

## President's Report

by Mary Ann Shah, CNM, MS, FACNM

2003 was a very busy and productive year for the American College of Nurse-Midwives. We can take enormous pride in the many accomplishments of the Board of Directors (BOD), the Divisions and Committees, and the national office staff ...all of whom are the collective eyes, ears, hands, and hearts of the College. Thank you one and all.

We are extremely proud of the accomplishments of the fall leadership development activities that the BOD held in conjunction with meetings of the Boards of Governors of the ACNM Divisions. Working closely with volunteer leaders and staff, the BOD identified concrete, time-limited, and measurable strategic priorities for the next triennium. As found on page 10 of this report, the strategic priorities are organized under six global topic areas of Policy, Research/Evidence Based Practice, Education, Collaboration, Visibility/Message and Organizational/Leadership Development. These priorities will provide much-needed guidance as the organization makes decisions and measures progress from

2003-2006. We also approved a new version of the *Standards for the Practice of Midwifery*; modified our *Mission Statement*; commissioned ad hoc committees to review and propose revisions to our current *ACNM Philosophy* and *Code of Ethics* by the end of 2004; and renewed our commitment to review, update, and revise, as appropriate, every official ACNM document - a task which is close to completion.

We are also pleased with the collegial relationships we have fostered with other organizations that are devoted to similar



*continued on page 2*

## Executive Director's Report

by Deanne Williams, CNM, MS, FACNM

The 2003 Annual Report provides an impressive record of *influence* on the local, state, national and international level that has been exerted by the members and staff of this unique women's health organization. While clinical service is at the heart of midwifery as practiced by certified nurse-midwives and certified midwives, members of this organization also made important contributions in the areas of public policy, education, research, public health and organizational development.



ACNM takes very seriously our responsibility to *communicate* the values of the profession to consumers, professional colleagues, policy makers, the media and business associates. With over 2,000 single user visits per day, the ACNM web site continues to be the premier source of information on

midwifery in the U.S. with many international visitors as well. Members have access to ACNM documents and expert advice night and day. Access to information took a giant leap forward when the *Journal of Midwifery & Women's Health* went on-line and work is now underway to post all past issues of the Journal in this format. 44 press releases on topics critical to the profession were published and our contact with the press continues to grow. **Speak out for Midwifery** provides immediate contact to policy makers as well as media contacts and was more widely used for state legislative efforts than ever before. The third edition of **Every Baby**, the award winning ACNM consumer magazine, was published and over 250,000 copies were distributed to an estimated 1 million readers. In addition, we published *Giving Birth in Place: Emergency Preparedness* for expectant parents.

As an *advocate* for the profession and the women we serve, ACNM has maintained our position as the #1 resource on midwifery practice legislation. Although our legislative efforts to increase the reimbursement rate under Medicare

*continued on page 2*

## Regional Reports



"We pledge to continue our efforts to seek resolutions to the many challenges that lie ahead.."



*President - from page 1*

causes. Our close relationship with the A.C.N.M. Foundation, Inc. has been strengthened by the creation of a Joint Statement of the Interrelationship between ACNM and the A.C.N.M. Foundation. We have supported the work of the International Confederation of Midwives, the National Association of Childbearing Centers, and the Maternity Center Association. After a brief hiatus, we have reactivated the ACNM-ACOG Liaison Group, established new lines of communication with the ACNM Certification Council, Inc., and regularly attended meetings of the Alliance for Nursing Accreditation. We have also networked with representatives of the American Nurses Association, the National League for Nursing, Midwives Alliance of North America, and the Canadian Association of Midwives.

The Board of Directors has been very successful in our efforts to reach out and touch ACNM members all around the United States. As President, I have had the pleasure of speaking with midwives and midwife supporters in 10 states, Trinidad & Tobago.

I am particularly proud that our position in opposition to offering women a cesarean section for no medical indication has received extensive attention in professional and consumer publications. Midwives have a long-standing tradition of assuring that women have access to a birth experience that is not unnecessarily altered by interventions that put the mother and/or baby at risk. We must remain the guardians of normal birth and should periodically rededicate ourselves to the Hallmarks that are the underpinnings of the *Core Competencies for Basic Midwifery Practice*, as promulgated by the ACNM.

*Executive Director - from page 1*

continue to be stymied by the complex political climate, we have been successful in our efforts to get nurse-midwives included in every federal bill that has been introduced to reform federal tort laws. We provided extensive support for the midwives in Georgia who once again introduced legislation that would grant prescriptive authority. In a major win, New Jersey adopted regulations that permit licensure of certified midwives in a manner that is equivalent to certified nurse-midwives. We continue our efforts to remove direction and supervision language from 10 state laws and to change the EMTALA law to recognize midwifery practice.

The *professional image* of midwifery has also been enhanced by our grant-funded work in 12 countries and the ACNM-MCH Providers Partnership intergenerational adolescent health project- THRIVE. Nurse-midwives testified before a joint panel of the Federal Trade Commission and the Department of Justice and addressed the Congressional Black Caucus Rally.

Most important, the *heart of midwifery* is ever strong as evidenced by generous donations to our *Blankets for Babies*<sup>TM</sup> Campaign and the A.C.N.M. Foundation. CNMs and CMs also joined national campaigns to decrease prematurity, help pregnant smokers quit, increase access to care for women with disabilities, safeguard mental health benefits, eliminate violence, and decrease maternal mortality.

As 2003 came to a close, ACNM made the decision to move the national office out of the District of Columbia just over the border to Silver Spring, Maryland. The projected savings in rent far offset the slight increase in distance from Capitol Hill. We are looking forward to 2004 when we will welcome our members and colleagues to our new home.

## Region I

2003 was a progressive year for Region I largely due to the continued lobbying of state legislators and dedication of our regional members. Massachusetts introduced three bills related to midwifery. The first act would create a midwifery board, the second act pushed improved access to nurse-midwifery services by encouraging HMOs to contract with CNMs, and the third bill would change the physician supervision requirement to collaboration.

Vermont successfully launched their midwifery website. [Vtmidwives.org](http://Vtmidwives.org) reports on statewide activities focusing on the changes to the administrative rules of the nursing board to allow independent practice.

