



American College of Nurse-Midwives 1997 Annual Report



1996/1997 ACNM Accomplishments

Formed ACNM Insurance Services, Inc. to manage a variety of insurance policies with a primary focus on professional liability coverage for certified nurse-midwives and certified midwives.



Participated in a campaign to gain antitrust protections from the U.S. Department of Justice.



Produced handbooks on managed care contracting, obtaining clinical privileges and home birth practice.



Cosponsored *Models of Collaborative Practice: Preparing for Maternity Care in the 21st Century*.



Held Domestic Women's Health Policy Forum.



Created ready-made marketing materials for ACNM members to use in presentations to managed care executives.



Produced public service announcements to increase awareness about the prevalence of domestic violence during a woman's pregnancy.



Published *Program Profiles*, a directory of accredited nurse-midwifery and midwifery education programs for use by prospective midwifery students.



Revised the *ACNM Core Competencies for Basic Midwifery Practice* to include more proficiencies in primary care and assisting survivors of domestic abuse.



Supported the development of a national bench marking tool and procedure.



Published a Clinical Bulletin on the prevention and prophylaxis of early onset Group B Strep infection in newborns.

Participated in the Liaison Network of the Joint Commission on Accreditation of Healthcare Organizations.



Created a new policy analyst staff position at the National Office to address state legislation and its impact on midwifery practice.



Assisted in the creation of ten new ACNM Chapters.



Redesigned the ACNM Web site.



Inaugurated the ACNM Industry Council with a reception for industry leaders at Annual Meeting.



Completed the third edition of the internationally known, *Life Saving Skills Training Manual for Midwives*.



Created a Safe Motherhood-USA Task Force to address the problem of maternal mortality and morbidity in the U.S.



Helped more than 1,500 members earn continuing education units through ACNM- sponsored CEU opportunities including the Annual Meeting and Regional Workshops.



Produced ACNM's first video continuing education home study program.



Selected to receive Maternal & Child Health Bureau Partnership Cooperative.



In addition, more than \$50,000 in scholarships and educational grants were awarded by the ACNM Foundation to student nurse-midwives and certified nurse-midwives.



Awarded the first Nurse-Midwives of Color Scholarship.



President's Report

Joyce Roberts
CNM, PhD, FAAN, FACNM

This year has been filled with growth and challenge. In the past year our membership has increased by 10 percent. Even more amazing, our growth over the past eight years jumped an impressive 130 percent. Eleven new ACNM accredited education programs were added this year, bringing the total number of accredited programs to 50. Many of the students who attend these programs are getting involved with the ACNM, with students making up 20 percent of our membership.

Increased membership has helped increase the revenue of the College, which is derived largely from dues, and has enabled an expansion of services. They are summarized in the list of accomplishments featured on page two of this report. This list, and the detailed reports included in this publication, reflect a substantial amount of work by the members who have volunteered to serve and the National Office staff.

A number of historical changes took place during the fiscal year, including the vote at the Annual Meeting to extend ACNM membership to certified midwives and student midwives who are either graduates of or currently enrolled in ACNM accredited education programs. ACNM members voted, nearly unanimously, to extend membership to those with different backgrounds but with similar education who have met the criteria to become eligible to take the ACC certification exam. Later in the year, the first direct-entry midwives graduated from an ACNM accredited program and passed the certification exam and what is most important, expanded the number of professionally prepared midwives caring for women. The ACNM Foundation also funded the development of an evaluation protocol which will study the results of our major decision to accredit midwifery programs for non-nurses. This protocol will also help strengthen the evaluation of outcomes for nurse-midwife education programs.

One of our largest challenges this year was to continue to assist members who are working in a health care environment laden with change. Our assistance has come in many forms, all due to unprecedented collaboration both within the National Office and between the ACNM Divisions, Sections and Committees. Liaison relationships with other organizations that share our objectives and philosophies have also contributed to the effort. These liaisons include the National Perinatal Association, the Healthy Mothers/Healthy Babies Coalition, as well as the Safe Motherhood Initiatives-USA Task Force. We also joined the Society for the Advancement of Women's Health Research.

Other inter-organization activities that I have participated in include meetings of an Alliance for Nursing Accreditation of advanced practice education programs and the National Council of State Boards of Nursing. The Board of Directors also initiated a reaffirmation of our liaison agreement with the Midwives Alliance of North America (MANA).

The Annual Hattie Hemschemeyer Award this year went to Mary Ann Shah, CNM, MS, FACNM for her more than 30 years of contributing to maternal and child health, and especially her 22 years as editor of the *Journal of Nurse-Midwifery*.

The year ended with a reaffirmation of efforts to ensure that midwifery care is grounded on the best evidence. The Board of Directors instituted a special task force, through the Division of Research, that will promote the concept of evidence-based practice and possibly initiate research on topics for which the evidence is inadequate.

We began this fiscal year with no shortages of challenges and I am pleased to report that we ended it with an excess of exceptional ideas and solid dedication. It is truly a pleasure to oversee such remarkable progress, all directed toward the single and incredibly important mission of improving the health and well-being of women and infants within their families and communities.

During this year, I appointed two task forces to address new initiatives critical to our members:

ACNM EVIDENCE-BASED PRACTICE TASK FORCE MEMBERS

ACNM Chair

Nancy K. Lowe, CNM, PhD

William F. McCool, CNM, PhD

Deborah S. Walker, CNM, DNSc

Patricia Aikins Murphy, CNM, DrPH

Ina May Gaskin, CPM

Elizabeth T. Jordon, MSN, RNC

Carol Sakala, MSPH, PhD

Maureen Corry, MPH

SAFE MOTHERHOOD INITIATIVE USA TASK FORCE MEMBERS

Chairs

Joyce Thompson, CNM, Dr.PH.

Peg Marshall, CNM, Ed.D.

Deborah Armbruster, CNM, MPH

Diane Boyer, CNM, PhD

Mary Ellen Stanton, CNM, MSN

Yolanda Gardner, CNM, MSN

Elizabeth Lee, B.A.

Anne Richter, CNM, MPH

Deborah Woolley, CNM, PhD

1996-1997 ACNM Board of Directors

Pictured from top to bottom, left to right are: Anne Richter, Helena McDonough, Kay Sedler, Pat Burkhardt, Debbie Jessup, Linda Church, Ellen Martin, Nancy Sullivan, Joyce Roberts and Katherine Camacho Carr



Vice President

Katherine Camacho Carr, CNM, PhD, FACNM

The vice president of the ACNM coordinates the standing committees and divisions and also performs other duties that are assigned by the president, the Board of Directors or its Executive Committee. This year, liaisons with the Divisions and Committees were maintained by all the Board members, which assisted with the flow of communications, interpreting charges and assessing what resources the Divisions and Committees needed to meet their goals. In addition to communicating all charges following the Board meetings, participating in Executive Committee conference calls, reviewing weekly reports from staff and reviewing materials as requested, much time and effort was spent on the hiring and orientation of a new Executive Director.

The vice president also acted as ACNM's liaison to the ACNM Certification Council (ACC) and attended the ACC Board of Governor's Meeting. Several drafts of the contract between the ACC and the New York State Department of Education were reviewed. The vice president also gave input on the ACC's revision of its Policy and Procedure manual and discussed the switching of credentials between CM and CNM. Discussions between the ACNM Division of Education's Continuing Competency Assessment Section and the ACC's Certification Maintenance Program were facilitated.

In May 1997, the vice president led a delegation of 27 maternal child health care professionals, primarily CNMs, to China on a professional exchange with the Citizen to Citizen Ambassador group. Materials from the ACNM and the National Association of Childbearing Centers were presented and well received by the gracious hosts in three cities.

The vice president continued to be involved with midwifery workforce issues by attending a meeting hosted by the American Association of Colleges of Nursing (AACN), sponsored by the Bureau of Health Professions. Legislators were contacted by the vice president on behalf of education funding and other proposed legislation. The vice president also supported the development of a staff position and the appropriate equipment, software and support to meet the research and data analysis needs of the ACNM.

The vice president prepared a presentation for the Midwives Alliance of North America's convention in Seattle and agreed, along with ACNM President Joyce Roberts and Past ACNM President Judith Rooks, to take part in a panel presentation.

Treasurer

Ellen Martin, CNM, MS

The treasurer oversees the fiscal status of the College and monitors its cash flow in order to assure that a realistic budget is developed. This is done with the support of the director of finance and administration and the advice of the Financial Advisory Board. In Fiscal Year 1997, the annual budget was \$4,184,559. The major sources of revenue continue to be membership dues, grants generated by the ACNM Special Projects Section and the Annual Meeting. Fiscal Year 1997 ended with an excess of revenue over expenses of \$484,354. Under the direction of the ACNM's investment management company, the long term reserve account continued to grow at a rate of approximately 14 percent. Please see pages 14 - 15 for the ACNM's complete financial statement.

