



American College of Nurse - Midwives

1998

Annual Report



Mission Statement

To promote the health and well-being of women and infants within their families and communities through the development and support of the profession of midwifery as practiced by certified nurse-midwives and certified midwives.



1997-1998 Board of Directors Pictured (standing, left to right): Linda Church, Kay Sedler, Nancy Sullivan, Nancy Moss, Kathleen Martin, Debbie Jessup, Helena McDonough, (seated, left to right); Joyce Roberts and Katherine Camacho Carr. Susan Stapleton is not pictured.

Highlights of 1998

- Smith Kline Beecham endowed a midwifery student scholarship.
- Obtained funding from Pfizer, Inc. to create an orientation video for midwifery students.
- Published, *Consider Your Options: Making Decisions About Birth Control*, the first in a series of consumer education brochures funded by an unrestricted education grant from Ortho-McNeil.
- Joined with other national organizations to support the Patient Access to Responsible Care Act of 1998 (PARCA).
- Initiated a state chapter visit program
- Nurse-midwives received recognition as primary care providers by Medicaid, Medicare, and the President's Advisory Commission on Consumer Protection and Quality Assurance.
- Birth announcements stating, "A New Constituent Has Arrived" developed in an effort to generate legislative support for nurse-midwives in managed care settings
- Featured a home study program, "Reproductive Health Issues", in two issues of the *Journal of Nurse Midwifery*.
- Agreed that in January 2000, the *Journal* will adopt its new name, the *Journal of Midwifery and Women's Health*.
- Established a new member category, "Retired/Disabled."
- Established an agreement with the National Library of Medicine to assist with archival assessment and processing.
- Wrote two new clinical bulletins: Bacterial Vaginosis in Pregnancy and Intrapartum Nutrition.
- Publication of the 1998 DOA Criteria for Accreditation of Nurse-Midwifery and Midwifery Education Programs.
- Provided expertise in more than 20 developing nations and produced eight new publications to support safe motherhood activities.
- Developed a "Members Only" area for the ACNM Web site.
- Partnered with BabyCenter.com to expand access to the Midwifery Practice Locator.
- The United States Postal Service released the Mary Breckinridge stamp, honoring the "mother of nurse-midwifery."
- Revised and translated the publication, *Today's Certified Nurse-Midwife* in both English and Spanish.
- Distributed public service announcement packets to radio stations in the top 25 markets stressing the importance of a yearly Pap test.
- Approved the development of a new Division for Women's Health Policy Leadership.

President's Report

Joyce Roberts, CNM

What's in a name? A lot! Over the past year, the Board of Directors, at the request of members, addressed the proposed name change issue at every BOD meeting. Ultimately, 2,192 or 61 percent of voting members chose not to change the name of the American College of Nurse-Midwives to the proposed American College of Midwifery.

The 1998 Board of Directors also worked to broaden the vision of ACNM. The Board set five goals, to:

- 1) establish a comprehensive national data management system which will include membership data, national workforce indicators, minimum clinical data sets and archival guidelines;
- 2) enhance membership services by fostering legislation that assures the right of CNMs and CMs to practice fully and to receive value-based reimbursement;
- 3) establish public health policies in such areas as managed care, health insurance, telemedicine and women's health initiatives which are influenced by and responsive to the needs of child-bearing families;
- 4) develop and implement a nationwide marketing campaign;
- 5) develop a five-year strategic plan for the College which maintains ACNM's financial stability.

I am pleased to report that we were able to address all of the above goals thanks to committee members, leaders, volunteers, and staff. The issue of reimbursement rates has emerged as a more explicit priority and will move to the forefront of priorities for 1999.

With greater public attention focused on midwifery, ACNM also joined with other prominent national organizations to support PARCA— Patient Access to Responsible Care Act of 1998. A key component of the bill was to prohibit managed care organizations from discriminating against health care providers based on their licensure or certification. We will continue to address these issues through more current legislation. ACNM also continued to support the Safe Motherhood Initiatives USA. Initiated by ACNM in 1997, this project now includes five additional partners.