New Hampshire took a position in opposition to the move by the nursing board to incorporate a Master's degree as requirement to enter into practice.

## Region II

Midwives in Region II have overcome adversity this year in the struggle for malpractice insurance in New York, New Jersey, and Pennsylvania. In all three states different solutions were found. Both NY and NJ found local state carriers. PA midwives had been purchasing insurance from the state provider as a last resort since the last liability insurance crisis in 1984. This year they, along with the physicians faced such severe rate increases in the state mandated over-insurance that practices were closing. A year-long campaign secured a 100% 2-year abatement of this charge for midwives and OB-GYNs and four other categories of physicians with high premiums.

PA has begun the process to establish a state-wide organization to assume responsibility for legislative issues and waged a successful campaign to get a midwife friendly OB-GYN onto the

Board of Medicine. New York State Association of Licensed Midwives (NYSALM) has been a successful representative in Albany for New York's midwives and has succeeded in passing important legislation and securing liability insurance.

NJ saw success in the passing of new regulation laws for CNMs, CMs and CPMs.

Long Island midwives had a very successful "Baby Catcher's Ball." Four practices celebrated over 20 years of practice and received the *With women, for a lifetime*<sup>®</sup> Golden Commendation: the North Central Bronx Hospital Midwifery Service; Lycoming OB/GYN Nurse-Midwifery Services in Williamsport, PA; The Pittsburgh Center for Birth and Women's Health which also celebrated the opening of its new Birth Center; and The Birth Center in Bryn Mawr, PA which also broke ground for a new center. The Maimonides Midwifery Service in Brooklyn celebrated 10 years of practice and received the *With women, for a lifetime*<sup>®</sup> Silver Commendation.

## Region III

Region III is comprised of 8 states, 15 chapters and 7 midwifery education programs graduating over 50 midwifery students per year. Most chapters use electronic communication or innovative meeting planning to meet the challenge of members separated by long distance. Active Web sites for chapter communication and public relations are maintained by Florida, Tennessee, South Carolina and North Carolina. The Region III Representative and/or ACNM staff visited chapters in FL, GA, MI, NC, LA and TN. Marcella Hickey was honored with the Region III Award for Excellence presented at the 2003 Annual Meeting. Common threads that emerge as critical issues in every chapter and every state in the region are:

professional liability, scope of practice, state legislation, the business of midwifery, the image of midwifery and improving care for women and children. Some midwifery practices and an emerging education program either restructured or closed from the pressures of malpractice premiums as well as other economic pressures. Four practices and one education program received the *With women, for a lifetime*<sup>®</sup> Golden and Silver Commendations awarded by ACNM Chapters in GA, FL, MI, NC and TN made contact with the media to promote midwifery. An outstanding accomplishment was the generation of over 800 electronic messages from Region III members to federal legislators to supporting the Midwifery Medicare Act.

## Region IV

Region IV is comprised of 10 states (including the District of Columbia), 14 chapters, 12 midwifery education programs (2 new programs in 2003!), and over 1,400 ACNM members. Despite the diversity, many areas of concern were shared throughout the region in 2003. Tort reform, professional liability coverage and coordinated state legislative activities were paramount in all states.

Specific examples of accomplishments include: Michigan midwives, with the help of a lobbyist and coordinated effort, got reimbursement for CNM gynecology care passed in the MI house, and continue to push this issue forward. Wisconsin CNMs are working to implement their new state law that removes supervisory language, site by site. Kentucky held their annual retreat in Hyden, with dinner at Wendover, the home of Mary Breckinridge. In Ohio, for Nurse-Midwifery Week the north-

## Professional Highlights



“Most importantly, the HEART OF MIDWIFERY is ever strong...”



east chapter named Ellen Margles, CNM, “Midwife of the Year.” Indiana opened their first midwifery education program at the University of Indianapolis. Virginia focused on tort reform activities, and West Virginia is pursuing an oral history of nurse-midwifery in WV project. Maryland has focused on the liability crisis, and access to care. Washington, D.C. addressed challenges to midwifery practice. The Illinois chapter took part in a governor’s task force on reducing perinatal mortality, where one suggestion put forward was improving the public assistance reimbursement for CNMs.

Two practices received the *With women, for a lifetime*® *Golden Commendation* for over 20 years of serving women: University of Michigan Nurse-Midwifery Service in Ann Arbor and Advocate Illinois Masonic Medical Center Nurse-Midwifery Service in Chicago. Care for Life Nurse-Midwifery in Ravenna, OH and Bronson Women’s Service, in Kalamazoo, MI each received the *Silver Commendation* celebrating 10 years of midwifery practice. The University of Michigan Nurse-Midwifery Education Program was awarded the *Midwifing midwives, for a lifetime Commendation*. Karla Nacion was awarded the Regional Award for Excellence

### Region V

This has been a year for listening, learning, watching and reading as your new Regional Representative gets acquainted with all the states and chapters in this region. The chapter chairs have been gracious in sending the minutes from their meeting, allowing for sharing of each chapter’s concerns, problems, joys, and celebrations. Creative ways have been tried at the local level to help keep members connected including email, web sites, teleconferences, CEU offerings at meetings, and participation as a group in activities that positively affect women and infants. Two states have been active in reestablishing their chapters after a period of inactivity. One service received the

*With women, for a lifetime*® *Commendation*. Several services have had difficulties in maintaining their viability, forcing closures and concerns about options for women seeking midwifery care. The good news is that there are new services opening and midwives establishing themselves as independent providers in areas where midwives have not been available in the past. The students from the programs in this region struggle to find clinical sites as well as employment after graduation, but they bring new energy and commitment to the profession, no matter what the struggle, making the future hopeful and bright.

### Region VI

Members of Region VI have seen considerable advancements occur in 2003. Several states and local organizations have collaborated to work on the goals of helping midwives practice. In California, numerous new bills were passed designed to eventually remove supervisory restrictive language from CNM rules and regulations. The Alaska chapter received two proclamations for Nurse-Midwifery Week – one from the Mayor of Anchorage and the second from Governor Murkowski.