Secretary

Nancy H. Sullivan, CNM, MS, MA

The secretary's principal function is to record the minutes at each meeting of the Board of Directors and the Executive Committee, and transcribe these for dissemination to Division and Committee chairs, staff and other relevant individuals. The method of recording of minutes has evolved from using a blank pad of paper and pen years ago to using a laptop computer and templates derived from the agenda. This development allows meetings to proceed more smoothly and for greater participation by the secretary. Having the data from the meeting on computer disk assures that it will be saved in an organized way.

In addition to the function of recording the proceeding of the Board of Directors meetings, the secretary serves as the Board liaison to the Division of Accreditation, the Division of Research and the Division of Publications. In the fall, the secretary attended meetings of the former two in order to become familiar with their members, goals and process.

Region One

Helena T. McDonough, CNM, MSN

In 1997, Region One CNMs continued to grapple with long-standing issues such as reimbursement and managed health care, while developing new and innovative ways to deal with difficulties imposed by geography, economic and legislative realities.

In Vermont, members worked to consolidate and track birth statistics for CNMs within the state and discovered that in 1995, they attended 10 percent of the births in Vermont. In addition, they also worked to overcome the geography and weather hurdles that make chapter-wide meetings a challenge. They began televised conferences to conduct interactive chapter meetings. At one of the large medical centers in the state, CNMs worked to change the medical staff bylaws so their status would change from allied health professionals to licensed independent providers. CNMs in Vermont also continue their dialogue with the Vermont Midwives Alliance concerning licensure vs. certification as the appropriate regulatory mechanism for midwifery practice.

In Rhode Island, CNMs are forming coalitions with physician assistants and nurse practitioners to look at common barriers in providing primary care and receiving adequate reimbursement for their services. The University of Rhode Island Nurse-Midwifery Education Program can look forward to graduating more nurse-midwives after receiving funding for the program. The state continues to have a strong peer review process that helps nurse-midwives strengthen their practices.

The majority of CNMs in New Hampshire work as physician employees. Thanks to a very supportive nurse practitioner act which governs their practice, they are classified as Licensed Independent Practitioners. Some were able to obtain independent admitting privileges this year.

In 1994, CNMs in Connecticut had been named appropriate providers by Medicaid Managed Care. However, the Medicaid clients were never told that nurse-midwifery care was available to them and HMOs were not required to enroll CNMs as providers. So Connecticut ultimately rescinded the Medicaid numbers of nurse-midwives. The CNMs objected and now await a decision from the Access Subcommittee

on Statewide Medicaid Managed Care Councils on reinstating their Medicaid numbers. To this end, the state chapter employed a lobbyist to monitor state legislation.

In Maine, CNMs were able to amend their state Board of Nursing's requirement that mandated that CNMs acquire 75 hours of direct contact continuing education units every two years in order to practice as an advanced practice nurse. Most of Maine's 40 CNMs, who work in solo or rural practices, found the requirement a true hardship. They were able to work out a compromise so that the 75 hours are now divided into 30 hours of direct contact and 45 hours of professional activities which can include attending grand rounds, teaching, precepting, reading journals, conducting research or taking an accredited related academic course. Maine's nurse-midwives are working with their Board of Nursing to develop a mechanism to monitor the acquisition of continuing education units

In Massachusetts, Boston nurse-midwives hosted the 1997 Annual Meeting at a time when the state was celebrating the 20th Anniversary of the passage of legislation authorizing nurse-midwifery practice.

At the Annual Meeting, the members of Region One were pleased to present Susan DeJoy, CNM, MSN from Massachusetts with its Regional Award for Excellence. DeJoy was recognized for clinical excellence, her educational innovation and her academic and administrative prowess has culminated in a most impressive nurse-midwifery career.

Region Two

Patricia Burkhardt, CNM, DrPH

The achievements of the education programs in Region Two have been remarkable during this fiscal year. The first class of five direct-entry midwives graduated from the State University of New York's (SUNY) Health Science Center at Brooklyn's Midwifery Program and took the certification exam. The SUNY Stony Brook distributive learning program, after initially implementing the nurse-midwifery program at the state level, began accepting students from across the nation, making it the third national distance learning program. The Institute of Midwifery, Women and Health became the second such

program last year and continues to grow as they admit students three times per year. The Community Based Nurse-Midwifery Education Program maintains the honor of being the largest and oldest national distance learning program in the country.

Practice issues in the Region reflect the realities of the health care industry and the impact of managed care. Many midwives are considering the private practice model, or some components of it, in order to take direct responsibility for a defined set of clients and to be able to identify the revenues generated by their practice. This model gives midwives the ability to demonstrate their productivity. Still, reimbursement, either as a woman's health provider or as a primary care provider, varies across the Region.

How to structure multiple chapters within a state was a focus of discussion in the Region. The ability to meet and contribute to the overall professional effort motivates midwives to form chapters closer to where they work and live. However, the coordination of many chapters within a state so midwives can present a unified front on the growing number of critical state level issues remains a serious challenge.

The members of the Region voted to bestow its Regional Award for Excellence upon Barbara Reale, CNM. Reale was recognized for her many years of dedication which has brought nurse-midwives in New Jersey to the forefront in the arenas of legislation and managed care.

Region Three

Anne M. Richter, CNM, MPH

In all of but one of the states in Region Three there has been continued growth of practices and strengthening of education programs. The Region also pulled together to sponsor an exhibit at the Southern Medical Association's managed care conference in Atlanta.

The states in Region Three have used innovative approaches to market their practices. For example, South Carolina advertised in the state publication for family physicians and designed a poster.

Legislatively, the Region experienced many victories. Alabama and Louisiana obtained prescriptive privileges, and the state of Arkansas saw new birth center legislation passed, while

CNMs also obtained prescriptive privileges and DEA numbers. Louisiana continued its success with Medicaid in obtaining additional CPT codes and Georgia CNMs continued to advocate for prescriptive authority.

The members of the Region were pleased to present Minta S. Uzodima, CNM of Florida with its Regional Award for Excellence for her years of leadership and dedication to the profession. Elsewhere, Anita Rissler from Arkansas received the March of Dimes 1997 Apgar Award and Marianne Scharbo-DeHaan received the Outstanding Teacher award from Sigma Theta Tau.

Region Four

Debbie Jessup, CNM, MSN

Region Four, with 10 states and 14 chapters, can be proud of its growth and accomplishments in 1997. The Region grew by 15 percent and represents 1,361 members. It boasts 10 education programs, the newest of which is Shenandoah University in Virginia. Student membership in the Region accounts for nearly 22 percent of the Region's total membership.

The Region's chapters grew in political strength, continuing to tackle legislative issues in a changing health care system. Virginia was successful in achieving mandated third-party reimbursement. Michigan continued its efforts to attain prescriptive authority. Illinois and Wisconsin were negotiating revisions to their practice act. Ohio overcame a licensing dilemma through successful negotiations to have an "RN only" clause removed from their practice act and Kentucky worked toward the same goal. Indiana, Kentucky and Virginia were involved with state or consumer initiatives to license lay midwives. Chapters in Virginia and Maryland employed their own lobbyists and most other chapters were involved in advanced practice nurse coalitions which share lobbyist support.

Invigorating retreats and creative meetings took place in the Region which helped keep members energized and enthusiastic. Ohio's three chapters met at a state park during the winter and Kentucky midwives gathered at a historic mansion in the fall. Indiana CNMs met at a children's museum in the summer to entice family interest. Maryland and the District of Columbia continued their practice of

a summer joint meeting to share common concerns and issues. Many chapters organized or cosponsored successful educational conferences or workshops.

As the health care system continues to evolve, midwives in Region Four are working to market their services to consumers and to other audiences as well. More practices have subscribed to the ACNM's Practice Locator and chapters worked toward establishing relationships with legislators and managed care executives. Public relations and advertising efforts have included newspaper articles, yellow pages advertisements and public education seminars.

The members of Region Four were proud to present Leona VandeVusse, CNM with its Regional Award for Excellence. VandeVusse was recognized for her ability to touch so many lives and in the words of her peers who nominated her, "Dr. VandeVusse has demonstrated excellence in every aspect of her professional life."

Region Five

Kay D. Sedler, CNM, MN

Midwifery in Region Five continues to thrive, growing in size while making impressive legislative gains which broadened CNM's scope of practice.

