



## Supplement to ACNM Annual Report 2009

This document includes additional information submitted, by ACNM staff, board members, divisions, and committees on the activities and accomplishments of ACNM in 2009. ACNM staff, board, division, and committee information that is not contained in this document is included in the printed report at [Midwife.org/annualreport2009.cfm](http://Midwife.org/annualreport2009.cfm).

### Department of Global Outreach Supplement

*Submitted by Anne Atkinson Hyre, CNM, MSN, MPH, ACNM Director of Global Outreach*

- In 2009, the Department of Global Outreach was awarded a \$2 million grant for an 18-month program that supports midwifery education in Ghana and Cambodia. The purpose of the program is to strengthen one midwifery school in Ghana (Kumasi Nursing and Midwifery Technical College) and one midwifery school in Cambodia (Kampot Regional Training Center). The University of Michigan and Emory University are providing periodic technical assistance during the program. The program is funded through December 2010, with the possibility of an extension beyond December 2010.
- We continued our contributions to USAID-funded programs in Afghanistan, Albania, Pakistan, and Tanzania. ACNM also assisted Project Hope to identify CNM volunteers to participate in their missions in Ghana and Vietnam.
- DGO focused significant effort in 2009 on scaling up Home-Based Life-Saving Skills (HBLSS). ACNM collaborated with the CORE Group to prepare staff of CORE Group member organizations to include HBLSS in their country programs. We also conducted meetings with various organizations to generate more interest in HBLSS and identify additional implementing partners. In order to update the content and format of HBLSS, we initiated revisions to the HBLSS manuals. Those revisions will be completed in 2010. To promote networking amongst HBLSS implementers, DGO launched a Facebook page devoted to HBLSS at <http://www.facebook.com/pages/HBLSS>.
- ACNM offered its first-ever US-based LSS training course for interested members. Efforts are underway to begin to offer an online version of the LSS training course through the ACNM Live Learning Center.
- DGO collaborated with the International Health Committee and the Division of Research to gain Board approval for a new ACNM Division of Global Health. This division will facilitate more efficient and effective coordination of the global work that is being carried by members and ACNM staff. It will also contribute to ACNM's strategic goal of educating 1000 CNMs/CMs per year by attracting

more students into the profession of midwifery. It is anticipated that the division will have four sections: education, research, networking, and dissemination.

### ***Journal of Midwifery and Women's Health Supplement***

*Submitted by Frances E. Likis, DrPH, NP, CNM, Editor-in-Chief*

- Volume 54 of the *Journal of Midwifery and Women's Health (JMWH)* contained 534 print pages and 96 electronic-only pages.
- The theme for the May/June and November/December 2009 continuing education issues was antepartum care. The July/August 2009 issue focused on interdisciplinary education.
- In 2009, *JMWH* processed 309 submissions and received 278 new submissions. Manuscripts came from 30 countries with 40% of submissions by authors outside the United States. The acceptance rate was 27%.
- *JMWH* now has more than 45 *Share with Women* patient education handouts available on a variety of topics, with six Spanish translations introduced in 2009. This copyright-free series is available at [http://acnm.org/share\\_with\\_women.cfm](http://acnm.org/share_with_women.cfm) for all health care providers to print and share with their patients.
- The 2008 impact factor for *JMWH* is 1.068. The *JMWH* impact factor has grown 44% in the past 5 years. *JMWH* ranks 25<sup>th</sup> in the nursing category and 2<sup>nd</sup> among maternal-child health journals in the nursing category.

### **Research Supplement**

*Submitted by Kerri Schuiling, CNM, WHNP, PhD, FACNM, ACNM Senior Staff Researcher*

The data from the Core Data Survey for the years 2006-2008 have been analyzed and are presented in a manuscript that will be published in the *JMWH* sometime in early spring 2010. Highlights of the findings include: 1) ACNM member respondents remain predominantly white and female; 2) the average age of CNMs/CMs for 2008 is 51 and, 3) the majority holds a master's degree as their highest degree. The number of CNMs earning doctoral degrees (including the doctor of nursing practice degree) is increasing. Salaries for midwifery related work are rising but it is unclear if midwives are earning more because salaries are higher or because the higher salaries reflect market wage adjustments that occur over time.

Guidelines specifying use of ACNM data were developed during 2009 and are posted on the ACNM website. These guidelines are for members and non members who request to use ACNM data for research and other scholarly purposes. Data are only shared in the aggregate so as not to violate confidentiality of our members.

The *ACNM Policy on Protection of Membership Data Used for Research Purposes* was developed and implemented in January 2009. All membership surveys conducted by the ACNM national office Sr. Staff Researcher will include the following statement: Membership information collected in this survey may be used in research describing membership characteristics, and workforce characteristics of ACNM members. This information may be used to inform policy makers, legislatures, consumers and others. The information may be published on the ACNM website, in *Quickening* or professional journals. Data will be de-identified and analyzed in the aggregate to assure confidentiality and maintain anonymity of those responding. Responding to the survey is voluntary and implies consent.