ACNM reaffirmed its goal to provide members with information about the "business" of health care and health care policy. Member-focused initiatives included a revision of ACNM Core Competencies for Basic Midwifery Practice, endorsement of the development of a benchmarking tool by the Service Directors Network and the ACNM Quality Management Section.

Executive Director's Report

Deanne Williams, CNM

The 1998 ACNM *Annual Report* reflects the close working relationship between the ACNM leadership and the national office staff. The impressive list of accomplishments described throughout this report document the joint efforts of a visionary Board of Directors, an ambitious group of members who serve in voluntary positions, and an excellent staff.

The national office has 39 employees. Eight positions are supported by grants and 12 are held by certified nurse-midwives. Eight employees work in locations other than the national office, with three based overseas. In 1998, the Board of Directors selected the first nurse-midwife to hold the position of executive director for the organization.

The support of our growing membership enabled ACNM to expand our ability to provide quality services. A significant investment was made to expand our capacity to manage data and to communicate with members and the general public. ACNM acquired a new exhibit which was designed to market CNMs and CMs as providers of primary health care to women. The exhibit traveled to 10 national conferences throughout the United States. Our Web site was upgraded and we expanded our reach on the Internet. Funding to support our mission came from an unrestricted education grant from Ortho-McNeil. This funding enabled us to publish our first in a series of consumer education brochures, *Making Decisions About Birth Control*. We enjoyed major legislative victories, including: recognition of nurse-midwives as primary care providers by Medicaid, Medicare and the President's Advisory Commission on Consumer Protection and Quality Assurance; increased funding for nurse-midwifery education; and legislation that prohibits selected health benefit plans from discriminating against a health professional based solely on the practitioner's professional license or certification. Support for state activities also increased significantly with expanded monthly updates and the initiation of a state chapter site visit program.

Building on many past successes, the Special Projects Section provided expertise in more than 20 developing nations and produced eight new publications to support safe motherhood activities.

The year also brought many concerns about the impact of market forces on access to quality women's health care services. Work continues on the ACNM - Maternal and Child Health Bureau Providers Partnership to help assure that all women have access to quality maternity care. Nurse-midwives from nine states, working with the Title V MCH Director, were selected to receive funding for a state-wide project that will enhance communication among public and private providers.

The unique commitment of this organization to Listen to Women® and to support the midwives who care for women has been apparent throughout the year and will serve as our guide for the future.

Vice President

Katherine Camacho Carr, CNM

ACNM's vice president participates in the work of the Board of Directors by communicating all charges following each Board meeting, participating in Executive Committee conference calls, reviewing weekly reports from staff and reviewing other materials as needed. The vice president also acts as liaison to the ACNM Certification Council (ACC) and the Division of Education (DOE). Please review the ACC and DOE annual reports for an update on their extensive activities.

One of ACNM's strengths lies in the commitment and creativity of leaders who often have short deadlines, minimal funding and sometimes overwhelming charges from the Board! This year the Board of Directors spent time and effort on strategic thinking—carefully prioritizing the work efforts of ACNM and its funds. The Board members continue to play an important role with the Divisions and Committees, assisting with the communication flow, interpreting charges and assessing committee needs to get the work done. This has greatly facilitated the work of the College. A meeting of all division chairs is planned for the annual meeting in Orlando in an effort to improve coordination between divisions, who sometimes have overlapping charges, as well as discuss the potential role for the new division, the Division for Women's Health Policy and Leadership.

The vice president's continued involvement in midwifery workforce issues, as well as clinical research, continues and has supported efforts of the Board and national office staff at developing better mechanisms for data collection and analysis at the national office. The vice president served as ACNM reviewer for the ACNM/MCH (Maternal Child Health) Partnership Grants this year and attended several meetings on behalf of ACNM. The vice president continues to accent the College's similarities and harmonize its work on common goals with other midwives, while maintaining high standards.