Colorado CNMs finally received DEA numbers after having attained prescriptive authority more than two years earlier. State legislation passed there also gave women greater flexibility in choosing the provider of their Ob/Gyn services.

The nurse-midwife population in Kansas has traditionally been one of the smallest in the nation but is now expanding. This year, new services opened in both Wichita and Kansas City.

Oklahoma nurse-midwives were successful in obtaining prescriptive privileges while Texas CNMs gained a limited form of prescriptive authority. Texas nurse-midwifery also got a big boost from seeing a hospital-based CNM practice and a CNM-owned birth center open in Austin.

In New Mexico, CNMs were able to affect statutory and regulatory changes that broadened the definition of nurse-midwifery practice to include independent practice. The definition

also recognizes the primary care roles of CNMs and prescriptive authority.

The members of Region Five presented its Regional Award for Excellence to Kathryn Schrag, CNM from Arizona who has made a difference in the lives of many nurse-midwives and especially the women and families she serves.

Region Six

Linda K. Church, CNM, MSN

Constant changes in the health care industry have created hostile environments for many CNMs in Region Six. Nurse-midwifery practices, however, have adapted and often thrived through professional leadership and creative thinking. A major challenge in 1997 was to ensure that every CNM had the right to practice. CNMs in Alaska, California, Nevada and Oregon lobbied state and national legislators to support the 97% reimbursement bill, expand prescriptive authority, continue hospital admitting privileges and ensure all women the right to choose their maternity care provider.

Alaska CNMs developed a peer review process, then adapted the ACNM marketing packet to educate Alaskan consumers about the quality of midwifery care.

In California, CNMs opened birthing centers and found new support from private hospitals and physician practices. They synergized their efforts with the Blue Cross Insurance Company to develop an alternative provider panel with a holistic and alternative therapy focus. Research funding from the Robert Wood Johnson Foundation encouraged California CNMs to join with nurse practitioners and physician assistants in identifying professional marketing strategies and how to eliminate barriers to practice using a team approach.

When the California Department of Health Services cut \$1 million from the CNM education budget this year because of inaccurate birth certificate assumptions, the nurse-midwives gained letters of support from clinic and hospital administrators and physician employers to reinstate the total amount. Nurse-midwives, nurse practitioners, educators and lobbyists then testified before a Senate budget subcommittee on Health and Human Services and were successful

in reinstating funding for one year for programs which were previously funded.

CNMs in Hawaii and Idaho gained important ground in solidifying nurse-midwifery practice. Hawaii nurse-midwives received support from eight managed care companies after hosting a promotional breakfast. Idaho nurse-midwives worked with a task force of their Board of Registered Nurses to rewrite the nurse-midwifery statute while Idaho State University promoted distance learning of rural CNMs.

Washington and Oregon CNMs positioned themselves on managed care organization provider panels and cooperated with advanced practice registered nurses to heighten consumer awareness and gain professional visibility. Television and other media celebrations of midwifery were held in Portland, OR which brought families to a public fair filled with music, dances and CNM information booths. Oregon's Judith Rooks, CNM helped increase awareness about women and children's health care issues with her new book, *Midwifery and Childbirth in America*.

Washington nurse-midwives worked with the Midwives Alliance of Washington State (MAWS) group in preparing for the Midwives Alliance of North America's conference. They also supported the midwifery CARE Organization which produced a bimonthly newsletter and information hotline while also compiling data of state insurance company's reimbursement practices to CNMs. As part of the state's marketing and public education efforts, nurse-midwives in Washington developed a Web site for ACNM chapters there. The site, at www.cnm.wa.org, contains a practice locator search engine for all participating practices in the state. The state's licensing agencies evaluated the ramification of the ACC certified midwife and the nurse-midwives negotiated with their Board of Registered Nurses to change its midwifery certification requirements which had been open only to registered nurses.

The members of the Region also awarded Caron Campbell, CNM from Washington with its Regional Award for Excellence. Campbell was recognized for her many years of service as a Washington state chapter chair who helped pass numerous pieces of legislation.

Division of Accreditation

The Division of Accreditation (DOA) is the official accrediting body of the ACNM. The purpose of the DOA is to plan, implement and evaluate the accreditation process of midwifery education programs in order to ensure and enhance their quality.

The Division's Governing Board accomplished much during the fiscal year. *Program Profiles*, which includes a directory of the accredited nurse-midwifery and midwifery education programs, was published this year. It replaces the annual directory which was published in the *Journal of Nurse-Midwifery*. Instead, a short version listing the accredited programs will be printed in the *Journal*.

The Governing Board also agreed to participate in the Alliance for Nursing Accreditation which was initiated by the American Association of Colleges of Nursing. The DOA reached an agreement that assured that involvement with the Alliance would acknowledge and respect the autonomy and integrity of the DOA.

A progress report written by DOA Chair Helen Varney Burst was accepted by the U.S. Department of Education review committee with the understanding that the next full review would include the outcome data regarding ACC pass rates which the DOA can now obtain from the annual monitoring reports from the programs.

Other DOA Governing Board accomplishments included initiating a five-year cycle of the review of accreditation criteria. Elizabeth Sharp ended her term as site visitor coordinator and handed the post to Teresa Marsico.

The DOA Advisory Committee met to review and discuss DOA activities. Expressions of appreciation were given to Sylvia Hart, RN, PhD and Carl Miller, RN, DNSc for their many years of service to the ACNM DOA as their terms of appointment as members of the Advisory Committee, represent-

ing nursing and education respectively, ended.

The DOA Board of Review met twice during the fiscal year and as of August 31, 1997, there were 50 accredited nurse-midwifery and midwifery education programs. Forty-seven of the programs were basic nurse-midwifery programs, one was a basic midwifery program and two were precertification programs. Of the 50 accredited programs, 11 held preaccreditation status.

Division of Education

The Division of Education coordinates the activities of the ACNM that surround educational issues for both students and practicing midwives. For example, the Division provided consultation to the ACNM Foundation about development of an evaluation model for all midwifery education programs. The Division is made up of five sections including Continuing Education, Precertification, Continuing Competency Assessment, Education and Policy.

The Continuing Education Section helped facilitate the production of ACNM Regional Workshops on the pharmacologic management of common health problems. A background paper on continuing education and the ACNM Certification Council's recertification process was submitted for review by the ACNM Board of Directors in response to the ACC announcement about recertification requirements.

A total of 172 applications were received for consideration for ACNM continuing education units; 165 were Type I applications and 20 were Type II applications. Of the total received, 164 were approved and eight were rejected.

A total of 541 participants were enrolled in the 92/96 Continuing Competency Assessment cycle that ended on August 31, 1996. Of these, 68 did not submit complete Self Reporting Forms by the deadline. Of those who did submit their forms, 58 were randomly selected for an audit. Only six did not successfully complete the cycle.



The Precertification Section reported that six candidates were accepted and enrolled in the Assured Equivalency Option Program. Together with the Division of Research, the Section also began evaluating the AEO Program and will release the results during the next fiscal year.

The Education Section completed their year-long task of revising the ACNM *Core Competencies for Basic Midwifery Practice* and published the final revision in the *Journal of Nurse-Midwifery*.

The Policy Section was responsible for designing and analyzing a survey related to the financial needs of nurse-midwifery and midwifery students. It was sent to midwifery education program directors and individual students.

Division of Publications

The Division of Publications compiles and edits the ACNM's professional journal, *The Journal of Nurse-Midwifery* (JNM). This year, six issues of JNM were published which totaled 510 editorial pages. Included in these issues were home study programs on "Pharmacologic Management of Common Health Problems" and "Domestic Violence."

JNM received 66 manuscripts, 33 of which were accepted for publication and 33 were rejected. Work continued on creating a complete collection of *Journals* and its predecessor, *The Bulletin of Nurse-Midwifery* for the ACNM archives.

Division of Research

The Division of Research is charged with increasing the volume, quality and dissemination of midwifery research. To this end, the Division sponsored two research forums and one poster session at the 1997 Annual Meeting in Boston. They also identified the research priorities for fiscal year 1996-1997 which included: evaluating the impact of managed care on clinical decision making, the knowledge, skills and education level necessary to match Core Competency requirements with practice needs and the impact of different practice models on outcomes, quality of care and cost. The Committee continues to work on the development of the Antepartum and Women's Health Minimum Data Sets.

Division of Standards and Practice

The eight sections of the Division of Standards and Practice promote and support the development, communication and review of midwifery philosophy, standards and practice. This year's primary accomplishments included the publication of the Handbook on Home Birth that was developed and edited by members of the Section on Home Birth. The document provides both students and practicing midwives with extensive resources and support for home birth practices.