The *Policy for Solicitation of ACNM Members for Research Purposes* was updated in June of 2009 and is available on the ACNM website. This policy is intended to ensure that ACNM members are appropriate subjects for the research topic and that there is evidence of appropriate measures to protect the privacy of CNMs/CMs who respond and to maintain the confidentiality of those responses. This policy applies to all avenues for contacting the general ACNM membership for research, including but not limited to:

- release of the ACNM mailing list
- Internet access to members via ACNM email or use of members' email
- posting research questions to discussion lists and listservs
- conduct of research (surveys, interviews, etc.) at official ACNM meetings, including chapter meetings

The Benchmarking Survey took a big step forward during 2009 with the use of a new program developed by Fausto Miranda. The data submitted by participants is now exported directly to a new format where it is immediately analyzed and available for practices to review. Prior to exporting the data to the new format, the outcome data are reviewed by the DOSP so as to identify outliers and validate with the participating practice whether the data entered are correct. The DOSP contacts the Best Practices (once they are identified) to ask permission to share their outcomes. The Benchmarking Survey for 2009 data will collect responses from February 15-April 15, 2010.

Two presentations were made to IOM committees by invitation. The committees focused on 1) identifying types of research midwives were involved in and 2) maternal child health. The latter presentation focused on models of care that include midwives on the health care team. Data from various ACNM surveys were used to validate information in the presentation.

A Program Director's Survey was posted online in January 2010. Outcomes of this survey will be forthcoming.

### **Education Projects Supplement**

*Submitted by Elaine Germano, CNM, DrPH, ACNM Education Projects Manager*

The cost-benefit analysis of midwifery education was published in the September-October issue of the *Journal of Midwifery and Women's Health*, and the tools developed for this analysis are reportedly being used by universities that are considering developing a midwifery education program within their schools. The number of midwifery education programs remained stable this year for the first time in several years and three new programs are in the planning stages. The number of newly certified nurse-midwives/midwives in 2009 was again more than 300 and slightly more than the previous year.

The second annual "Why I am Becoming a Midwife" video contest was held in the Spring, with many excellent submissions vying for the prize of a free registration to the 2010 Annual Meeting. The contest was won by the graduating class of the Columbia University Nurse-Midwifery program, and the winning video was shown at the 2009 Annual Meeting, as well as posted on YouTube. The second annual Become a Midwife Forum was held at the Annual meeting in Seattle, with all of the exhibit tables staffed by current midwifery students representing 23 of our educational programs. Students and participants had a great time practicing births and blinging speculums!

We continued our representation at nationwide meetings with the Advanced Practice Registered Nurses (APRN) Alliance and conducted a teleconference for midwifery leaders about the new Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, Education and its potential impact on midwifery education. Many midwifery education programs are beginning to offer the Doctor of Nursing Practice (DNP) degree, as Schools of Nursing develop this degree for their APRN programs, and the ACNM Division of Education has initiated a task force to develop competencies for doctoral study in midwifery.

As with other ACNM efforts regarding health care reform, we have actively participated with advanced practice nursing organizations in legislative efforts to secure additional funding for both education programs and for the clinical preceptors who are essential to our strategic goal of producing 1000 new CNMs/CMs per year by 2015.

### **Region I Supplement**

*Submitted by Linda Nanni, CNM, MSN, Region I Representative*

Midwives around Region 1 have had a busy year. The main activity that has occupied much time and attention in all the chapters in the region has been the transition to the affiliate structure mandated by the bylaws adopted by the College in 2008. Every chapter is working diligently to achieve this goal. Most states in the region have one chapter, so the process has been quite straightforward. Only Massachusetts has the added task of determining how the new affiliate will be formed from the two existing chapters.

Legislative activity continues to be a priority. Efforts at being recognized as licensed independent practitioners (LIPs) have been successful in Maine and will aid in hospital

privileging. Continued legislative efforts in Massachusetts include the collaboration with other midwife organizations in the state to create a midwifery board. The ultimate goal is better serve the women and children of that state by providing for licensed professionals. Other activities include continued activity in the peer review process in several states.

The region's two midwifery educational programs, Yale University School of Nursing Nurse-Midwifery Specialty in New Haven, Connecticut, and Baystate Medical Center Midwifery Education Program in Springfield, Massachusetts, continue to be strong and to produce high quality graduates that will hopefully only further embrace the profession as they move on in their career paths.

Of course all CNM/CMs in the region continue to work tirelessly to provide high quality, personalized women's healthcare services to thousands of women each year.

## **Region II Supplement**

*Submitted by Suzanne M. Smith, CNM, MS, MPH, FACNM*

Region II is comprised of Delaware, New Jersey, New York, Pennsylvania, Puerto Rico, and the US Virgin Islands, with eight midwifery education programs and more than 900 midwives (CNM and CM).

- Two bills were signed into law by Governor Corzine of New Jersey; one gave midwives authority to sign Disability and Work First papers and the second mandates insurance companies to stage payments for care of obstetric patients.
- New Jersey submitted bylaws for the State Affiliate and is working on the additional documents for submission.
- Midwives employed by New York Medical Alliance (NYMA) at Jacobi Medical Center and North Central Bronx Hospital voted to join the New York State Nurses Association. This is the first exclusive midwife bargaining unit in the Association's history.
- New York midwives held the 9<sup>th</sup> Annual Lobby Day in Albany on May 4.
- The nurse-midwives in Pennsylvania have received prescriptive privileges.
- Pennsylvania midwives began work on the development of their State Affiliate.