As her tenure as vice president comes to a close, Katherine Camacho Carr wants to thank all division, committee and section chairs of the College for their continued hard work. She expressed the pleasure having served with ACNM's president Joyce Roberts who has provided able leadership and mentorship.

Treasurer

Kathleen Martin, CNM, MS, JD

The treasurer, in concert with the Director of Finance and Administration, the Executive Director and the Financial Advisory Board, provides fiscal oversight and planning of the annual budget to ensure ACNM's financial stability and the advancement of its goals. The fiscal year 1998 budget of \$5,391,933 was the largest the College had managed, with major revenues generated from the Annual Meeting, membership dues and special projects. The larger budget supported increased membership services, enhancements to the ACNM Web site, time-sensitive legislative concerns and health policy issues, and increased support to states.

ACNM's fiscal health remains strong. Internal management processes have been refined, and have become increasingly more efficient, both in day-to-day management, and in assigning overhead costs to better monitor the College's fiscal well-being. A surplus, from 1998 was placed in the newly designated Supplementary Reserve Fund, a source of support for special projects. This fund, and the Long Term Reserve Fund, under the direction of our financial management company, have continued to show growth amidst market fluctuations. ACNM leaders and staff will continue to make sound financial decisions in our budget development and implementation procedures.

Please see page 14 for ACNM's complete financial statement.

Secretary

Nancy H. Sullivan, CNM

The secretary records and transcribes the minutes during all meetings of the ACNM Board of Directors for dissemination to the appropriate divisions, committees, and individuals for follow-up and for publication in *Quickening*. Meetings are held four times a year. The secretary is also liaison to the Divisions of Accreditation, Publications, and Research, attending their meetings twice a year.

This year, ACNM's secretary spent several weeks as a representative to the U.S. Public Health Service Primary Care Policy Fellowship—in the company of 28 fellows nominated by their professional organizations. Individuals learned about the role of the Public Health Service, primary care health policy, and how to impact policy as a primary care provider and a certified nurse-midwife.

Region I

Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont, Foreign Locations

Helena T. McDonough, CNM—Regional Representative

Region I is comprised of some of the nation’s oldest states. Students attend midwifery education programs in Massachusetts, Connecticut, and Rhode Island, and distance learning programs and the MPH Program at the University of Puerto Rico. While Region One CNMs continue to grapple with such long-standing issues as reimbursement, managed health care, clinical privileges and legislation, the work of midwifery continues to flourish and nourish its practitioners. Current national data shows a remarkable 21-year trend of increasing CNM attended hospital births in the face of a six- year decline in the total number of births in the United States.

In Connecticut, CNMs attended 6.57 percent of the nation’s 1996 CNM births. At last count, there were 75 CNMs and 19 SNMs in the state. Members continue to fund a lobbyist to assist them in their legislative activities.

In Maine, CNMs attended 9.98 percent of the births. There are now 50 CNMs in Maine and they attend more than 50 percent of their state’s births. A unique approach to Peer Review, particularly in states where geography and climate influence transportation, was described by Maine chapter chair, Linda Robinson in a recent *Quickening* Regional Report.

In Vermont, CNMs delivered 9.47 percent of the births within the state. With 32 active and 10 student members enrolled in the chapter, the Vermont CNMs continue to conduct two interactive meetings a year. An article by Jane Gannon, former chapter chair, detailing this innovative approach for other CNMs similarly challenged by distance and weather appeared this past year in *Quickening*.

In Massachusetts, CNMs attended 11.76 percent of the births. To foster clinical practice, the eastern and western ACNM chapters established a combined legislative committee which has as its goal: to promote and protect midwifery practice in Massachusetts through legislative and health policy action by advocating for access to midwifery care within the health care system and obtaining status as licensed independent providers (JCAHO defined) for Massachusetts CNMs. A recent *Quickening* article elaborated on the process of a multiple chapter alliance to achieve legislative goals for the groups’ state.