Other accomplishments included the development of a national benchmarking tool and procedure by the Quality Management Section with support from the Service Directors Network, Inc. Upon its completion, the tool will help demonstrate the outcomes of midwifery practice to payors, purchasers and consumers of health care.

The Division continued its series of professional education documents with the publishing of its second Clinical Bulletin, "Early Onset Group B Strep Infection in Newborns: Prevention and Prophylaxis," in the *Journal of Nurse-Midwifery* to ensure wide distribution.

The Clinical Regulation and Accreditation Section participated in the Liaison Network of the Joint Commission on the Accreditation of Healthcare Organizations, a vital tie to the predominant credentialing body for hospitals.

The Political and Economic Affairs Section participated in both grassroots and national lobbying efforts which included supporting of the Legislative Conference and assisting in the revision of the State Legislative Handbook.



Bylaws

The Bylaws Committee maintains congruency with the bylaws of the ACNM by reviewing proposed bylaws amendments, the College and its chapter's standing rules of procedures (SROPs) and other documents as requested by the ACNM Board of Directors. This year, the Committee with the bylaws amendments which admitted non-nurse midwives to full membership in the ACNM.

Several new chapters received approval for their SROPs and others are currently under review. In Region Three, the SROPs for three new chapters in Florida were approved. In Region Four, two new chapters in Michigan and Ohio issued SROPs for review. Region Five had five chapters submit SROPs for review including chapters in Montana, Missouri, Arizona, South Dakota and Iowa.

International Health

The International Health Committee promotes awareness and provides information on international maternal and child health and reproductive health care issues to ACNM members. This year, the Committee held its first International Health Research Forum at this year's Annual Meeting. The two-hour forum featured four scientific papers presented to 153 attendees. Many attended and visited our annual International Health Round table session and exhibit booth at the Annual Meeting. The Committee's Networking Task Force sent holiday greetings to CNMs working abroad, surveyed their needs, linked them to ACNM chapters and helped them find affordable continuing education. Work on a country-specific list of resource persons willing to provide information to ACNM members began this year. The Committee also worked to broaden the ACNM's role internationally through its involvement with ICM and a possible sister relationship between the ACNM and a midwifery professional organization and/or a midwifery education program abroad.

Membership

The Membership Committee works with the director of member services to review issues and recommend policies on membership recruitment, retention and satisfaction. Other concerns

of the Committee include membership categories, privileges and benefits as well as maintaining liaisons with the Midwives of Color and Student Committees. This year, the Committee worked to develop a membership survey on membership options for certified midwives and level of satisfaction with ACNM membership. The Committee identified some shortcomings in the current categories of membership and worked toward making recommendations for change.

The Committee also noted that the current distribution in membership by region is unequal in Region One. There, the number of ACNM members is half that of other regions. A draft of a realignment plan is being reviewed. The Committee also reviewed the offering of an ACNM signet ring, pendant, watch, group life/health insurance and hotel and car rental discounts during the past fiscal year.

Nominating

Members of the Nominating Committee are elected by the membership to solicit nominations for ACNM elected offices and prepare the ACNM election ballot. This year, the Committee recruited candidates for the offices of president, treasurer and regional representatives for Region Two and Three. It also recruited candidates for two positions on the Nominating Committee. The Committee had a large number of positions to fill and worked to identify qualified and diverse candidates. The Committee also added the process of communication via e-mail for Committee meetings and contacting candidates. The consent forms have been revised to address issues of confidentiality in the nominations process. The committee also will continue to use contract services to tally the votes in the election process.

Midwives of Color

The purpose of the Midwives of Color Committee is multi-fold and includes the recruitment and retention of persons of diverse ethnic/cultural backgrounds in the profession of midwifery. The Committee also works to provide educational opportunities to the ACNM membership pertaining to cultural issues and variations while increasing the awareness and responsiveness

among ACNM members to women/child health issues affecting people of color.

The Committee celebrated the first Midwives of Color Scholarship Award which was given to Karen R. Brayboy at the Annual Meeting in Boston. It worked with the ACNM Foundation to solicit and collect donations to the Midwives of Color Scholarship Fund. This effort was helped by book sales and author appearances by Sharon Robinson, CNM and Linda Holmes. Robinson is the author of a book about her late father, Jackie Robinson, entitled, "Stealing Home - A Daughter Remembers." Holmes wrote "Listen to Me Good - The Story of An Alabama Midwife" which chronicles the life and profession of Margaret Charles Smith.

The mentoring program for student midwives of color received several requests to match them with a midwife of color in their region.

Program

It is the responsibility of the Program Committee to plan and run the College's Annual Meeting and Exhibit. The 1997 Annual Meeting in Boston, MA during May 23-29 was the largest meeting in the history of the ACNM, with an attendance of almost 2,000. The Committee also planned the schedule for the 1998 Annual Meeting to be held May 22-28 in San Francisco, CA.

Public Relations

The Public Relations Committee works closely with the ACNM Marketing and Public Relations staff to plan and implement marketing strategies for midwives on the local, chapter and national levels. This year, the Committee developed the public relations liaison network to recruit volunteers who will spearhead marketing efforts and serve as a resource for chapter midwives.

Committee members worked with local and national media to represent ACNM issues. Articles were written in numerous magazines and newspapers featuring midwives and their positive contributions to the health of women and newborns. The Committee members also worked with other ACNM members to answer their public relations and marketing questions in an effort to increase local marketing efforts.

Student

The Student Committee works to fulfill the needs and pursue the interests of the student members of the ACNM. To do this, the Committee worked on various projects this year all aimed at increasing the amount of assistance ACNM student members receive to meet their needs. Other projects included surveying the needs of student midwives across the nation, creating a student page in ACNM's news-magazine *Quickening* and developing a Web site for student midwives. The Committee also worked on creating a video that will introduce new student members to ACNM Annual Meeting procedures.

Violence Against Women (Ad Hoc)

The Ad Hoc Committee on Violence Against Women addresses the women's health issue of violence against women as it applies to the practice and education of midwives and the related activities within the ACNM.

The Committee received approval from the ACNM Board of Directors to change its name from the Domestic Violence Ad Hoc Committee to the current name to reflect a broader focus on violence in women's lives. The Board also extended the life of the Committee for three additional years. Work on developing a position statement on traditional female genital surgery, or female circumcision/genital mutilation, began this year. A survey on the subject was reviewed by the Board of Directors and the Division of Research and sent to education program and service directors.



Executive Director

At the end of the fiscal year, the ACNM National Office had 39 employees, 12 of whom were certified nurse-midwives. Eight special project employees were working off campus, either in the United States or in foreign countries.

Major administrative changes which occurred during the year included a review of the Chief Operating Officer role and a decision to change the title to Executive Director. In August 1997, Helen Marieskind DrPH, was hired to fill this position. The National Office staff also provided support to the largest Annual Meeting ever held by the association and expanded its support of members by hiring a second policy analyst and a senior technical advisor for Professional Services. A consultant was hired to conduct a data management needs assessment and master plan. As a result of this assessment, plans are underway to expand membership support in the areas of data management and research.

As the fiscal year came to close, the ACNM was selected by the Maternal and Child Health Bureau to receive a Providers Partnership Cooperative Agreement. As designed, this three-year partnership will significantly improve the communication between CNMs, as private providers, and their state Maternal and Child Health and Medicaid programs.

Member Services Information Systems, Marketing & Public Relations, Membership, Publications *

Major hardware and software improvements were made in order to move the National Office to a Windows environment. A new version of association management software by Smith Abbott was installed which allows more flexibility to continue dealing with a large volume of information to track on members.

The ACNM Web site was redesigned and was

Membership Count at the end of FY '97:	
Active.....	4190
Life.....	184
Associate.....	476
Student.....	1174
1st year elig.....	443
Total	6467

online at the end of May. This was not just a cosmetic make over, but a total rebuild of the site. There is much more information and the information is arranged to be more useful for members and consumers. Comments on the new site have been positive and recognition and links from many other Web sites were received.