Several midwives from Region II were honored at the Annual Meeting in Seattle. Julia Lange Kessler, CM, MSM, won the Regional Award for Excellence; she is the first CM to receive this award. Julia, Maria Corsaro, and Aleida Llanes-Oberstein received Excellence in Teaching Awards. Elaine Mielcarski won the Dorothea M. Lang Pioneer Award. And the students from the Columbia University program won the "Why I Am Becoming a Midwife" video contest. Congratulations to all our winners!

### **Region III Supplement**

*Submitted by Cecilia Jevitt, CNM, PhD, Region III Representative*

The year 2009 was a time of endings and beginnings in Region III. This year saw some of the Region's oldest practices and educational programs close. The Nurse-Midwifery Program of the Medical University of South Carolina taught its last students while the University of Florida added a post master's doctorate of nursing practice to its master's of nursing science nurse-midwifery program. Programs at Vanderbilt, Emory, East Carolina University, and the University of Miami continued to educate new midwives while the region saw an increase in retirements. The economic recession compounded Region III's long-standing problems with preterm births and low birth weight newborns. Women, losing insurance coverage through job endings, swelled Medicaid ranks in the entire region and were welcomed into midwifery practices, which applied the proven midwifery model to combat preterm births and low birth weight. The North Carolina Chapter hired a lobbyist to assist in improving the state practice act. Several states, with Florida and Tennessee leading, started the process to transition from chapter to affiliate status.

### **Region IV Supplement**

*Submitted by Kathryn Osborne, CNM, MSN*

In May, 2009 I began serving Region IV as their representative to the ACNM Board of Directors. Since that time, I have had the pleasure of watching (and sometimes assisting) members from across the region work towards reaching ACNM's FutureFocus Strategic Goals. Major accomplishments and activities in Region IV that have supported these goals include:

- We will create strategic communication detailing the value of midwifery care in the US by 2010.
  - Whitney Pinger, DC Chapter, completed production of *Midwifery Pearls: Evidence for Clinical Practice*, a presentation summarizing the everyday, evidence-based practices of nurse-midwives that lead to improved outcomes. This PowerPoint presentation will be presented at the 2010 Annual Meeting; the national office hopes to have it available for distribution to the membership by June.
  - Several states across the region are participating in state-based initiatives and committees that address (and include) midwifery care as an important component of health care delivery to mothers and babies.
- There will be 1000 newly certified CNMs/CMs per year by 2015.
  - Members of the IL Chapter hosted the 37th Annual Lasagna Dinner at the UIC College of Nursing, a celebration honoring over 50 midwifery and women's health nurse practitioner students in the state of IL.
  - In recognition of midwifery students in WI, the WI Chapter kicked off the school year by holding the First Annual Chili feed, a tradition they hope to continue for years to come.

- CNMs/CMs will achieve full autonomy in practice and equitable reimbursement by 2015.
  - Working with the State Board of Nursing, The Maryland Chapter was successful in their endeavor to eliminate the requirement for a physician signature as a mandatory condition of nurse-midwifery practice.
  - The Wisconsin Chapter was able to secure the authorship and introduction of a bill which will remove the requirement of a written agreement with a physician for nurse-midwifery practice, and clarify that hospitals may grant independent admitting privileges to nurse-midwives. Final outcome of that bill is still pending.
  
- Support the provision of high-quality maternity care and women’s health services by CNMs and CMs as reflected in the ACNM mission statement
  - Presented the *With Women for a Lifetime Award* to the Nurse-Midwifery Practice at the SIU Center for Family Medicine.
  
- Ensure the organizational effectiveness and efficiency of ACNM through the volunteer structure and national office.
  - Eight of the states in Region IV began undertaking the process of transitioning to affiliate status. Maryland and West Virginia are close to becoming two of the first state chapters to transition to affiliate status.
  - The “activity” that has impressed me most during my first six months as Region IV Representative, is the amazing and continued dedication that I see and hear in my interaction with the midwives who volunteer their time and talents to continue the mission of ACNM. It is the work of these volunteers—one hour, one day, one week, and one small step at a time—which will help ACNM achieve the FutureFocus Strategic Goals.

## **Region V Supplement**

*Submitted by Heather Swanson, CNM, APRN, FNP, IBCLC*

Region V consists of Arizona, Colorado, Iowa, Kansas, Minnesota, Missouri, Montana, Nebraska, New Mexico, North Dakota, Oklahoma, South Dakota, Texas, Utah, and Wyoming. Major accomplishments and activities in Region V that have supported the ACNM FutureFocus Strategic goals include:

**20% of Births Attended by CNM/CMs by 2020** is the overarching vision of FutureFocus. New Mexico is leading the way in Region V and is exceeding this goal. The remaining fourteen states will need to considerably increase their current birth attendance percentages. Though not accurately representative of how many births CNMs are attending in Region V (which would be by place of occurrence), the number of births attended by CNMs by mothers’ residence will provide some perspective as to the urgency to attain the remaining strategic goals. Of births occurring to women residing in Region V in 2006, only 5.56% were attended by CNMs (2006 data was the most current finalized stats available at [www.cdc.gov](http://www.cdc.gov) at time of report submission).