In Rhode Island, CNMs attended 11.53 percent of the births. A new Rhode Island service directory was compiled to facilitate consumers in their search for CNMs. Marketing also included a prominently displayed poster in the Women & Infants lobby during Nurse-Midwifery week. The Center for Midwifery under the auspices of URI continues to grow, with births occurring at Memorial Hospital in Pawtucket.

Region II

Delaware, New Jersey, New York, Pennsylvania

Susan R. Stapleton, CNM—Regional Representative

Nurse-midwives in Region II have worked very hard this year on many issues common to CNMs throughout the Region. Changes in the health care system and the challenges presented by managed care have occupied much of the effort, with those issues being addressed in varied ways, including public relations efforts, legislative and lobbying activities, alliances with physician and nursing colleagues and restructuring.

Pennsylvania midwives have continued to work on prescriptive privileges, and have taken various approaches to overcome strong resistance from the Board of Medicine. Forging alliances with other professional groups has been an important aspect of this effort, as has the appointment of a CNM to the Board of Medicine. Other efforts in Pennsylvania involve providing input into the Department of Health review of hospital regulations and encouraging the inclusion of a section on midwifery and working with the Department of Public Welfare to expand the list of Medicaid codes under which CNMs may be reimbursed. Both chapters are contributing funds to pay for a lobbyist to help with all of these issues. Distance learning is prevalent in midwifery education in Pennsylvania, with University of Pennsylvania’s distance learning program and the Institute of Midwifery, Women and Health.

New Jersey midwives have introduced legislation allowing midwives to first assist at cesarian-sections and are reviewing midwifery regulations to consider the impact of including CMs. Peer Review has been strengthened by the creation of a paid position within the chapter for Peer Review chairperson. New Jersey midwives have sponsored various public relations efforts to increase the knowledge of midwifery among consumers in the state.

To increase the participation of midwives in chapter activities, New York chapters have enhanced their continuing education programs and looked at chapter structure within the state to allow for better coordination of efforts on local and state issues. New York midwives have also retained a lobbyist for many years and will introduce legislation addressing independent practice privileges and hospital admitting privileges which are consistent with New York midwifery regulations and JCAHO criteria. A new chapter was formed in New York to reduce the travel time to meetings, increase participation of members and enhance the ability to keep abreast of local health care issues affecting midwifery practices. The development and wide distribution of a brochure educating consumers and promoting midwifery was the result of a marketing focus by one New York Chapter. A wide range of educational programs and workshops were organized or sponsored by Region Two chapters, including pharmacology, family planning updates, alternative therapies, and local and state midwifery history. All of the midwifery education programs in Region Two have remained strong, with many expanding their programs.

Region III

Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, North Carolina, Puerto Rico, South Carolina, Tennessee, Virgin Islands

Nancy Moss, CNM—Regional Representative

While the activities and success of Region III chapters varied, the results have been positive overall.

In Arkansas, all nurse-midwifery practice sites now have hospital privileges. Similar outcomes prevailed in Louisiana where hospital privileges were granted at major hospitals in New Orleans and three new sites were established.

Legislative achievements for the Region include: Florida's passage of a bill on managed care which requires nurse practitioners to be reviewed for provider panels; North Carolina's passage of a law mandating third party reimbursement; and the revisions to Medicaid reimbursement policies in Arkansas to expand coverage for women's health, effective fall 1998. The Arkansas chapter resumes its commitment to write birth center rules and regulations with the state's health department.

The practice of midwifery continues to reaffirm its views to the public and medical profession. Providing additional credibility in Alabama, is the fact that more CNMs have joined Ob/Gyn private practices. The chapter also increased its participation with the Alabama State Nurses' Association and continues to negotiate reimbursement from Blue Cross Blue Shield. In Tennessee, there was a reorganization of peer review, in which the goal is to have six practices reviewed each year. South Carolina conducted their first peer review.