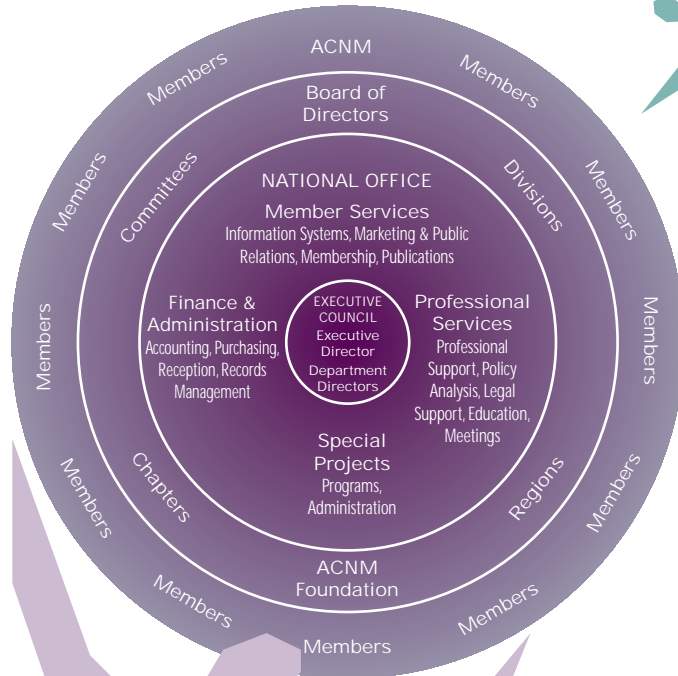
The Automated Practice Locator got off to a good start during the fiscal year. By the end of the year there were more than 600 practices subscribing and the toll-free number had been advertised in *Self* and *American Baby*. It was also mentioned in articles appearing in *American Baby*, *Fit Pregnancy*, *Yahoo Internet Life* and many other publications. A television commercial was filmed at the end of the fiscal year to use as part of a national marketing campaign.

A public service announcement campaign on the prevalence of domestic violence in pregnancy resulted in placements in many major cities including New York, Los Angeles

and Chicago. At the request of members, a second exhibit was developed to be rented by members for local marketing efforts. The ACNM's own active exhibit calendar put information about midwifery into the hands of many including managed care executives, student nurses and public health officials.

A concerted effort began at the end of the fiscal year to bring more non-dues income into ACNM. This work was done largely by the ACNM Marketing Representative. ACNM/ACNM Foundation staff and member volunteers made several visits during the year to pharmaceutical companies and others with an interest in midwifery. Not only did these visits yield tens of thousands of dollars in advertising for the *Journal* and other projects, but they also helped build relationships that will be beneficial for ACNM in the future. To further this effort, the ACNM Industry Council was begun, with an inaugural reception at the Annual Meeting.

Membership increased by nearly 10 percent from last year and renewals remained strong. There were also 98 Friends of the College. * Publications was in Finance & Administration and Professional Services during FY 1997. It moved to Member Services in FY 1998.



Professional Services

Professional Support, Policy Analysis, Legal Support, Education, Meetings

Dramatic changes in the financing of women's health care and federal policy relating to vulnerable populations, forced members to respond quickly and creatively in order to maintain, reinvent and/or expand their practice. The Professional Services department received many requests from CNMs, physicians, administrators, legislators and policy makers about the education, certification, licensure and scope of practice of midwives. In addition, the voice and experience of midwives, representing expertise about and sensitivity to the needs of women, was sought after in many more clinical and policy forums.

The publication of "Changing Health Care for the Better: A Marketing Packet for CNMs," provided members with helpful hints, slides and overheads designed to market midwifery care to managed care organizations, and the "Models of Collaborative Practice: Preparing for Maternity Care in the 21st Century" conference provided tangible products and increased exposure to the profession. Proceedings of the collaborative conference were published in the journal, *Women's Health Issues*. The Domestic Women's Health Policy Forum helped the Board of Directors and other key member volunteers revise the ACNM focus on policy. The Handbook on Managed Care Contracting addressed one of the most difficult issues faced by members. Members were represented on the Joint Commission on the Accreditation of Healthcare Organizations Liaison Forum and were offered a continuing education session on obtaining clinical privileges at the Annual Meeting.

Serious exploration was made into establishing a national network of certified nurse-midwives and creating a national data bank to assist organizations who wish to credential CNMs/CMs to provide midwifery care.

The ACNM was represented at meetings such as the Women's Leadership Summit on Tobacco Control and Prevention, the Pew Health Commission, Coalition for the Improvement of Maternity Services, American Hospital Association Maternal and Child Health Section, the Association of Maternal and Child Health

Programs, Healthy People 2000, National Perinatal Association, Healthy Mothers/Healthy Babies Coalition.

A new policy analyst staff position was added to address state legislation affecting midwifery practice and women's health. A system of support was established to provide resources which included fact sheets, issue briefs, state policy contacts and a regular column in *Quickening*.

More members were enlisted to become state legislative contacts and strengthen policy leadership within ACNM Chapters. With this infrastructure in place, the ACNM Handbook on State Legislation was updated.

While working closely and contributing to the accomplishments of the Divisions of Accreditation and Education and the ACNM Special Projects Section, employees in the ACNM education office also created additional education opportunities for midwives. Work with Ortho-McNeil Pharmaceuticals helped many midwifery students obtain education on IUD insertion and removal.

The ACNM formed ACNM Insurance Services to manage a variety of insurance policies with a primary focus on professional liability coverage for CNMs and CMs. An ACNM conference on legislative issues was held in March with members visiting their representatives and senators and lobbying on behalf of midwives and women. ACNM Legislative Leadership Awards were given to Rep. Henry Bonilla (R-TX), Sen. Daniel Inouye (D-HI) and Rep. Edolphus Towns (D-NY). In addition, the ACNM was an active member in many legislative coalitions including one that helped strengthen federal antitrust guidelines.

Special Projects Section

The mission of the Special Projects Section (SPS) is to improve maternal and infant health and nutrition and the lives of women and their families by increasing and expanding the ability of health care providers to render care of high and effective quality through education, research and services.

The 15 members of the SPS staff accomplished much during the 1997 fiscal year. Among these accomplishments was an article published in the *Journal of Nurse-Midwifery* on "Obstetric First Aid in the Community - Partners in Safe

Motherhood - a Strategy for Reducing Maternal Mortality. In addition, the SPS staff gave a total of six presentations and workshops at the ACNM Annual Meeting in Boston and were active participants at the annual conference of the National Council for International Health.

Many SPS staff members traveled to meetings to represent the profession of midwifery and the ACNM. Among the organizations visited were UNICEF, the World Bank and the World Health Organization.

Domestic Violence Project

The Domestic Violence Education Project is a federally funded nationwide project that aims to promote universal screening for domestic abuse of all women presenting for care. The Project released a training video and education module while also beginning an evaluation of the training and projects completed thus far. A fourth year was added to the project which will enable midwifery education programs to integrate domestic violence education into their curriculum.

MotherCare

The USAID-funded MotherCare Project seeks to implement a woman-centered approach for reproductive health care through a broad range of interventions. The ACNM serves as a subcontractor of the MotherCare project and SPS staff provide clinical, technical and training expertise. This year, a third edition of the *Life Saving Skills Training Manual for Midwives* was completed as well as the first draft of a Manual for Policy Makers and Trainers on the Life Saving Skills training program. Another manual, *Healthy Mother/Healthy Newborn Care*, was developed and pre-tested in a Basic Life Saving Skills training for village midwives. A Family Centered Maternity Care curriculum was adapted and used in Moldova at a Training of Trainers workshop. Another curriculum for the provision of antenatal care for adolescents was used in partnership with CARE in Zambia.

In Indonesia, a total of 102 midwives were trained in Advanced Life Saving Skills and 90 village midwives were trained in Basic Life Saving Skills. A continuing education system was integrated with the Life Saving Skills Program to provide monitoring and support for midwives

and village midwives through the Indonesia Midwives Association (IBI). SPS staff assisted the IBI in developing its organizational structure with workshops and systems strengthening. An SPS internship program was reinstated and two nurse-midwives were able to help train village midwives in Indonesia.

In Bolivia, protocols for maternal and neonatal emergency care were developed for tertiary, district and clinic levels while a training program, including a training of trainers component, was developed and implemented based on the protocols. In Honduras and Guatemala, short-term technical assistance was provided to develop protocols and curriculum, implement training and conduct evaluation activities.

SEATS/ MAPS Project

The Family Planning Service Expansion and Technical Support (SEATS) project seeks to improve quality, quantity and accessibility of family planning services for underserved populations in target countries. Under the SEATS project, the ACNM implements a special initiative, the Midwifery Association Partnerships for Sustainability (MAPS). The MAPS Initiative's focus

on association building maximizes the sustained technical and policy support necessary for maintaining high standards of quality and promoting service expansion. The goal of MAPS is to rapidly expand the availability of family planning and reproductive health services in under served populations.