**Goal 1—Communicating the Value of Midwifery Care:** Region V members have been spreading the word about midwifery! They have been sought out for stories and have been taking their own initiative to get into the media. In addition to journal publications, CNMs and practices across the region have been featured on PBS, in newspapers, state nursing publications, and letters to the editor among other outlets. Many of these have been shared on the ACNM website via “Midwives in the News” and our blog “Midwife Connection,” as well as on the ACNM and members own Facebook pages –keep sharing them and spreading the word about the value of midwifery!

**Goal 2—1000 newly certified CNMs/CMs per year by 2015:** Communicating the value of midwifery in terms of health outcomes and monetarily continues to be vital and affects this goal as well. We cannot afford to lose programs, and midwives must continue to “Speak Out.” Midwives spoke out in New Mexico, and the University of New Mexico program fended off a targeted 33% budget cut.

**Goal 3—Achieve full autonomy in practice and equitable reimbursement by 2015:** Currently only six of the 15 states in Region V have full autonomy in practice. The remaining states require some sort of written document signed by a physician for practice ranging from approval of practice guidelines, to prescriptive authorization, to delegation and authorization of practice. Some members and states are working towards statute change, but more efforts are urgently needed to attain our goals.

### **Region VI Supplement**

*Submitted by Candace Curlee, CNM, MS, Region VI Representative*

Major accomplishments and activities in Region VI that have supported the ACNM FutureFocus Strategic goals include:

We will create strategic communication detailing the value of midwifery care in the US by 2010.

- Megan Bower, CNM, established a newsletter from the ACNM California Bay Area Chapter.
- CNMs from University of California San Diego Birth Center were interviewed about their support of physiologic birth at the birth center on the local PBS and NBC stations, which was widely published and spurred a lively blog discussion.
- South Coast Midwifery and Women’s Health, a midwifery-owned birth center in Orange County, CA, was named by the *Orange County Register* newspaper as the best place to give birth.

There will be 1000 newly certified CNMs/CMs per year by 2015.

- There are still five midwifery education programs in Region VI.
- San Diego State University graduated nine students in 2009 and has a projection for the following graduation years of six in 2010, nine to ten in 2011, and nine to 10 in 2012.
- University of Washington graduated five students in 2009, including two distance learning students. Their projection for future graduation years are nine in 2010,

- University of California, San Francisco graduated nine students in 2009. They project 12 graduates in 2010 and currently have 32 enrolled.
- Oregon Health & Science University graduated nine students in 2009 and presently has 22 students enrolled.
- California State University, Fullerton graduated two students in 2009 and currently has seven students enrolled.

CNMS/CMs will achieve full autonomy in practice and equitable reimbursement by 2015.

- Hawaii legislation passed, which recognized advanced practice nurses (including CNMs) as primary care providers with expanded prescriptive authority.

Support the provision of high-quality maternity care and women's health services by CNMs and CMs as reflected in the ACNM mission statement.

- Idaho has new birth centers with Connie Wolcott in Jerome and Paula Wiens in Boise.
- Scripps Memorial Hospital in La Jolla, CA, approved clinical privileges for four CNMs and plans to grow.
- Oregon is working on a database from various practices based on ACNM benchmarking.
- Hawaii has a new midwifery practice in Oahu established by Kaiser Permanente with five CNMs.
- University of San Diego Medical Center Midwifery Birth Center celebrated its 10<sup>th</sup> year anniversary and their 3,000<sup>th</sup> birth.

Ensure the organizational effectiveness and efficiency of ACNM through the volunteer structure and national office.

- The ACNM Washington Chapter hosted a successful annual meeting in Seattle.

### **Student Representative Supplement**

*Submitted by Lindsey Wilson, Student Representative*

2009 was a significant year for the Student Committee. ACNM appointed Lindsey Wilson, SNM, as its first student representative to the board. Current committee members wrote the 2009 student report at the ACNM 54<sup>th</sup> Annual Meeting. Lindsey is spearheading efforts to implement suggestions made in the student report and to recruit more students to be active participants in the committee. The Student Committee lent support to each of ACNM's five strategic goals.

Goal 1—Strategic communications by 2010:

- Lindsey worked with national office staff to encourage student involvement in ongoing work related to marketing midwifery and promoting midwifery as a profession, for example participating in the ACNM Annual Video Contest.

Goal 3—1000 newly certified CNMs and CMs per year by 2015:

- The committee suggested that national office staff explore developing an online version of the exam prep course offered yearly at the Annual Meeting.
- The committee recommended that staff develop a list of questions to guide students through the process of comparing midwifery programs.
- Several student members participated in the Become a Midwife forum in Seattle.
- The committee requested that DOME develop a position statement supporting the education of all students despite their previous clinical/work experience. They also requested that information regarding how to work with students without labor and delivery experience be included in the 2010 preceptor workshop.
- The student committee requested that Patrick Cooney and GAC work for legislation to provide reimbursement for midwifery preceptors.