Florida has the third largest concentration of certified nurse-midwives in the United States and continues to work on developing chapters for all parts of the state. During the year, two new chapters were formed and four others are in the process of having their bylaws approved. As for practice changes in the Region, three new sites were established in Louisiana, and one federally-funded midwifery program in a primary care plan closed.

Region IV

District of Columbia, Illinois, Indiana, Kentucky, Maryland, Michigan, Ohio, Virginia, West Virginia, Wisconsin

Debbie Jessup, CNM—Regional Representative

Despite the closing of the masters program at the University of Kentucky, the region continues as a strong force, educationally, with nine midwifery education programs. Practice act revision, prescriptive authority, and lay midwifery dominated the legislative agenda for Region IV. Illinois was elated with its long-awaited passage of a bill amending the practice act and granting title recognition and prescriptive authority.

Wisconsin used another strategy to tackle the practice act: Midwifery White papers, which would redefine supervision requirements. Michigan's long battle for prescriptive authority ended in disappointment when an MD supervision clause forced the chapters to let the bill die. And Ohio's bill remained in committee as the year came to a close. Both Virginia and Kentucky have had to contend with lay midwifery bills.

Three Region Four states, Indiana, Maryland and Virginia, were awarded grants through the ACNM-MCH Providers Partnership Program. A total of nine states were selected to receive funding for the state-wide projects.

As the region grows politically and economically, several states took steps to increase their visibility in the political and business arenas. The Maryland chapter formed a PAC to fund lobbying and other political efforts while the three Michigan chapters hosted an HMO breakfast. Illinois and West Virginia developed their own Web pages and more practices throughout the region have utilized the ACNM Practice Locator.

In the midst of all this sophistication, we still find time to celebrate our unique heritage and strengthen our bonds of sisterhood. Ohio and Indiana held retreats where members came together to be energized. Many chapters hosted educational offerings, and others came together for relaxing dinners.

The members of Region Four were proud to present the Award for Excellence to Virginia's Barbara Kirkland. In addition, the region acknowledged its first Kitty Ernst recipient, Cecilia Bacom of Illinois.

Region V

Arizona, Colorado, Iowa, Kansas, Minnesota, Missouri, Montana, Nebraska, New Mexico, North Dakota, Oklahoma, South Dakota, Texas, Utah, Wyoming

Kay Sedler, CNM—Regional Representative

Chapters within Region V, the largest geographic region, have made important progress at offering education, increasing student involvement, and fund-raising for national and state legislative issues.

Arizona is compiling data collected over several years for summarization and utilization. In Colorado, a bill that provides direct access to CNMs without a referral was passed and plans to work on “supervisory” wording of the Nurse Practitioner Act in 1999, were developed. Colorado CNMs also had a breakfast briefing for managed care organizations that was well-attended and provided educational offerings at some chapter meetings.

Iowa has a small but active chapter. ACNM’s state policy analyst made a site visit to help them resolve some issues and plan for the future. Kansas is enjoying the increasing acceptance of midwifery in the state. Their Third Annual Seminar was a success as well as their celebration with ACNM president, Joyce Roberts to present Cecelia Buser (90-years-old) her FACNM medallion.

In Minnesota, CNMs have been very active with state legislation for APNs in the state, while Nebraska recently formed a small, but active chapter. Missouri has focused on continuing education, student involvement, and public relations. To aid with efforts, they are considering establishing a state coordinator position. New Mexico has restructured peer review, hired a lobbyist for assistance with regulatory changes in 1999, successfully received state funding for the nurse-midwifery education program, and incorporated a very liberal formulary into state regulations. There’s been growth in students attending New Mexico’s chapter meetings. Other chapters are urged to encourage students to become active members.