This year, the Project helped train trainers and more than 160 midwives in business skills and community mobilization in Uganda and Zimbabwe. Another MAPS Project was launched in Senegal and Zimbabwe with a project set to begin in Zambia in the near future.

PRIME Project

PRIME is a program that works to improve reproductive health care in developing countries by building organizational expertise in a wide range of reproductive health services, including family planning, STD/HIV/AIDS prevention and safe motherhood. PRIME addresses human resource development needs, including personnel planning management, training supervision and other aspects of organizational support.

As a partner in the PRIME project, the SPS

staff spent significant time this year participating in the reorganization of the structure and decision-making process of the Project. Major contributions to a Reproductive Health Source Book were also made.

In Indonesia, SPS staff members conducted needs assessments and began developing plans for implementation of the project. In India, an evaluation and revision of the Traditional Birth Attendant training program was made by SPS staff. Work began with the Auxiliary Nurse-Midwives and the Obstetric First Aid concept has developed into the feasibility study of the Community Partnership in Safe Motherhood Project.

Additional technical assistance was provided to the East, Central and Southern African College of Nursing (ECSACON) and is planned for Peru, Ghana, Guinea, El Salvador, Bangladesh and Benin.

World Bank

Together with PRIME, the World Bank agreed to support the ACNM in completing a meta-analysis of literature and research on traditional birth attendants.

ACNM National Office Staff (at end of fiscal year)

† Executive Director
Helen I. Marieskind, DrPH
Executive Assistant
Paula Acosta
Editor, *Journal of Nurse-Midwifery*
Mary Ann Shah, CNM, MS, FACNM

Department of Finance
and Administration
Director, Finance & Administration
Joan Robertson
Accountants
Kevin D'Sylva, Judy Inserra, CPA
‡Admin. Asst./Publications
Coordinator
Sharon Berry
Admin. Asst./Office Coordinator
Alicia Huggins Turner
Receptionist
Sonya Pryor

Department of
Member Services
Director of Member Services
John Boggess
Marketing/Public Relations Manager
Kimberly J.P. Patamia
Admin. Asst./Public Relations
Coordinator
Susan A. Noseworthy
Asst. Information Systems Manager
Felix Caramat, Jr.
Asst. Membership Manager
Ramona Jackson
Admin. Asst./Member Services
Gift Chowchuech
Marketing Representative
Dick Geyer

Department of
Professional Services
Director of Professional Services
Deanne Williams, CNM, MS, FACNM
Education Manager
Lara Slattery

Asst. Education Manager
La Keyia Thompson
Meetings and Exhibit Manager
Robin Jensen
Senior Policy Analyst
Karen S. Fennell, RN, MS
Policy Analyst
Alyson Reed, MA
Senior Assistant
Sharonda Cooper
Admin. Asst./Legislative Affairs
Coordinator
Paula Soper, MPH
Senior Technical Advisor
Lisa Summers, CNM, MSN, DrPH (c)

Special Projects Section
Special Projects Director
Deborah Armbruster, CNM, MPH
SPS Administrative Director
vacant
SPS Sr. Technical Advisors
Sandy Buffington, CNM; Frances
Ganges; CNM, MPH; Jeanne
McDermott, CNM, MPH, PhD, FACNM;

Jim McMahan, MPH; Pat Paluzzi,
CNM, MPH; Charlotte Quimby, CNM,
MSN; and Lynn Sibley, CNM, PhD
SPS Long Term Advisors
Diana Beck, CNM; Mary Lee Mantz,
CNM, MS
SPS Program Coordinators
Traci Phillips-Strauss, Liz Weist and
Irene Mugizi
SPS Admin. Asst.
Joanne Valladares

ACNM Foundation
President
Deborah Bash, CNM, EdD, FACNM
Director of Development
Martha Saldinger
FDN Office Manager
Sharon McGonnell

† Deanne Williams served as Interim
Administration Director from September
1996 to August 1997

‡ Position later moved to within the
Member Services Department

ACNM Certification Council

The purpose of the ACNM Certification Council (ACC) is to provide a national certifying examination for nurse-midwives and professionally educated non-nurse midwives. The credentials CNM and CM are awarded. In addition, certification maintenance functions are provided for those CNMs and CMs with time-limited certificates.

This year, the ACC certified its first non-nurse midwives and overall, certified 558 nurse-midwives and non-nurse midwives. The ACC also began to develop policies for certification maintenance for CNMs and CMs with time limited certificates. The policies will be finalized in the next fiscal year.

The ACC also began investigating accreditation by the National Commission for Certifying Agencies and appointed a professional liaison from the American Board of Obstetrics and Gynecology. Partial funding for the development of a Spanish version of the certification exam was received this year. The new exam will be used by the graduates of a new education program in Puerto Rico.

ACNM Fellowship

The fourth annual induction of ACNM Fellows took place on May 24, 1997 during the Opening Ceremony of ACNM's 42nd Annual Meeting in Boston, MA. Currently, there are 56 Fellows of the College; they are as follows:

FACNM Roster of Fellows

Board of Governors:

Chair: Mary Ann Shah, CNM, MS, FACNM
 Elizabeth M. Bear, CNM, PhD, FAAN, FACNM
 Helen Varney Burst, CNM, MSN, DHL (Hon), FACNM
 Carmela Caverio, CNM, MS, FACNM
 Dorothea M. Lang, CNM, MPH, FACNM
 Teresa Marsico, CNM, MEd, FACNM
 Joyce Roberts, CNM, PhD, FACNM
 Judith Rooks, CNM, MPH, MS, FACNM
 Elizabeth Sharp, CNM, DrPH, FAAN, FACNM
 Joyce E. (Beebe) Thompson, CNM, DrPH, FAAN, FACNM



Regional Governors:

Region I: Barbara Decker, CNM, EdD, FACNM
 Region II: Betty Watts Carrington, CNM, EdD, FACNM
 Region III: Minta Uzodinma, CNM, MN, FACNM
 Region IV: Patricia Urbanus, CNM, MSN, FACNM
 Region V: Joyce Cameron Foster, CNM, PhD, FACNM
 Region VI: Katherine Camacho Carr, CNM, PhD, FACNM

Distinguished Fellows:

Sandra J. Dietrich, CNM, BA, FACNM
 Eunice K.M. Ernst, CNM, MPH, FACNM
 Myrtle Elizabeth Hosford, CNM, FACNM
 Armentia Tripp Jarrett, CNM, MS, FACNM
 Vera R. Keane, CNM, MA, FACNM
 Ruth Watson Lubic, CNM, EdD, FAAN, FACNM
 Sister Angela Murdaugh, CNM, MS, FACNM
 Lisa L. Paine, CNM, DrPH, FAAN, FACNM
 Bonnie R. Pederson, CNM, MPH, FACNM
 Lillian Runnerstrom, CNM, PhD, FACNM
 Sister Catherine Shean, CNM, MS, FACNM
 Mary T. Shean, CNM, MPH, FACNM
 Sister Mary Stella Simpson, CNM, BSN, FACNM
 Ernestine Wiedenbach, CNM, MA, FACNM
 Susan Atwood Yates, CNM, MS, FACNM

Fellows-at-large:

Leah Albers, CNM, DrPH, FACNM
 Diane Angelini, CNM, EdD, FACNM
 Mary Barger, CNM, MPH, FACNM
 Deborah Bash, CNM, EdD, FACNM
 Ruth Coates Beeman, CNM, MPH, FACNM
 Elizabeth Berryhill, CNM, MPH, FACNM
 Mary Bidgood-Wilson, CNM, MS, FACNM
 Nancy C. Bolles, CNM, MS, FACNM
 Johanna Borsellega, CNM, MA, FACNM
 Barbara Brennan, CNM, BS, FACNM
 Sarah Dillian Cohn, CNM, MSN, JD, FACNM
 Colleen Conway-Welch, CNM, PhD, FAAN, FACNM
 Elizabeth Cooper, CNM, EdD, FACNM
 Margaret Craig, CNM, MD, FACOG, FACNM
 Carolyn Curtis, CNM, MSN, FACNM
 Susan DeJoy, CNM, MSN, FACNM
 Constance Manning Derrell, CNM, MA, FACNM
 Elaine Diegmann, CNM, ND, FACNM
 Pixie Elsberry, CNM, MSN, FACNM
 Alice Forman, CNM, MN, MA, MPH, FACNM
 Judith T. Fullerton, CNM, PhD, FACNM
 Betty Hilliard, CNM, PhD, FACNM
 Carol Howe, CNM, DNSc, FACNM
 Lily Hsia, CNM, MS, CPNP, FACNM
 Maureen Kelley, CNM, PhD, FACNM
 Ann M. Koontz, CNM, DrPH, FAAN, FACNM
 Jan Kriebs, CNM, MN, FACNM
 Rita Kroska, CNM, PhD, FACNM
 Teresa Marchese, CNM, PhD, FACNM
 Margaret Ann Marshall, CNM, EdD, FACNM
 Jeanne McDermott, CNM, MPH, FACNM
 Judith S. Melson-Mercer, CNM, DNSc, FACNM
 Sister Jeanne M. Meurer, CNM, MS, FACNM
 Joanne Middleton, CNM, PhD, FACNM
 Gabriella Olivera, CNM, BSN, FACNM
 Ruth Payton, CNM, MS, FACNM
 Barbara Peterson, CNM, EdD, FACNM