Hawaii reached an exciting milestone. In Waimea (Big Island) two CNMs joined an OB and are the first midwives to receive hospital privileges. In August of 2003, the Honolulu Advisor featured the Moloka’i General Hospital’s Women’s Health Center with the Healthy Mothers, Healthy Babies Coalition of Hawai’i’s 2004 President’s Award. The article featured Susan Jacoby who promoted that the Moloka’i General Hospital as the first of its kind in the Islands and has helped in the delivery of more than 900 babies since 1985.

## Professional Services

The ACNM Department of Professional Services supports members through personal assistance, the development of education resources, and advocacy at the federal and state levels. Throughout 2003, the Department responded to hundreds of requests from midwives, health plans, hospitals, physicians, practice managers, legislators, boards of nursing, pregnant women and their families who wanted information about CNMs and CMs. Revision was started on four ACNM publications: the Home Birth Practice Handbook; Nurse-Midwifery Today: A Handbook of State Laws & Regulations Addendum; the Clinical Privileges and Credentialing Handbook and the Chapter Chair Manual 2004. Two online surveys were developed. The first was a salary survey and the second a survey about antitrust/restraint of trade actions against CNMs/CMs. In 2003 the Professional Services staff was restructured with particular focus on how to accomplish our legislative priorities. A Joint Conference sponsored by the ACNM and the California Nurse-Midwives Association, titled "Risk Management in *TORTuous Times*" took place in Irvine, CA during March 2003. The policy staff made numerous site visits to states for strategizing, consultation and training. Staff also developed "Taking Action: A State Advocacy Handbook" providing step by step guidance on being effective in the policy arena. New Resource and Bibliography (R&B) documents were developed including *Financial Planning for Midwives*, *Patient Assistance Programs*, and *Federally Qualified Health Centers*. A series of columns was launched for Quickening, titled "Money Matters", that provide basic information about personal and business financial management.

## Division of Education (DOE)

The DOE, composed of six sections—Continuing Education; Continuing Competency Assessment; Basic Competency; Education Promotion; Policy and Preceptor Development and Support—supports and promotes educational endeavors for, and by, CNMs and CMs.

Major accomplishments during 2003: The BOD approved the revised SROPs. Changes included: elimination of the Consumer Education Section with shift of responsibility for consumer education to the Division of Women's Health Policy; development of the Education Promotion Section with the purpose of developing, independently or in collaboration with other groups, materials for the promotion of midwifery education; development of the Preceptor Development and Support Section with the purpose of facilitating clinical midwifery education by addressing the unique needs of clinicians participating in the education of midwifery students; establishment of a liaison from the Directors of Midwifery Education to the DOE.

The BOD approved a DOE request that ACNM become a member of the National Coalition of Health Profession Education in Genetics (NCHPEG). The DOE Chair represented ACNM at the Alliance for Nursing Accreditation meetings.

In response to a motion approved by the ACNM membership, the enrollment fee for the Continuing Competency Assessment (CCA) Program for non-members was raised from \$150 to \$200. The 99/03 CCA cycle concluded August 31, 2003 with an enrollment of 836 participants.

The Continuing Education Section reviewed 107 applications for CEUs during 2003.

## Ad Hoc Committee to Revise ACNM Statement on Ethics

Progress continues on the revision of the Code of Ethics with a deadline for completion of June 2005. E. Sharp is serving as an ex officio member of the ad hoc Committee to revise ACNM Philosophy to facilitate coordination between the revisions of the *ACNM Code of Ethics and ACNM Philosophy* documents.

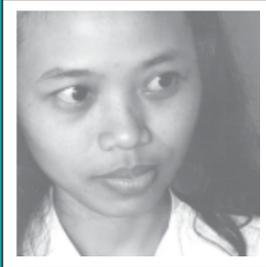
## Nominating Committee

The Nominating Committee solicits consent to serve forms, composes the annual ballot in accordance with the bylaws, and maintains records of the year's activities. The Committee developed a candidate slate for the Board of Directors to take office in 2004. Work continued on the issues of the election timeline and the committee proposed a bylaws change that would allow electronic voting which will be considered by the membership at the 2004 Annual Business Meeting.

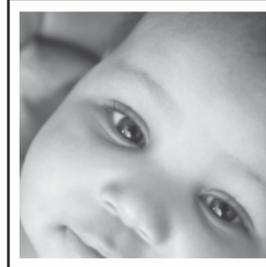
## Program Committee

The Program Committee plans and coordinates the education program content and assists at the business sessions for the ACNM Annual Meeting. The 2003 meeting in Palm Desert drew 1,524 attendees including 333 exhibitors, speakers and guests. The Committee continued to designate "premier sessions" in the program to highlight nationally-known speakers. The Committee's revised SROPs were ap-

## Professional Highlights



“Because of the high visibility we have established, our 7,000 members have the impact of 70,000!”



proved by the BOD.

### Public Relations Committee

The Public Relations Committee interprets to professionals and consumers 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.

Many chapters participated in the 2003 Midwifery Week and accessed the information posted on the web site. The 2003 theme was domestic violence. A subgroup was solicited to spearhead the revision of the Marketing & PR Handbook.

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

### Midwives of Color Committee

The Midwives of Color Committee recruits and retains persons of diverse ethnic/cultural backgrounds to the profession of midwifery, provides educational preparation to the ACNM membership which will develop respect for cultural variations, and increases awareness and responsiveness among the ACNM membership to maternal-child health care issues affecting people of color.

The Committee hosted a reception at the 2003 Annual Meeting in Palm Desert. Members communicated using the eMidwife discussion list.

### 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: ACOG,

APHA, AWHONN, National Conference of State Legislators and National Association of Community Health Centers. Staff were successful in placing midwifery stories in dozens of national and local publications, broadcast news programs and Web sites. The PR staff talked to members daily about how to respond to local issues and how to better market their practices. Working with the PR 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. The national office purchased new tabletop exhibits for members to rent.

Membership experienced a slight decline for the year primarily because of a decrease in the number of students.

The membership department coordinated distribution of *Every Baby* magazine and maintains a current list of practices for the practice directory and the online practice locator.