Goal 4—Support the provision of high quality maternity care and women’s health services by CNMs and CMs as reflected in the ACNM mission statement:

- The committee encouraged ACNM staff to identify strategies to highlight diversity on the website and throughout the materials of the ACNM organization, so as to promote diversity within the midwifery profession.

Goal 5—Ensure the organizational effectiveness and efficiency of ACNM through the volunteer structure and national office:

- Lindsey worked with national office staff to create an easily-accessible Web page for current students at [www.midwife.org/students.cfm](http://www.midwife.org/students.cfm) via “Quick Links” on the ACNM homepage.

We look forward to a continuing trend of student involvement in ACNM and the profession of midwifery.

### **Accreditation Commission for Midwifery Education Supplement**

*Submitted by Jo Ann Burke, ACNM Education Administrative Assistant*

The Accreditation Commission for Midwifery Education is an autonomous body that is responsible for accreditation of midwifery programs and institutions that meet established

quality standards. Recognized by the US Department of Education (USDE) since 1982, the goals of ACME include fostering the development and improvement in the quality of midwifery education and assuring the highest standards of professional competence are maintained. It currently accredits 38 programs at colleges and universities across the US and Puerto Rico and one institution. Financially autonomous from the American College of Nurse-Midwives since 1983, the current ACNM Bylaws secure ACME's independence in all aspects of accreditation. ACME is governed by a Board of Commissioners, which implements its work via a Site Visitor Panel, the Board of Review and Advisory Committee. The ACME offices are in Silver Spring, Maryland. More information may be found at [www.midwife.org/acme.cfm](http://www.midwife.org/acme.cfm).

Some highlights of 2009 include:

- ACME completed our regular five-year revision of the *Criteria for Programmatic Accreditation*. The revised criteria reflect the Federal expectation in which the accrediting agency holds programs accountable for outcomes through documentation. The new criteria is available on the Web site and has been distributed to the midwifery education community.
- ACME continues work on the regular five-year revision of the *Criteria for Programmatic Preaccreditation*, and the *Policies and Procedures Manual*.
- ACME continues to explore issues in International accreditation.
- A new program will be reviewed by ACME Board of Review for Preaccreditation, and several programs are in initial stages of development.

Many thanks are due to the dedicated volunteers who devote their time and expertise as members of the Site Visitor Panel, Board of Review, Advisory Board and Board of Commissioners, and to those who helped in the criteria revision process. Without them, the work of the Accreditation Commission for Midwifery Education would not be possible.

Mary C. Brucker, CNM, PhD, FACNM  
Chair, Accreditation Commission for Midwifery Education

ACME Commissioners -

Mary C. Brucker, CNM, PhD, FACNM 6/02-6/12

*Chair, ACME (6/08 - 6/11)*

Susan E. Stone, CNM, DNSc, FACNM 11/05-11/15

*Vice Chair, ACME (11/08 - 11/11)*

Katherine C. Carr, CNM, PhD, ARNP, CNM, FACNM 11/09-11/12

Carol Gisselquist, MA, *Member of the Public* 5/06-5/16

Laraine Guyette, CNM, PhD, FACNM 10/98-6/10

Heather Reynolds, CNM, MSN, FACNM 10/00-10/10

Kerri D. Schuiling, PhD, CNM, FACNM 5/09-5/12

Sally Tom, CNM, EDM, FACNM 10/07-5/17  
*Coordinator, Site Visitor Panel (1/08 – 1/11)*  
Dawn Durain, CNM, MPH, *liaison from ACNM Board of Directors*

### **Division of Education Supplement**

*Submitted By Barbara Camune CNM, Chair*

The Division has focused on aiding preceptors in their challenges working with our midwifery students and rewarding their efforts for all the support that they show in growing our future. Highlights of 2009 activities include:

- Recognition of preceptors at the opening ceremony of the Annual Meeting
- Recognition of preceptors with special decals on their name badges
- Free annual preceptor workshop focusing on topics requested by preceptors
- Online Preceptor Handbook (to be completed by June 2010)
- Development of a national preceptor database with the national office for ease of credentialing preceptors ( to be completed summer 2010)
- Development of a Task Force to look at a universal clinical evaluation sheet
- Addition of a representative from practice to the DOE
- Report of initiatives to the BOD ongoing and Practice Managers/Directors of Midwifery Education in the Fall 2009
- A preceptor needs survey was conducted in summer of 2009

Education Policy is a large part of the DOE. Elaine Germano works very closely with the DOE, representing midwifery at national discussion tables. These are the meetings that have been attended.

- National Council of State Boards of Nursing
- Joint Dialogue Work Group on LACE
- Alliance of Advance Practice Nursing
- American Midwifery Certification Board
- National League for Nursing Advance Practice

- AACN Master's Programs

Re-entry to practice is a growing concern. DOE is part of a Task Force trying to develop mechanism(s) to assist returning midwives to become competent. Various members are working with Tina Johnson and Elaine Germano on this initiative.

As education preparation is changing throughout the US for Advance Practice Nurses. A Doctoral Task Force has been formed to investigate the need for midwifery competencies at the masters and doctoral levels. Diane Boyer is heading this Task Force.