Heather Reynolds, CNM, MSN, FACNM
 Asoka Roy, CNM, MS, FACNM
 Irene Sandvold, CNM, DrPH, FACNM
 Anne Scupholme, CNM, MPH, FACNM
 Gwen Spears, CNM, MS, FACNM
 Mary Ellen Stanton, CNM, MSN, FACNM
 Margaret Ann Taylor, CNM, MS, FACNM
 Shirley White-Walker, CNM, Med, FACNM
 Jayne DeClue Wiggins, CNM, Med, FACNM
 Deanne Williams, CNM, MS, FACNM



International Confederation of Midwives

The American College of Nurse-Midwives is a member of the International Confederation of Midwives (ICM). The ACNM president, Joyce Roberts, CNM, and past president, Teresa Marsico, CNM, serve as voting members of the ICM Council which meets every three years. In addition, ACNM nominated two CNMs who were elected to positions on the ICM Council. Joyce Thompson serves as Deputy Director and Peg Marshall, CNM serves as one of two regional representatives for the Americas.

The ICM began working on a new document "Essential Competencies for Basic Midwifery Practice" and proposed a major revision to its constitution. Both documents have gone through several drafts, and ACNM has been actively involved in this process.

As a Representative for the Americas, which include North, Central and South America and the Caribbean, Marshall worked with midwifery associations in Chile, Ecuador, Peru, Uruguay and Argentina, seeking membership renewals and/or new membership in ICM. Efforts are ongoing to develop associations in Mexico, Guatemala, Nicaragua and Bolivia.

The ICM General Secretary and Treasurer tendered their resignations this year. The next ICM Triennial Congress will be in Manila, Philippines from May 22- 27, 1999.



Board of Directors
American College of Nurse-Midwives
Washington, D.C.



American College of Nurse-Midwives Statements of Financial Position December 31, 1997

 1997 statements are based on a 16-month fiscal year so are not comparable to 1996 financial data, which is based on a 12-month fiscal year. Twelve month financial statements will return with the 1998 Annual Report.

ASSETS

CURRENT ASSETS

Cash and Cash Equivalents	\$ 936,718
Investments, At Market	1,496,305
Accounts Receivable	794,504
Prepaid Expenses	<u>30,151</u>
Total Current Assets	3,257,678

PROPERTY AND EQUIPMENT

Equipment	330,187
Furniture	<u>74,624</u>
	404,811
Less Accumulated Depreciation	<u>288,150</u>
	116,661

DEPOSITS

16,066

TOTAL

\$ 3,390,405

LIABILITIES AND NET ASSETS

CURRENT LIABILITIES

Accounts Payable and Accrued Expenses	\$88,641
Accrued Salaries and Benefits	168,363
Deferred Revenue	
Workshop	239,424
Membership Dues	<u>878,485</u>
Total Current Liabilities	1,374,913

DEFERRED RENT PAYABLE

105,477

NET ASSETS, UNRESTRICTED

1,910,015

TOTAL

\$ 3,390,405

We have audited the statement of financial position of American College of Nurse-Midwives (the College) as of December 31, 1997, and the related statements of activities, and cash flows for the sixteen months then ended. These financial statements are the responsibility of the College's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with generally accepted auditing standards, and the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material aspects, the financial position of American College of Nurse-Midwives as of December 31, 1997, and the results of its operations and its cash flows for the sixteen months then ended in conformity with generally accepted accounting principles.

In accordance with Government Auditing Standards, we have also issued our report dated March 4, 1998, on our consideration of the College's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts, and grants.

Our audit was performed for the purpose of forming an opinion on the basic financial statement of American College of Nurse-Midwives taken as a whole. The accompanying schedules of fringe benefit rate, indirect rate, and functional expenses are presented for the purpose of additional analysis and are not a required part of the basic financial statements. The accompanying schedule of expenditures of federal awards is presented for the purpose of additional analysis as required by the U.S. Office of Management and Budget Circular A-133, Audits of States, Local Governments, and Nonprofit Organizations and is not a required part of the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Watkins, Meegan, Drury & Company, L.L.C.
Bethesda, Maryland
March 4, 1998

American College of Nurse-Midwives
Statement of Activities

REVENUE

SPECIAL PROJECTS SECTION

Overseas Project Revenue	
Prime	\$899,318
Mothercare II	839,656
Seats II	241,220
Cooperative Agreement	33,534
Population Council	11,294
Care	8,662
World Bank - Ministry of Health	8,509
World Bank - TBA	6,174
West Africa	<u>3,725</u>
Total overseas Program Revenue	2,052,092

Domestic Project Revenue	
Domestic Violence	143,275
Provider Partnership	<u>4,337</u>
Total Domestic Project Revenue	<u>147,612</u>

Total Special Project Revenue **2,199,704**

OTHER PROGRAM REVENUE

Membership Dues	1,759,668
Meetings and Exhibits	816,407
Unrealized Gain on Investments	246,193
Division of Publications	211,336
Publications	197,705
Subscriptions	116,276
Mailing List Rental	105,330
Advertising	94,927
Interest	76,801
Division of Accreditation	68,700
Contributions and Donations	57,001
Continuing Education Division	54,854
Realized Gain on Sale of Investments	33,493
Continuing Competency Assessment	15,435
Legislative Conference	12,405
Other	<u>5,954</u>

Total Other Program Revenue **3,872,485**

Total Revenue **6,072,189**

EXPENSES

SPECIAL PROJECTS SECTION

Overseas Project Costs	
Prime	\$943,861
Mothercare II	876,818
SEATS II	243,788
Cooperative Agreement	17,953
Population Council	7,212
Care	8,774
World Bank - Ministry of Health	8,880
World Bank - TBA	6,375
West Africa	<u>3,797</u>
Total Overseas Project Costs	2,117,458

Domestic Project Expenses	
Domestic Violence	147,575
Provider Partnership	<u>4,357</u>
Total Domestic Project Expenses	151,932

Total Special Project Expenses **2,269,390**

DOMESTIC PROGRAMS

Professional Services	1,510,811
Member Services	1,384,588
Divisions and Committees	<u>410,849</u>
Total Domestic Programs	<u>3,306,248</u>

Total Special Projects and Domestic Programs **5,575,638**

General and Administrative	12,197
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Total Expenses **5,587,835**

INCREASE IN NET ASSETS	484,354
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NET ASSETS, Beginning of Period	<u>1,425,661</u>
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NET ASSETS, End of Year **\$1,910,015**

American College of Nurse-Midwives
Statement of Cash Flows

Sixteen Months Ended December 31, 1997

CASH FLOWS FROM OPERATING ACTIVITIES

Cash Received from Operations	\$5,750,737
Interest Received	76,801
Cash Paid for Operating Activities	<u>(5,430,395)</u>
Net Cash Provided by Operating Activities	397,143

CASH FLOWS FROM INVESTING ACTIVITIES

Purchase of Property and Equipment	(53,811)
Deposits, Net	21,126
Purchase of Investments	(346,904)
Proceeds from Sale of Investments	<u>193,876</u>
Net Cash Used in Investing Activities	<u>(185,713)</u>

NET INCREASE IN CASH AND CASH EQUIVALENTS 211,430

CASH AND CASH EQUIVALENTS, Beginning of Period 725,288

CASH AND CASH EQUIVALENTS, End of Period **\$936,718**

Reconciliation of Increase in Net Assets to Net Cash Provided by Operating Activities

Increase in Net Assets 484,354

Adjustments to Reconcile Increase in Net Assets to Net Cash Provided by Operating Activities

Depreciation	65,666
Realized Gain on Sale of Investments	(33,493)
Unrealized Gain on Sale of Investments	(246,193)
Deferred Revenue	206,696
Deferred Rent Payable	(1,501)
Change in:	
Accounts Receivable	(171,662)
Prepaid Expenses and Subgrantee Advances	357
Accounts Payable and Accrued Liabilities	<u>92,919</u>

Net Cash Provided by Operating Activities **\$397,143**



In 1997, the ACNM Foundation celebrated its thirtieth anniversary of working to provide financial support for projects and research and by awarding highly coveted scholarships to students. Ultimately, the Foundation's work supports the provision of high quality maternal, newborn and well-woman health services through the practice of midwifery. Housed in the offices of the ACNM, the Foundation works closely with its sister organization, promoting midwifery research, education and practice for women and babies.