Staff continued at an aggressive pace to fund more of the operations of ACNM from non-dues sources.

*Quickening* was redesigned and slimmed down slightly to reduce cost. Ad revenue was up for *Quickening* and the membership directory.

MidwifeJobs.com joined the HealthCareers Network to raise its profile and attract recruiters who might not have considered hiring a midwife.

The sale and shipping of ACNM publications was outsourced in order to improve service and save money.

### ACNM Membership As of December 31, 2003

Active	5,026
Active-Retired/Disabled	160
Active-First Year	291
Active-Life	194
Associate	473
Student	671
AIC Member	9
Friends of the College	79
<b>Total</b>	<b>6,903</b>

## Student Committee

The student representatives gathered at the 2003 Annual Meeting to develop and present the Student Annual Report to the BOD and the membership. The Student Committee formed several subcommittees and addressed issues of better communication among students, clinical site and clinical preceptor issues, and opportunities for students to educate the public about midwifery.

## 50<sup>th</sup> Anniversary Ad Hoc Committee

The ACNM will celebrate 50 years of service in 2005. To prepare for this momentous event, the 50<sup>th</sup> Anniversary Committee was formed in 2003 to develop programs and products that highlight ACNM's history. This year the committee has planned to develop a commemorative quilt, education video, a collection of special articles in the *Journal of Midwifery & Women's Health*, a time capsule and a Gala to celebrate our history and future. Within the committee's first year, several objectives have come to fruition. 300 50<sup>th</sup> Anniversary quilt kits were completed and offered for sale at the 2003 Annual Meeting. A special 50<sup>th</sup> anniversary logo was approved and "With women, through time" was selected as the tag line.

## Ad Hoc Committee to Revise ACNM Philosophy

The ad-hoc Committee to Revise ACNM Philosophy spent the last year working on a revision of the *ACNM Philosophy*. The last update of this document was in 1989. An open forum was held at the 2003 Annual Meeting to seek member input into the document

as well as the process that should be used to conduct the revision. It is anticipated that at the 2004 Annual Meeting membership will review of the draft during an open forum. The committee will complete its work to present the revised document to the BOD by June 2004.

## MIDWIVES-PAC

MIDWIVES-PAC is a fiscally distinct entity from ACNM. It exists to raise funds to support candidates for elective office. In 2003, the MIDWIVES-PAC Board of Directors continued to work on decreasing administrative costs, and worked to recruit new members for the PAC Board of Directors and explored ways to mentor Board members for the office of President and Treasurer of the PAC. MIDWIVES-PAC raised \$96,000 and contributed \$41,000 to political campaigns in 2003.

## Division of Research (DOR)

The DOR 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. This year the DOR restructured to five sections to enhance effectiveness in fulfilling the mission. The DOR nominated the international midwife who received the 2003 Bonnie Westenberg Pedersen Award. Awards were given for the Best Student Research Forum Presentation, the Best Research Forum Presentation and the Best Research Poster Presentation.

The Research Development Section developed a list of current doctoral students and doctorally prepared midwives and sponsored the dissemination of research at the Annual Meeting, including 3 research forums, a poster session,

a scholar's colloquium and 2 workshops featuring internationally known researcher Dr. Mary Renfrew.

The Research Advisory Section worked closely with the ACNM Senior Technical Advisor for research on the membership surveys, and continued to develop a research agenda for ACNM. In the International Section, an article from the 2003 ICM Congress on the conduct of international collaborative research was published in *International Midwifery* and co-published in the *Journal of Midwifery & Women's Health*. Networking continued with the ICM Research Standing Committee, particularly in relationship to research presentations for the 2004 Annual Meeting. Two section members served as the USA representatives to the ICM Research Standing Committee.

The Chair of the Data & Information Management Section received the Harriet Werley Scholar award for revision of the Nurse-Midwifery Clinical Data Set NMCDS and had a manuscript on web based data collection by midwifery students published in *JMWH*. This section is working with the DOSP to align their work with the ACNM Benchmarking project. This section continues to make significant progress on the Women's Health Care Data Set that will be available in 2004.

One of the goals of the Networking Section is to develop significant and effective links with researchers nationally and internationally. The group is working to also include midwifery students within this network. The section continues to finalize a database of doctorally prepared midwives.

## Improving Services to Women and Families



“Midwives had a seat at the table when legislative and regulatory decisions were being made.”



### Global Outreach

Through the Department of Global Outreach, ACNM has strengthened the capacity of nurse-midwives, midwives and other skilled 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 in Africa, Asia, Latin America and Eurasia.

ACNM's Home Based Life Saving Skills (HBLSS) curriculum was recognized by USAID as a promising new maternal health intervention and written into the request for applications for two major global programs. In 2003, ACNM intensified 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 participated 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. ACNM staff and consultants provided technical assistance to 12 countries including Ethiopia for Save the Children and PRIME II; Armenia, Mali, Ghana, Guinea, Benin, Paraguay, Rwanda and India for PRIME II; Tajikistan for Project Hope; Gaza/West Bank for AED; and Rwanda for CARE. In addition, ACNM participated in the annual conference of the Columbia University Averting Maternal Death and Disability Program in Kuala Lumpur, Malaysia.

The THRIVE project was completed in December 2003 with the production of a CD-ROM compendium of adolescent health resources and education packets for membership distribution. It was funded through a three-year cooperative agreement with the Maternal and Child Health Bureau (Grant No. MC00162001).

### International Health Committee

In June 2003, the International Health Committee restructured its leadership. The new committee immediately began to set goals and develop clear strategies outlining a vision, possible projects, and opportunities for participation. By September 2003, the committee was able to incorporate feedback from an informal survey and generate a membership list.

### 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.

New developments in 2003: *JMWH* opened online access which is free for subscribers ([www.jmwh.org](http://www.jmwh.org)). The editorial board voted to change the structure of the board; A position for Deputy Editor was created. Three year [renewable] terms were instituted.

Two columns were added in 2003: *Share with Women* and *Evidence-Based Practice*. *Evidence-Based Practice* is published jointly 4 times per year in *JMWH* and *JOGNN*. The column *Science Updates* was retired. Continuing education credits for single articles in each issue was instituted.