An Online CE course "Advanced Coding and Billing" by Joan Slager, CNM, was developed and is being introduced in Feb 2010. Other online CE courses are being developed to assist preceptors and other members in meeting requested needs.

An education informatics section was added to the DOE to address online educational needs, interests, and training in electronic media.

Joyce Brewer , PhD, CNM, FNP-BC - Chairperson

Julia Bluestone, CNM, MS

Barbara S. Deller, CNM, BSN, MPH

Michele D;Arcy Evana, CNM, PhD

Deborah Fiedler, CNM, PhD

Nancy Hazle, CNM

Sally Rollow Hersh, CNM

Margaret Holcomb, CNM

Elisabeth Hyde, CNM

Siri Jacksman, CNM, MSN

Michell Jordan, CNM, MSN

Kathy Jo Keever, CNM

Kathleen Krov, CNM, MSN

Tonya Harwood Lawrence, CNM

Nancy Marshutz, CNM

Barbara McFarlin, CNM, PhD, RDMS

Bernice McLellan, CNM

Melissa Merwin, CNM

Deborah Narrigan, CNM

Aleida Lianes Oberstein, CNM

Katharine K. O'Dell, CNM

Kathy Porsch, CNM, MSN

Valerie Row, CNM, MSN

Cynthia Gale Roller, CNM, PhD

Suzanne Schechter, CNM

Mary Shean, CNM, FACNM

Janet Singer, CNM, MSN

Vicki Smith, CNM, MSN

Barbara Spoerry, CNM, MSN

Donna J. Thomson, CNM, MSN  
Donna J. Vivio, MPH, MS, CNM, FACNM

Additionally, the following people served as mentors for new readers:

K. Keever  
J. King  
B. McLellan  
D. Thomson  
B. Deller

### **Bylaws Committee Supplement**

*Submitted by Jan M. Kriebs, CNM, MSN, FACNM, Chair*

The Bylaws Committee and Implementation Task Force have spent 2009 working as a team on governance issues.

- developing new SROP for committees, divisions, and other work groups,
- developing tools for states to transition from chapter structure to affiliates,
- educating members about the transition.

Jan M Kriebs, Chair Bylaws Committee  
Lynne Himmelreich, Chair Affiliate Implementation Work Group

### **Ethics Committee Supplement**

*Submitted by Elizabeth Sharp, CNM, DrPH, FACNM, Chair*

## **MAJOR ACCOMPLISHMENTS**

### **I. First Accomplishment**

#### Related to Strategic Goals:

3. By 2015, there will be 1,000 newly certified CNMs/CMs per year.
4. Support the provision of high-quality maternity care and women's health services by CNMs and CMs.

#### Work Accomplished: Presentation of Workshop at the Annual Convention 2009

Members of the Ethics Committee presented a workshop, *Resolving Common Ethical Issues in Midwifery*, based on the ethical issues and conflicts raised in cases in clinical practice. After orientation to two models of ethical analysis and decision making, the Thompson & Thompson *Bioethical Decision-making Model (TnT)* and the *Four Topic Model: Case Analysis in Clinical Ethics* by Jonsen, Siegler, and Winslade, the workshop participants in small groups applied one of the models to their assigned case. The groups shared identified solutions to the ethical issues that emerged from the

analysis of the case and also the usefulness of the model that they applied in analyzing the case.

#### Rationale for the Workshop's Contribution to Strategic Goals 3 and 4.

Goal 3 relates to the recruitment of nurses for midwifery education and ultimately certification. Many of us in midwifery service and especially education have realized that the recruitment of nurses working in maternity services often is based on the nurses' opinions of the nurse-midwifery service in their maternity care setting. Therefore, attention to the ethical components of practice in order to prevent ethical issues and conflicts may reflect positively on the recruitment of nurses into midwifery education.

Goal 4 relates to the high quality of care provided by CNMs and CMs. Ethical issues and conflicts in planning for and providing care, somewhat among midwives, but among other healthcare professionals with whom midwives work, create ethical concerns that disrupt high quality care as was the problem in the case that was presented at the workshop at convention. But attention to ethical aspects of care may prevent or resolve the issues that negatively affect quality of maternity care.

## **II. Second Accomplishment**

#### Related to Strategic Goal:

5. Ensure the organizational effectiveness and efficiency of ACNM—i.e., ensure a resource base and level of organizational functioning needed to meet the first 3 goals.

#### Work Accomplished:

As requested by the Board of Directors, the Ethics Committee prepared a document on the expected ethical conduct of leaders functioning on behalf of ACNM. The proposed document was approved by the Board of Directors at its September meeting and entitled *American College of Nurse-Midwives Leadership Guidelines of Ethical Conduct*.

#### Rationale for the document pertaining to the ethics of leaders contributing to Strategic Goal 5.

There are ethical considerations in the myriad of interactions that leaders have in fulfilling their leadership roles. The document delineates the conduct that would be most likely to uphold ethical expectations inherent in leadership roles, thereby promoting and maintaining organizational effectiveness and efficiency.

