroup on Preconception Care
Deanne Williams, CNM – Steering Group for the International Conference on the Regulation of Nursing and Midwifery

The following individuals were nominated by ACNM to serve:
Dorothea Lang, CNM, and Teresa Marsico, CNM – Representatives for ACNM and the International Confederation of Midwives to the United Nations
Joyce Thompson, CNM – Director of the International Confederation of Midwives Board of Management

“We must, first and foremost, maintain a midwifery model of care in this country.”
The ACNM Financial Advisory Board (FAB) is composed of the Treasurer, Executive Director, ACNM Department Directors, Past Treasurer (Kathleen Martin), two Board of Directors (BOD) representatives (Cheri Moran and Elaine Mielcarski) and an appointed ACNM member (Tanya Turner). The FAB meets at least twice annually to confer and advise the BOD on all budget preparation and financial matters.

The College received a favorable financial audit for the year 2004. Our current asset to liability ratio of 3:1 is an indicator of a financially healthy organization.

Legg Mason Wood Walker, Inc. is our investor firm and advisor. The strategy of investments through managed mutual funds with diversification appropriately matched to the investment goals of each of the funds has continued to be rewarded. The unrealized gain on investments was $239,698.

In terms of operations, dues revenue was 3% less than 2003. The annual meeting continues to contribute positively to the bottom line. Revenue from Global Outreach Grants decreased by 30%.

ACNM completed the move of the national office to Silver Spring, Maryland under budget. Excess office space has been leased out which will contribute to the financial health of ACNM over the next few years.

A key factor positively affecting the budget derived from the members of the Division and Committees. Members who serve on committees and task groups continue to work many hours without compensation.

In 2004, ACNM had a gain on investments and gain from operations for the first time since 1999.

The FAB presented the BOD with a balanced budget for 2005 with funds allocated to the ACNM 50th Anniversary Celebration and to pursue other value-added services for members. ACNM will continue to provide a high level of service to our members and consumers. We are financially sound to continue to pursue our mission.