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

The A.C.N.M. Foundation, founded in 1967, is a 501C(3), nonprofit organization that supports the provision of high quality midwifery care to improve the lives of women, in-

fants and families worldwide. Funded by annual contributions from members, clients, corporations and private foundations, the A.C.N.M. Foundation awards grants and supports projects that advance midwifery practice, research and education.

#### Scope of Foundation Programs

The A.C.N.M. Foundation is dedicated to assisting midwives in developing the myriad of skills necessary to provide high quality healthcare for women and their families in today's challenging health care environment. The Foundation does this through the support of 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 Engelhard Foundation provides funding for three years of leadership development. Midwives will attend the "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, sixteen 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 the ACNM.

#### Dorothea M. Lang Pioneer Award

The A.C.N.M. Foundation gives the Dorothea M. Lang Pioneer Award annually. The premier award given by the Foundation, the award is named for a midwife who has modeled excellence in midwifery and moved the profession for-

ward 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.

#### Board of Trustees

Nancy Jo Reedy  
Suzanne M. Smith  
Ellen Martin  
Katherine Camacho Carr  
Jo-Anna Rorie  
Mary Ann Shah  
Frances T. Thacher  
Sally Austen Tom  
Barbara Fitchitt  
Lily Hsia  
Catherine Gordon

#### Foundation Builders

Lizabeth Andrew  
Royda Ballard  
Terry Capton-Snell  
Teresa Marsico  
Elaine Moore  
Lisa Veach  
Timothy R.B. Johnson

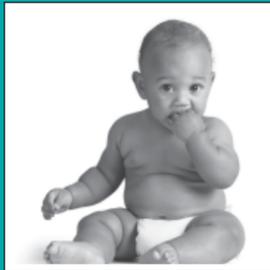
#### 2003 Mary Breckinridge Donors

Royda Ballard  
Helen Varney Burst  
Laraine Guyette  
Kathryn Harrod  
Rosemary Janofsky  
Kathy Jeffers  
Jewish Community Fund  
Holly Kennedy  
Kathleen King  
Klara Kovacs  
Teresa Marsico  
Kathleen Martin  
Nancy Mathias  
Nancy Jo Reedy  
Mary Ann Shah  
Helen Smith  
Suzanne Smith  
Pam Spry  
Frances Thacher  
Anne Walters  
Deanne Williams

#### A.C.N.M. Foundation Financial Information as of December 31, 2003

Total Assets	\$694,002
Total Current Liabilities	\$2,485
Total Net Assets	\$691,517
Total Liabilities and Net Assets	\$694,002
Total Revenue	\$189,122
Total Expenses	\$121,290
Increase in Net Assets	\$67,832
<b>Net Assets – Beginning of Year</b>	<b>\$623,685</b>
<b>Net Assets – End of Year</b>	<b>\$691,517</b>

## Setting Standards



“Helping members develop skills as strong advocates at the federal and state levels.”



## Strategic Priorities

Concrete and time-limited ACNM strategic priorities (with projected outcomes that are measurable) were developed by the BOD, in collaboration with the Division and Committee Chairs for January 1, 2004 – December 31, 2006. They are as follows:

### 1. Policy: Promotion of the hallmarks of midwifery as the standard for women’s health care and pursuit of legislative, political, policy, and legal remedies that address barriers to practice.

Develop and disseminate information packets on credentialing CNMs/CMs for third party payers; Develop and disseminate packets that describe models of successful midwifery practice; Distribute to every Federally Qualified Community Health Center a packet designed to promote the provision of midwifery services to their clients; Develop and implement a plan to assist rural hospitals to recruit and credential CNMs/CMs; Conduct a survey of CNMs/CMs designed to identify anti-competitive behaviors and evaluate the need for intervention by the Department of Justice or other remedies; Provide consultation at the chapter/state level designed to maximize reimbursement for CNM/CM services; Provide 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; Pursue legislative remedies and avoid further erosion at the policy level of midwives’ ability to receive adequate reimbursement and discharge pregnant women who are evaluated to rule out labor; Pursue local, state, and national remedies that will reduce professional liability premiums.

### 2. Research/Evidence-Based Practice: Promote research ac-

tivities that provide quantitative and qualitative evidence supporting midwifery practice.

Support the ongoing development of a strategy for collection of national data on CNMs/CMs; Fund the benchmarking project within two years; Employ a full-time data analyst; Speak out on the need to assure that women are offered full informed consent on the known risks and benefits of cesarean section on demand

### 3. Education: Identify and address barriers to midwifery education.

Develop materials to assist in the recruitment of future midwives; Develop a national databank of preceptors and their DOA required credentials; Communicate with all relevant organizations and agencies the ACNM position regarding the value of degrees other than the MSN for nursing and midwifery educators; Support collaborative legislative efforts to increase financing for midwifery education; Facilitate and/or develop activities that promote business, leadership and advocacy skill development for midwives.

### 4. Collaboration: Strengthen coalitions around areas of common concern with physicians, other midwives, nurses, government agencies, non government agencies (NGOs) etc.

Create a program to facilitate interaction with CNMs/CMs, nationally and globally, who hold leadership positions within maternal-child health; Launch a national campaign calling on physicians to work collaboratively with midwives and nurse practitioners; Partner with state, local, national and international groups on initiatives to improve maternal and neonatal health including projects designed to reduce HIV transmission, especially to newborns and increase the number of women who breastfeed; Expand the number of CNMs/CMs who provide professional consultation designed to decrease the incidence of maternal and infant mortality in countries with limited resources with particular focus on prevention of postpartum hemorrhage, elimination of peri-

natal transmission of HIV/AIDS and utilization of Homebased Life Saving Skills.

**5. Visibility/Message: Increase visibility and demand for midwifery services and expand the capacity for grassroots activities that support the practice of midwifery.**

Launch MyMidwife.org to expand consumer support for CNMs/CMs; Publish Every Baby magazine every year and expand the number of copies distributed; Develop content and market the traveling exhibit - Wondrous Journey; Develop three Power Point presentations to market midwifery to consumers, third party payers, and professional colleagues; Double the number of members who utilize the ACNM tabletop exhibit in public relations activities; Develop age-appropriate educational material about midwifery.