### **Government Affairs Committee**

*Submitted by Heather Bradford, CNM, ARNP, Chair*

The Government Affairs Committee consists of 19 CNMs/CMs who are the “action” behind ACNM’s grassroots lobbying. We have been working tirelessly toward passage of H.R. 1101/S. 662, the Midwifery Care Access and Reimbursement Equity Act of 2009,

which would provide equitable Medicare reimbursement for midwifery care. With the efforts of many midwives across the country, we secured 38 cosponsors in the House and 27 cosponsors in the Senate. This bill passed in the House and the Senate as part of the larger health care reform bill package, but as of this writing, still awaits final passage. Unfortunately, inclusion of CMs under Medicare was not apart of either bill that passed.

In addition to lobbying for our Medicare bill, we have started writing a monthly column in ACNM's blog, Midwife Connection. We also have been extensively involved in planning for the Annual Meeting in DC, encouraging all midwives who are able to attend to meet with their members of Congress on Lobby Day. We will be staffing a booth with the Midwives-PAC, co-hosting the Midwives-PAC Reception, presenting a Lobby Day Prep Session, and leading hundreds of midwives to the Hill to discuss our current legislative agenda.

We have achieved these accomplishments through many, many hours of hard work: monthly conference calls, weekly, sometimes daily phone calls and emails to ACNM members, patients and legislators, letter writing, constant web updates, coalition building, and lots of strategizing. Thank you for responding to our requests for action – we hope midwives can secure equitable reimbursement under Medicare in 2010 so we can finally (after over 20 years), move onto another legislative priority.

Respectfully submitted,  
Heather Bradford, CNM, ARNP  
Chair, Government Affairs Committee

Members:

Julie Bosak, CNM (Region I)  
Susan Jacoby, CNM (Region I)  
Kathryn Kravetz Carr, CNM (Region I)  
Anne Londergan, CNM (Region II)  
Kerry-Ann Dacosta, CNM (Region II)  
Laura Sheperis, CM (Region II)  
Nikole Gettings, CNM (Region III)  
Corinne Audette, CNM (Region III)  
Karen King, CNM (Region IV)  
Jeni Poell, CNM (Region IV)  
Laura Jenson, CNM (Region IV)  
Karol Krakauer, CNM (Region V)  
Lynneece Rooney, CNM (Region V)  
Brielle Stoyke, CNM (Region V)  
Jennifer Jagger, CNM (Region VI)  
Heather Swanson, CNM, FNP, IBCLC (Board of Directors Liaison)  
Katy Dawley, CNM, PhD (Midwives-PAC Liaison)  
Rachel Hayward, SNM (GAC/PAC Student Representative)  
Michelle Haris, SNM (GAC/PAC Student Representative)  
Patrick Cooney, Federal Lobbyist

Joanna King, JD, Director, ACNM Government Relations  
Heather Bradford, CNM, ARNP (Chair, Region VI)

### **International Health Committee Supplement**

*Submitted by Suzanne Stalls, CNM, Chair*

The IHC has had a busy year conducting activities that have taken place in years past, and in addition, members have been engaged in making the transition from the International Health Committee to the newly approved Division of Global Health. In May 2009, at the annual convention in Seattle, the previous chair of the committee, Barbara Anderson, turned over the position to Suzanne Stalls. Barbara's six years of leadership were instrumental in solidifying the work of the IHC and in laying the groundwork for the new Division. Thank you, Barbara, for your years of effort and commitment.

At the annual meeting, the session offerings of the International Health Research Forum, coordinated by Catherine Carr and Chris Hunter, and of the International Roundtables, coordinated by Suzanne Stalls, were held. The number of attendees at these sessions continues to grow. Catherine and Chris will continue to coordinate the Research Forum; Katrina Nardini has assumed the role of moderator for the International Roundtables. Before the annual meeting, Barbara Anderson, in conjunction with the Department of Global Outreach, other members of the IHC and the Division of Research convened a meeting at her home in Seattle. At that time, the members of that meeting proposed that a Division of Global Health be formed. An agenda item for the business meeting that proposed the ACNM Board of Directors and the membership support the formation of this Division was put forth later during the week. The item was approved and the board charged the IHC to write a concept paper for this new Division and bring this suggestion forward at the BOD meeting in September. Throughout the summer, with a collaborative effort from the IHC and the DGO, a white paper was written and submitted to the board. At the September meeting, Anne Hyre, director of DGO, and Suzanne Stalls, chair of the IHC, presented the white paper and the motion to form a Division of Global Health was approved by the board. The board then charged the IHC to write SROPs for the new Division and present them to the December BOD meeting. These SROPs were written, again with a strong collaborative effort, presented at the board meeting where suggestions for revisions were made. A final product is due for the March BOD meeting. An article was written by Melissa Garvey, with input from Anne Hyre and Suzanne Stalls, for *Quickening* in order to announce the new Division and to begin the call for applications for Division chair. A call for applications for the Division chair will also be placed in the February *Quick E-news*. Prior to the annual meeting in Washington, DC, in June 2010, the division chair appointment will be announced and a call for members and section chairs will also be posted.

The IHC, soon to become the Division of Global Health, will greatly enhance and support a number of ACNM's strategic goals.