Oklahoma remains quiet without major activity or issues, as does North Dakota. South Dakota has been experimenting with technology, primarily communicating via e-mail and has assisted in the legislative effort to eliminate the licensure requirement for a “supervising physician” for all APNs. Texas has many active chapters as well as The Consortium of Texas Certified Nurse-Midwives, a consortium that includes all chapters. They had a statewide gathering that emphasized the “art” of midwifery and a venue for everyone to find out what was happening in all areas of the state. Utah continues to publish an impressive newsletter and is testing a co-chair position this year.

Region VI

Alaska, American Samoa, California, Guam, Hawaii, Idaho, Nevada, Oregon, Washington

Linda K. Church, CNM—Regional Representative

All chapters within Region VI focused on supporting the national work and philosophy of ACNM; promoting state legislative and professional efforts; and encouraging community maternal child health efforts. During the year, ten newly elected chapter chairs began their term within the region. California now has sixteen chapters including the newly formed Inland Empire chapter, which serves Riverside and San Bernardino counties. CNMs in Nevada have also taken steps to form a new chapter.

To support the national work and philosophy of ACNM, San Francisco CNMs were honored to host the 1998 ACNM Annual Meeting. They organized hospitality booths, arranged tours, entertainment, restaurants and transportation, and provided local speakers for the convention attendees. San Diego, Los Angeles, Orange, and West Washington chapters prepared booths for fund-raising. Area CNMs also obtained the signature of California’s governor, proclaiming nurse-midwifery week. Chapter members lobbied national legislators to pass the PARCA, CNM and NP education funding, and Medicare legislation. Many chapters donated to ACNM’s legislative efforts. Nevada CNMs assisted the national office staff at the National Coalition of State Legislators conference in Las Vegas, and provided legislators with insight into midwifery practice. Two of the eight nurse-midwifery education programs (EPA and UCI) closed this year, while the new UCLA and USC education programs received ACNM accreditation and accepted new students.

In the area of state legislative and professional efforts, nurse-midwives in all states networked and lobbied with key individuals to educate and increase nurse-midwifery visibility, expand prescriptive authority, gain hospital privileges, and obtain third party reimbursement. The New Nursing Practice Act and Regulations were adopted this year in Idaho, Hawaii, and Washington, thereby accepting ACC as the national certification body. In Washington and Hawaii, CNMs are identified as APRNs, while Idaho regulations identify CNMs by name. California and Idaho each received a visit from ACNM’s state policy analyst as part of the state chapter visit program, initiated this year. The Sacramento chapter hosted California’s site visit at the California Nurse-Midwife Association’s annual meeting. Oregon CNMs invited guest speaker Helen Gordon to speak at the Fourth Annual Martha Bryant Memorial lecture. During the meeting, a panel led by CNMs previously laid off, revealed positive growth during the establishment of their new practices.

To encourage community maternal child health “Mothers and Midwives,” a slide presentation and panel discussion was held at UCSD Hillcrest Hospital in San Diego. The event raised funds for the “March of Dimes’ Blue Jeans for Babies” campaign. In an effort to raise the visibility of nurse-midwifery and provide a resource for individuals searching for midwifery related health services, Hawaii and Washington have both established Web sites. California CNMs battled the new birth certificate restrictions for home birth which divided providers into three categories and increased concerns among parents. Oregon, Washington, Alaska, and Idaho promoted community public relations to parents, and legislators.

Division of Accreditation

The Division of Accreditation (DOA) is the official accrediting body of ACNM that plans, implements and evaluates the accreditation process of nurse-midwifery and midwifery education programs in order to ensure and enhance their quality.

The Division's Governing Board met three times during the fiscal year. Major accomplishments include the publication of the *1998 Criteria for Accreditation and Preaccreditation of Education Programs in Nurse-Midwifery and Midwifery with Guidelines for Elaboration and Documentation of Accreditation Criteria*. The annual monitoring report form for preaccredited and accredited education programs was redesigned and both the DOA Standing Rules of Procedure and *Education Profiles: A Directory of Accredited Nurse-Midwifery and Midwifery Education Programs* were updated.