Issue at least 20 press releases per year that feature CNMs/CMs; Provide how to manuals, advertising templates and on site assistance to chapters and individual midwifery practices.

**6. Organizational / Leadership Development: Enhance communication and optimal functioning among and between ACNM's members, volunteer leaders and staff.**

Conduct a membership needs survey that focuses on lapsed members; Utilize consultant to explore options for enhancing governance structure; Identify and implement strategies to increase member participation; Double the number of members enrolled on regional e-midwife discussion lists; Develop and implement new strategies for increasing the number of student and new graduate members; Develop a series of activities designed to enhance leadership skills among members who currently hold leadership positions, potential leaders, and national office staff.

## Division of Accreditation

The purpose of the DOA is to plan, implement, evaluate and monitor the accreditation process of nurse-midwifery and midwifery education programs. During 2003 the DOA completed revision of three DOA documents, *Criteria for Programmatic Accreditation* and the *Criteria for Programmatic Preaccreditation of Education Programs in Nurse-Midwifery and Midwifery*, and the *DOA Policies and Procedures Manual*. The DOA requested and received wide input from stakeholders regarding the revision of these documents. The DOA is required by the US Department of Education to revise its documents every five years.

With support from the ACNM membership organization and the A.C.N.M. Foundation, the DOA Governing Board decided that the DOA will apply for institutional as well as programmatic accreditation recognition at the next petition submission to the U.S. Department of Education in 2005. The primary rationale for this decision is to enable expansion of the midwifery profession in the US. The DOA has studied this issue since 2001.

The DOA conducted seven comprehensive education program accreditation reviews, one preaccreditation review, reviewed annual monitoring reports from 45 education programs and conducted the necessary follow up. Two education programs closed during 2003.

The Chair, DOA participated in two Alliance for Nursing Accreditation meetings. DOA representatives attended a Center for Quality Assurance in International Education (CQAIE) meeting and a Council for Higher Education Accreditation (CHEA) meeting.

## Archives Committee

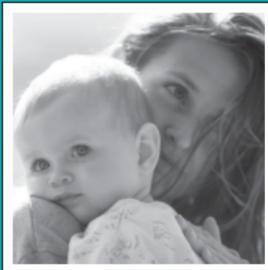
The archives committee serves to es-

tablish, maintain and preserve material of historical significance to the ACNM for reference by members, midwifery students, and individual researchers approved by the Board of Directors (BOD). 2003 saw the completion of preliminary assessment of 40 boxes of materials that are now ready for final archival processing. Another 40 boxes remain for assessment and disposition. 61 boxes of archived materials are available to the public in the ACNM collection. On line access is available at [www.nlm.nih.gov](http://www.nlm.nih.gov) under the library services/history of medicine division. The ACNM collection is MS C 330 and MS C 330a. Plans were developed to complete 10 oral histories during the next year with the goal of obtaining histories on all past presidents, Hattie Hemschemeyer, Kitty Ernst and Dorthea Lang Pioneer award winners among others. A 6-month long exhibition of portions of the ACNM archival collection has been reserved at the National Library of Medicine from May until December 2005.

## Bylaws Committee

The Bylaws Committee maintains congruency between chapter bylaws and the bylaws of ACNM by reviewing proposed national bylaw amendments and chapter bylaws. A proposed bylaw change that would allow electronic voting for the election of ACNM officers was prepared and will be voted on at the Annual Business 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.

## Setting Standards



“ACNM members were visible in the media offering the midwifery perspective to current debates.”



### Division of Standards and Practice (DOSP)

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. This year, all the sections worked on review and revision of a number of essential clinical documents.

The Business Curriculum funded by the Robert Wood Johnson grant was published- at [www.pftweb.org/BuildingAPractice](http://www.pftweb.org/BuildingAPractice) and consultation was offered to the national office staff in the development of a salary and productivity survey.

Within the Clinical Practice Section, the *Guidelines for the Development, Revision or Retirement of Clinical Practice Documents* were revised and two new clinical bulletins were developed: Early Onset GBS (Revision) and Criteria for Home Birth (in collaboration with the Home Birth Section).

The Home Birth Section developed the clinical bulletin, Criteria for Home Birth (in collaboration with the Clinical Practice Section) and began the revision of the ACNM Home Birth Practice Handbook.

The Political and Economic Affairs Committee (PEAC) received approval to become a stand alone committee. Members of PEAC are working on a structure and SROPs. Other activities included clarification of the EMTALA statement, an update of the latest version of “how to give a testimony”, and review of legislation on tort reform. PEAC stimulated grass roots efforts to support passage of the Medicare bill.

The Professional Liability Section developed risk reduction strategy documents on general risk reduction, preterm labor,

postdates pregnancy and shoulder dystocia. The Homebirth Liability Insurance Packet was revised and submitted to the underwriter, AIG.

The Quality Management Section continued with the Benchmarking Project and a mechanism for transfer to the national office. The revision of the Quality Management Handbook was completed. A number of articles are also in the pipeline.

### Division of Women’s Health Policy and Leadership (DOW)

The Division evaluated its mission and progress and worked on a revision of the SROPs.

Two new mechanisms were by developed and implemented by the Policy Development Section to address women’s health policy issues. A policy list serve was established to address emergent policy issues that require rapid action and a procedure to discuss proactive policy concerns within ACNM was implemented. The first bi-annual policy meeting, a summit to be held every two years at the opening of each new U.S. Congress was held. The section collated policy surveys that were sent to national, state, education and practice leaders in ACNM. A women’s health policy platform was recommended to be included in the ACNM policy priorities.

In its continuing effort to increase leadership educational opportunities within ACNM, the Leadership Section sponsored a session on leadership at the 2003 Annual Meeting. The section continued to work on the development of a website within ACNM’s eMidwife, called *Leadership Moments*, to present significant experiences in leadership by nurse-midwives. The section is establishing databases that inform the Leadership Section about the work of midwives in leadership positions.