1. Strategic communications: the interest in global health continues to rise rapidly and with a new Division, ACNM will be able to respond to current members'

2. Reimbursement equity and practice autonomy by 2015: NA
3. 1,000 newly certified CNMs and CMs per year by 2015: again, because globalization has become a reality that influences our national arena, women and men interested in becoming midwives often are looking for professions that incorporate and/or lend themselves easily to international work. This heightened awareness on the part of our national organization will give credibility to our outreach and a broader base of support to those interested in multiple aspects of midwifery.
4. Support the provision of high quality maternity care and women's health services by CNMs and CMs as reflected in the ACNM mission statement: multiple midwifery programs, in response to the interest expressed by their students, now incorporate global elements to their learning experiences. ACNM, in collaboration with the midwifery programs, can work to ensure that those experiences support those new to our profession to provide the best of maternity care in all settings, nationally and internationally.
5. Ensure the organizational effectiveness and efficiency of ACNM through the volunteer structure and national office: by creating the Division of Global Health, the Board of Directors and the Department of Global Outreach have clearly indicated their desire to respond to the interest and needs of its membership. With the new Division, the DGO will have a panel of volunteers and experienced, committed members who will be able to offer their expertise to the national structure and its members.

### **Nominating Committee Supplement**

*Submitted by Cheri Moran, CNM, PhD, FACNM*

#### Members:

Diana Jolles 2009-2012

Mavis Schorn 2009 – 2012

Tom Chappell 2008 - 2011

Fran Ventre 2008 – 2011

Tanya Bailey 2007 – 2010 – resigned, 12/09

#### Highlights of 2009 Committee Activities:

- Created the 2010 ACNM Elections ballot and submitted candidate information to Quickening.
- Developed a time line to guide the process of nominating committee.

- Conducted three phone conferences and several emails to keep committee informed.
- Worked with Kathy Przybylski to facilitate the online forum and the election.
- Created suggested revisions for the Nominating Committee SROPs, for Board of Directors or Bylaws Committee chair review.
- Accepted resignation of one member, due to illness, and worked with Melisa Avery and Jan Kriebs regarding the need for replacement: she is at end of her term, and the work remaining can be accomplished by the current members. It was determined we would not replace this member, and instead rely on the election of two new members.
- Initiated process of naming new Nominating Committee chair for 2010 from our current members.

Future Activities of the Committee:

- Initiate the process of creating the 2011 ballot (open offices: Vice President; Region I and Region VI, plus two Nominating Committee members).
- Discussion idea: to consider young leaders development workshop at ACNM Annual Meeting. This will not likely occur at the 2010 Annual Meeting. The task will move to the next Nominating Committee chair.

**Program Committee Supplement**

*Submitted by Kate Fouquier, CNM, MSN, Chair*

Program Committee Members:

Kate Fouquier, Chair

Judy Lazarus

Tish Sullivan

Martha Goedert (Chair Elect)

Shauna Applin

AnneMarie Mitchell

Deborah Williamson

Irene del Torre

Kathleen Menasche

Carla Burdock

Joyce King

Debby MacMillan

Ruth Keen

Activities

- Planning Meeting was held at the Marriott Wardman Park, Oct 31-Nov 2.
- Focus of the 2010 Meeting: International Midwifery and Political Action.
- Orientation of Chair Elect is ongoing.

#### Summary of Activities

- The template for the 55<sup>th</sup> Annual Meeting was submitted for review via conference call on Friday, January 22, 2010 by Courtesy Associates. A detailed summary of action items was compiled and disseminated to the conference call participants.
- A call for student pages was sent January 28, 2010 with 16 students responding within a 24 hour period. I am working with Amy Roth to identify work needs that students may participate in, such as registration, stuffing welcome bags, etc.
- I have worked closely with John Juchniewicz to develop global objectives for the meeting as well as specific education session objectives that will be used to secure funding through the grant process.

#### Future Activities

- Continue working with Courtesy and the local committee to finalize speakers.
- Program Chair transition to be completed at end of DC meeting.
- Update SROPs to reflect changes in the Program Committee as we move forward. As requested, documents were forwarded to Lorrie Kline Kaplan and Kathy Przybylski in September 2009.

#### **Uniformed Services Committee Supplement**

*Submitted by Michelle L. Munroe, LTC, AN, CNM, Chair*

ACNM appointed LTC Michelle Munroe as the Chair to the committee. Highlights of 2009 activities related to the ACNM FutureFocus Strategic Goals include:

##### 1. Strategic communications by 2010:

- Encouraged all members to sign up for the military midwives list serve.
- Use email to promote communication between all sites.

##### 2. Reimbursement equity and practice autonomy by 2015:

- Not applicable for Department of Defense

3. 1000 newly certified CNMs and CMs per year by 2015:

- Uniformed Service members are preceptors to numerous midwifery students.
- Seven Army CNM students are currently in training—more than any other year.

4. Support the provision of high quality maternity care and women's health services by CNMs and CMs as reflected in the ACNM mission statement:

- Negotiations are in place with ACOG Armed Forces District to have a joint meeting with the Uniformed Services Chapter.
- Two abstracts were submitted for presentation at the ACNM Annual Meeting.
- Research was presented on Postpartum Depression at Armed Forces District, and submission for publication is currently in progress.
- LTC Michelle Munroe was named Army Nurse of the Year.