The Governing Board participated in the Alliance for Nursing Accreditation and its Task Force on a Joint Self-Study and held two preconference workshops during the 1998 ACNM Annual Meeting.

The DOA Board of Review met in January and June 1998. As of December 31, 1998, there were 47 accredited nurse-midwifery and midwifery education programs. Forty-six of the programs were basic nurse-midwifery programs, one was a basic midwifery program and none were precertification programs. Of the 47 accredited programs, six held preaccreditation status.

The DOA acknowledges the efforts of outgoing members Erich Blosssey, Betty Hilliard, Elizabeth Sharp, Diony Young, Jeanne DeJoseph, Betty Schlatter, and Melva Brown Smith.

Division of Education

The Division of Education coordinates the activities of the ACNM that surround educational issues for students and practicing midwives. The Division is composed of five sections: Continuing Education; Precertification; Continuing Competency Assessment; Education; and Policy. The Division of Education, in collaboration with the national office staff, developed the first education pamphlet, *Consider Your Options: Making Decisions about Birth Control*. This brochure was funded by an unrestricted grant from Ortho-McNeil Pharmaceutical.

The Continuing Education Section held four regional workshops from 1997-1998. Entitled "Primary Care Skill Series: Pharmacologic Management of Common Health Problems," they were conducted in Providence, Rhode Island; Seattle, Washington; Miami Beach, Florida; and Houston, Texas. A total of 174 applications were received for consideration for ACNM continuing education units. Of the total, 161 were Type I applications and 13 were Type II applications.

The Continuing Competency Assessment (CCA) Section currently has 6,134 members enrolled in one of its 5-year-cycles.

A Request for Proposals for an ACNM Certification Exam Preparation course was developed by the Education Section. They also reviewed the recommendations and proposals submitted to the ACNM Board of Directors.

The Policy Section began to examine the current ACNM position on mandatory degree requirements.

The Precertification Section has nearly completed its Assured Equivalency Option (AEO) pilot. At the direction of the ACNM Board, the Precertification Section is also examining the feasibility of incorporating the AEO mechanism as an adjunct to currently existing accredited programs.

Division of Publications

The Division of Publications coordinates the publication of ACNM's bimonthly professional journal, the *Journal of Nurse-Midwifery (JNM)*. Members select articles whose subject matter, content and quality make them important and informative reading for nurse-midwifery professionals.

The number of editorial pages increased from 504 to 552 for the year and an increase in advertising sent revenue to an all time high. In 1998, the Editorial Board reviewed 86 manuscripts. Of the 52 papers accepted with revision, 30 were published as major papers. The *Journal* also featured a home study program, "Reproductive Health Issues," published in the May/June and November/ December 1998 issues.

Perhaps the most visual accomplishment relative to the Division will be seen in January 2000 when the publication adopts its new name, the *Journal of Midwifery & Women's Health*.

Division of Research

The Division of Research works with researchers to increase the volume, quality and dissemination of midwifery research. This year the Division sponsored two research forums and the poster session at the 1998 ACNM Annual Meeting.

Another highlight of the year was the completion and testing of the Antepartum Data Set in a variety of clinical practices, which was initiated to improve the efficiency of data management and aggregation of data for all types of midwifery practices. Division members developed the final draft of the Well Woman Health Care Data Set and continued to review with the national office staff ACNM mailing list requests for research projects and requests to solicit participants for research at the Annual Meeting.

Evidence-Based Practice Task Force

One of ACNM's newest initiatives has been the creation of a task force on evidence-based midwifery practice. The purpose of the task force is to promote the concept of evidence-based practice in midwifery.

Established in the autumn of 1997, the task force convened in April 1998, in Washington, DC, with representatives from the ACNM Division of Research, the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) and Midwives Alliance of North America (MANA). The meeting resulted in the formulation of an action plan and the development of the following objectives:

- To educate broadly, practicing midwives and others, about the principles of evidence-based practice (EBP) and about the evidence available to support a midwifery model of care

- To identify and publicize resources available for supporting EBP
- To promote the utilization of evidence in practice
- To institutionalize the concept of EBP in midwifery.