The Foundation awarded more than \$50,000 in scholarships and educational grants to student nurse-midwives and certified nurse-midwives. The Ortho-McNeil Pharmaceutical/ACNM Foundation Fellowship for Graduate Education was awarded for the first time at the 1997 Annual Meeting in Boston. Funded in 1996 by Ortho-McNeil Pharmaceutical for one fellow, the top two candidates were both awarded fellowships when their applications were ranked within one point of each other and Ortho-McNeil Pharmaceutical matched the ACNM Foundation to provide a second fellowship. Wyeth-Ayerst Laboratories doubled its commitment to the Student Reporter program and funded travel to the Annual Meeting for 14 students from all regions of the country. Also, the Foundation's Board of Trustees doubled the basic nurse-midwifery scholarship awards from \$1,500 per student to \$3,000 per student and awarded ten scholarships.

Two of the 1997 scholarships awarded were possible because of special scholarship funds. One scholarship was awarded to Susan Koch in memory of Dr. Henry Thompson, the late husband of former ACNM President Joyce Thompson, CNM, DrPH, FACNM. Although not yet fully endowed as a scholarship fund, the Board of Trustees decided to award the first Nurse-Midwives of Color Scholarship to Karen Brayboy. The ACNM Foundation recognizes the importance of supporting diversity in the profession, and looks forward to the day when the Nurse-Midwives of Color Scholarship will be endowed.

Another new scholarship was created when The Nurse-Midwifery Childbirth Foundation donated \$40,000 to create the Edith B. Wonnell, CNM Scholarship Fund. The Scholarship is named to honor the woman who established the first birth center in the state of Delaware. It will be awarded annually to students who have interest in practicing in an out-of-hospital setting when their training is completed.

Scholarships and Educational Awards

1997 Ortho-McNeil Pharmaceutical/ACNM Foundation Fellowship for Graduate Education - \$7,500 each

Lisa Kane-Low, CNM, University of Michigan School of Nursing, PhD Candidate

Holly Powell Kennedy, CNM, University of Rhode Island School of Nursing, PhD Candidate

1997 Basic Nurse-Midwifery Scholarships - \$3000 each

Karen R. Brayboy, SNM, East Carolina University - *nurse-midwives of color scholarship*

Stacey Lynn Curnow, SNM, Yale University School of Nursing

Jennifer Davis, SNM, University of Colorado Health Sciences Center

Carol Haig, SNM, Pathway to Midwifery (SUNY Stony Brook)

Kimberly Hildebrand, SNM, University of California San Francisco (UCSF)/SFGH Interdepartmental Nurse-Midwifery Education Masters Program

Ira Kantrowitz-Gordon, SNM, University of Washington

Susan E. Koch, SNM, University of Pennsylvania - *in memory of Dr. Henry Thompson*

Julie Ann Leka, SNM, Emory University

Molly Pauline Maloney, SNM, Ohio State University Graduate Nurse-Midwifery Program

Mayri Sagady, SNM, Frontier School of Nursing/Family Midwifery-CNEP

1997 Wyeth-Ayerst Student Reporters - \$900 each

Patricia McBride Barnes, SNM, Baylor College of Medicine, Nurse-Midwifery Education Program

Penny Brown, SNM, University of Rochester, School of Nursing

Colleen McGinty Flynn, SNM, University of Medicine and Dentistry of New Jersey, School of Health Related Professions, Nurse-Midwifery Program

Pandora Hartman, SNM, UCI/UCLA Nurse-Midwifery Education Program

Ira Kantrowitz-Gordon, SNM, University of Washington, School of Nursing, Department of Family and Child Nursing, Nurse-Midwifery Education Program

Theresa Herb Leite, SNM, The Ohio State University Nurse-Midwifery Graduate Program

Latisha Lochabay, SNM, Vanderbilt University School of Nursing, Nurse-Midwifery Program

Suzan Menihan, SNM, University of Rhode Island, Graduate Program in Nurse-Midwifery

Sandra Mesics, SNM, University of Miami, School of Nursing

Kathleen Philbin, SNM, Frontier School of Midwifery and Family Nursing, Community-Based Nurse-Midwifery Education Program (CNEP)

Susan Selbe, RN, MEd, SNM, Baystate Medical Center, Nurse-Midwifery Education Program

Anita Sheetz, SNM, University of Colorado Health Sciences Center, School of Nursing

Ann Stewart, SNM, Education Programs Associates Midwifery Education Program

Kristine R. Tromiczak, SNM, University of Minnesota, School of Nursing

Other Awards

In 1997, the Foundation provided support for a number of endeavors.



The Spanish translation of the national certification examination in nurse-midwifery for graduates of the new nurse-midwifery program in Puerto Rico



A symposium on the utilization of epidurals in normal obstetrics organized by the NACC (National Association of Childbearing Centers) Foundation



Travel from Zimbabwe for Mrs. Ennerah Tsopotsa, a registered nurse-midwife, to present a study entitled "The Role of Nurses and Midwives in the Zimbabwe Private Sector" at the 1997 ACNM Annual Meeting.



The development of a protocol for the prospective evaluation of ACNM Pre-Accredited/Accredited midwifery education programs.



Henry Foster's appearance as the Therese Dondero speaker at the ACNM Annual Meeting.



An upcoming membership survey entitled "The Expansion of Nurse-Midwifery Practice: Clinical Competencies and Quality."



Mary Breckinridge Club

The Mary Breckinridge Club expanded in 1997 to 43 members whose support has enabled the Foundation to reach many of the milestones achieved during the year. The 1997 Mary Breckinridge Club members are:

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Anonymous II, CNM

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Elizabeth Berryhill, CNM, MPH, FACNM

Barbara A. Brennan, CNM, FACNM

Helen Varney Burst, CNM, MSN, FACNM

Terry Capton-Snell, CNM

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Judith T. Katz, CNM

Marcy Kiefer, CNM

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Elizabeth MacMillan, CNM

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Joyce E. Thompson, CNM, DrPH, FACNM

Community Based Nurse-Midwifery Education Program of the Frontier School of Midwifery and Family Nursing

Financial Information as of December 31, 1996*

from audited Financial Statements

Total Assets.....	\$425,569
Total Current Liabilities.....	\$48,506
Total Net Assets	\$377,063
Total Liabilities and Net Assets	\$425,569
Total Revenue	\$146,988
Total Expenses.....	\$193,137
Decrease in Net Assets	(\$46,149)
Net Assets - Beginning, as restated.....	\$432,212
Net Assets - Ending	\$377,063

ACNM Foundation, Inc. Financial Statements and Independent Auditor's Report Year Ended December 31, 1996 are available from the Foundation upon request.

* 1997 statement not available at press time.



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THANK YOU

These nurse-midwives have served as official representatives of the American College of Nurse-Midwives during 1996-1997. It is important to acknowledge their contributions on behalf of our profession.

Lisa Hsia and Elizabeth Stein

ICM Representatives to United Nations with observer status at WHO, UNICEF, and any other MCH activity

Betty Bear

Southern Regional Project on Infant Mortality

Betty Bear

Liaison to Royal College of Midwives

Teresa Marsico and Joyce Roberts

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Diane Bohn

CDC Panel on Domestic Violence and PG

Vivian Lowenstein

CDC - PHS Meeting to Develop Reproductive Health Guidelines

Linda Walsh

ACOG - CDC Workshop on Improving the Quality of Medical Records & Birth Certificates

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

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ICM Representative for the Americas

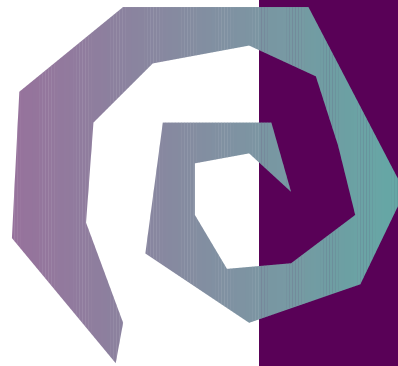
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