The Emerging Issues Developing Trend section chair participated in a number of site visits for the THRIVE grant, and explored the continuance of an Adolescent Health project

## ACNM Liaisons

These nurse-midwives have served as official representatives of the American College of Nurse-Midwives during 2003-2004. We gratefully acknowledge their contributions on behalf of our profession.

Mary Bidgood Wilson, CNM - Health Resources and Services Administration, Bureau of Health Professions Policy Fellowship in Primary Health Care

Mary Barger, CNM - Healthy People 2010

Mary Brucker, CNM - Editorial Board of Medscape, Women's Health

Betty Carrington, CNM and Peter Johnson, CNM - Alliance for Nursing Accreditation

Sarah Coulter Danner, CNM - US Breastfeeding Committee

Elaine Germano, CNM - CDC/ACOG, Maternal Mortality Study Group

Emalie Gibbons-Baker, CNM - Smoke Free Families Partnership

Barbara Hughes, CNM, Teresa Marchese, CNM Joan Slager, CNM and Kathleen Martin, CNM (alternate) - ACOG/ACNM Liaison Task Force

Barbara Hughes, CNM - National Perinatal Association; Newborn Channel Advisory Board

Debbie Jessup, CNM - National Call to Action Confer-

group. The section worked on revision of two position statements: *Breastfeeding* and *Immunization Status of Women*.

Networking Section the section continued its practice of bringing together official liaisons of the ACNM at the Annual Meeting to discuss their networking activities. The section continues to work with ACNM staff to track official liaisons, and to develop a list of potential representatives for meetings and organizations.

The chair of the Public Information Section stepped down and the position was vacant at the end of the year.

## ACNM Treasurer's Report

The ACNM Financial Advisory Board (FAB) is composed of the Treasurer, Executive Director, ACNM Department Directors, Past Treasurer, a Board of Directors (BOD) representative, and an appointed ACNM member. The FAB meets with the Treasurer at least twice annually to confer and advise the BOD on all budget preparation and financial matters.

ence on Diabetes and Women's Health

Teresa Marchese, CNM - National Commission on Quality Assurance Health Care Practitioner Advisory Board

Marion McCartney, CNM - Coalition for Improving Maternity Services (CIMS); 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

Lisa Paine, CNM - National HPV and Cervical Cancer Campaign

Patricia Paluzzi, CNM - AMERSA/HRSA Faculty Development Program, Faculty Advisory Committee; Strategic Planning Advisory Committee.

Holly Powell Kennedy, CNM - Perinatal Subcommittee for the HRSA Bright Futures for Women's Health and Wellness Initiative

Mary Ann Shah, CNM and Joyce Roberts, CNM - delegates to the International Confederation of Midwives

## Celebrate Fifty Years



# Statement of Financial Position

December 31 2003



“Enhancing the capacity of CNMs/CMs to exercise leadership.”



## ASSETS

### CURRENT ASSETS

Cash and cash equivalents	\$594,158
Investments	\$2,983,211
Accounts receivable	\$270,195
Inventory	\$26,835
Prepaid expenses	\$64,167
<b>Total Current Assets</b>	<b>\$3,938,566</b>

### PROPERTY AND EQUIPMENT

Equipment	\$306,080
Furniture	\$58,759
<u>Less, accumulated depreciation</u>	<u>(\$298,042)</u>
<b>Property and Equipment, Net</b>	<b>\$66,797</b>

**OTHER ASSETS \$85,082**

**TOTAL ASSETS \$4,090,445**

## LIABILITIES AND NET ASSETS

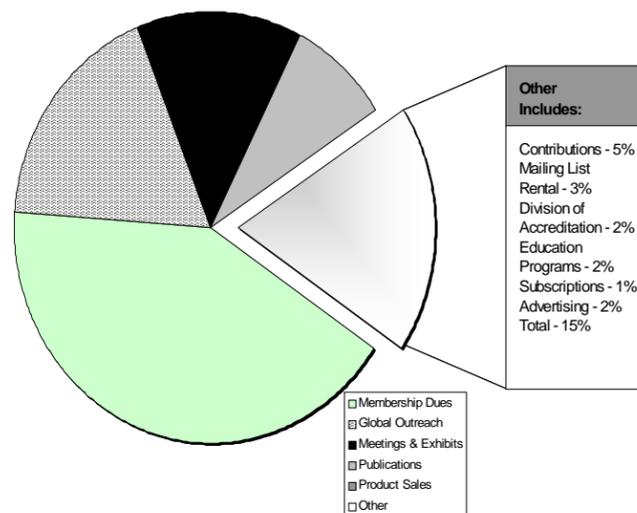
### CURRENT LIABILITIES

Accounts payable and accrued expenses	\$128,683
Accrued salaries and benefits	\$90,575
Deferred membership dues	\$1,106,506
<u>Other deferred revenue</u>	<u>\$269,033</u>
<b>Total Current Liabilities</b>	<b>\$1,594,797</b>

**NET ASSETS, UNRESTRICTED \$2,495,648**

**LIABILITIES AND NET ASSETS \$4,090,445**

## Sources of Revenue



The College received a favorable financial audit for the year 2003. Our current asset to liability ratio of 2.5:1 is an indicator of a financially healthy organization.

In 2002, FAB reviewed the ACNM investment management strategy and allocations, and after much deliberation recommended that the BOD adopt new financial guidelines, a new investment advisor and a new strategy of investments through managed mutual funds with diversification appropriately matched to the investment goals of the three different funds, (operating, short term reserve and long term re-

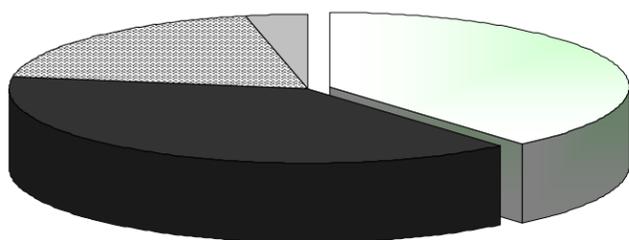
serve funds). The transfer was accomplished in the spring of 2003. These timely decisions were rewarded. Investments improved by an increase of \$400,000 with the new balanced mutual fund strategy. Membership revenues from dues increased by 5%.

In the past year, revenue from federal grants decreased by 20%. The Director of Global Outreach has formed partnerships with many organizations applying for grants and the ACNM anticipates a resurgence in funding. In the interval, staffing of that department has been decreased.

# Statement of Activities

For the year ended December 31 2003

Uses of Revenue



- Member Services 40%
- Professional Services 38%
- ▨ Global Outreach 19%
- ▤ Divisions & Committees 3%

## OPERATING REVENUE

Membership Dues	\$1,754,250
Global Outreach	\$751,915
Meetings and exhibits	\$567,425
Publications	\$346,244
Product sales	\$149,570
Contributions and Sponsorship	\$190,005
Mailing list rental	\$135,597
Division of Accreditation	\$83,293
Subscriptions	\$51,171
Advertising	\$91,517
Continuing Education Division	\$76,295
Miscellaneous /(including interest)	\$11,021
<b>Total Operating Revenue</b>	<b>\$4,208,303</b>

## OPERATING EXPENSES

Member services	\$1,645,637
Professional services	\$1,619,128
Global Outreach	\$816,004
Divisions and committees	\$136,709
<b>Total Operating Expenses</b>	<b>\$4,217,478</b>

**CHANGE IN NET ASSETS FROM OPERATIONS (\$9,175)**

## OTHER CHANGES IN NET ASSETS

Gain on Investments	422,081
---------------------	---------

<b>TOTAL CHANGE IN NET ASSETS</b>	<b>412,906</b>
<b>NET ASSETS, BEGINNING OF YEAR</b>	<b>\$2,082,742</b>
<b>NET ASSETS, END OF YEAR</b>	<b>\$2,495,648</b>

The Executive Director, anticipating a difficult year, challenged ACNM staff to cut budgets by 6% during the summer of 2003. They met the challenge and helped keep our budget in balance during a downturn in the nation's economy and the fall in interest rates that significantly impacted revenues.

In 2003, a new lease was negotiated for office facilities in Silver Spring, Maryland. This space is larger and more economical than the previous office in Washington DC. The strategic move to lease a larger office at less per square foot eases budget pressures over the next 10 years.

Another key factor positively affecting the budget, derived from the members of the Divisions and Committees. These groups utilized their budgeted funds wisely. Members who serve on committees and task groups contributed many hours without compensation, which stretched our allotted funds. Although the budget was trimmed, ACNM continued to provide a high level of service to our members and consumers. With the success of the budget adjustment, ACNM is able to confidently move into planning for the 50<sup>th</sup> Anniversary in 2005 and we are financially sound to continue to pursue our mission.



#### EXECUTIVE OFFICE

Deanne Williams Executive Director  
Rena Larkin Associate Director  
Sharon Kirksey-Walcott Associate Director Meetings  
& Industry Relations

#### FINANCE/ADMIN

Maria Nazareth Director  
Charlene Lewis Staff Accountant  
Sharon Shaw Assist A/P & Program  
Coord  
Angel Stubbs-Williams Receptionist/Admin  
Assistant

#### FOUNDATION

Lisa Paine Consultant (off-site)  
Andrea Tyree Program Coordinator

#### MEMBER SERVICES

John Boggess Director  
Tim Clarke Communications Manager  
Joanna Gaunt Asst Communications Mngr  
Ann Glanville Assist/Membership Coord  
George Hamilton Membership Manager  
vacant Database Administrator

#### PROFESSIONAL SVCS

Marion McCartney Director  
Patrick Cooney Lobbyist  
Nancy Dickerson Associ. Director, Education  
Michelle Sara King Senior Policy Analyst  
Sarah Roos Assistant Education Manager  
Kerri Schuiling Sr. Staff Researcher (off-site)  
Dayna Silberman Program Coordinator  
Lisa Summers Senior Technical Advisor  
Doreen R. Ruffin Publications Speci./Editor

#### JOURNAL OF MIDWIFERY & WOMEN'S HEALTH

Tekoa King Editor in chief (off-site)  
Patty Aikens Murphy Deputy Editor (off-site)  
Doreen R. Ruffin Editorial Assistant

#### GLOBAL OUTREACH

Deborah Gordis Director  
Sandy Buffington Sr Technical Advisor  
(off-site)  
Annie Clark Sr Technical Advisor  
Kathleen Przybylski Contracts Manager

8403 Colesville Road, Suite 1550  
Silver Spring, MD 20910-1815  
National Office: 240-485-1800  
Fax: 240-485-1818



Kate Swift-Scanlan, CNM – ANA Partners in Adolescent  
Health: A Nursing Initiative

Joan Slager, CNM – Editorial Board, Medical Office Bill-  
ing Alert, The Coding Institute

Lisa Summers, CNM - Centers for Disease Control and  
Prevention DES Education Campaign

Donna Vivio, CNM – National Strategies for Health Care  
Providers Initiative; National Review Board for the Pesti-  
cide Information Gateway Project; National Environmental  
Education & Training Foundation

Deborah Walker, CNM – March of Dimes National Pre-  
maturity Campaign

The following individuals were nominated by ACNM to serve  
in their current capacity:

Dorothea Lang, CNM and Teresa Marsico, CNM - Repre-  
sentatives 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

---

#### Division of Accreditation

Betty Watts Carrington, Chair

##### *Governing Board*

Betty Watts Carrington, Chair  
Diane B. Boyer  
Mary C. Brucker  
Nancy S. Clark  
Susan DeJoy  
Laraine Guyette  
Teresa Marsico  
Heather Reynolds  
Joyce E. Thompson  
Linda K. Todd

##### *Board of Review*

Melissa Avery  
Mary Carol Akers  
Johanna Borsellega  
Catherine A. Carr  
Barbara Decker  
Susan DeJoy  
Carol M. D. Gisselquist  
Nancy Moss  
Mary Ellen Stanton  
Maria Valentin-Welch

##### *Advisory Committee*

Betty Watts Carrington, Chair  
Helen Varney Burst  
David Gibson  
Lorraine Klerman  
Laura E. Riley  
Patricia Hinton Walker

##### *Site Visitor Panel*

Laraine Guyette, Site Visitor Coordinator  
Elizabeth Bear