Activities for each goal were formulated and have been forwarded to the Division of Research for their consideration and implementation.

Division of Standards and Practice

The Division of Standards and Practice (DOSP) is composed of eight sections, whose chairs make up the Division's Governing Board and whose issues range from clinical care, to government regulation, to site of birth. Much of the work of the Division is visible in the documents developed in various sections and approved by the DOSP Board and the ACNM BOD.

This year, two new clinical bulletins—dealing with Bacterial Vaginosis in Pregnancy and with Nutrition in Labor—were written. Other clinical documents produced this year include revisions of the HIV Clinical Statement, and the Position Statement on Birth Settings.

The Section on Clinical Practice continues to address the needs of midwives reentering practice. The group has taken a proactive approach in developing materials addressing many clinical practice issues, and sponsors clinical workshops at the Annual Meeting. The Home Birth Section has also sponsored programs at the Annual Meeting.

The Clinical Regulation and Accreditation Section functions as a resource to CNMs/CMs and to various regulatory bodies. The chair participates in meetings of the Joint Commission on the Accreditation of Healthcare Organizations on behalf of ACNM. A series of internal health policy summaries for the use of the ACNM Board and

staff has been prepared by the Political and Economic Affairs Section while members of the Professional Liability Section have undertaken a revision of all risk management and liability documents into a single source. The Quality Management Section is moving ahead with the Benchmarking Program. This national quality project began in 1998 as a pilot program. The section known as Standards and Documentation has undertaken a review and revision of the Standards of Practice and Code of Ethics.

Various members of the Division are also participating in the Business Task Force. The first meeting of the group, charged with developing a “business library” and educational materials for midwives, was in September 1998.

The members of the various sections of DOSP serve the ACNM in diverse ways: through their writing; participation in national and local meetings; and their many contacts with other midwives. It is only through the commitment of volunteers that activities such as those mentioned above can continue.

Archives Committee

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

In 1998, the Committee confirmed an agreement with the National Library of Medicine to obtain assistance with archival assessment and processing. Through a \$10,000 grant from the ACNM Foundation, arrangements were completed to begin transfer and further processing of the backlog of archival materials at ACNM.

A collaborative effort with the Continuing Education Section to remove barriers that exist for "historical presentations" to obtain CEUs, began this year.

The Committee became a member of the 50th Anniversary Task Force which has started preparations for the year 2005.

Bylaws Committee

The Bylaws Committee maintains congruency with the bylaws of ACNM by reviewing proposed bylaw amendments, the College and its chapters' standard rules and operating procedures (SROPs) and other documents as requested by the ACNM Board of Directors.

Committee members reviewed amendments proposed and passed by the membership as of May 1998 concerning proxy votes, active membership dues for retired long-term members, lifetime membership payments, the use of a mail ballot to change the name of the College and selection of a proposed name.

Chapters that were granted approval for their SROPs were: Twin Tier in Region Two; and Nebraska, Greater Kansas City, and Iowa in Region Five. Chapters with proposed and developing SROPs included: Florida Panhandle and Suncoast in Region Three, Arizona Four Corners, Colorado western slope and South Dakota in Region Five, and Nevada in Region Six.

1998 ACNM Special Projects Section Activities



Country	Policy Development	Life Savings Skills/Healthy Mother & Healthy Newborn	Midwifery Associations	Comm. Part. for Safe Mother	Family Centered Maternity Care	Domestic Violence	FP/Reproductive Health	Pre-Service Midwifery Education	Curriculum Materials Development	Private Sector Midwives	Standards & Protocols	Peer Review/Quality Assurance	Distance Learning	Technical Assistance/Presentations	LAM/Breastfeeding
Bangladesh															
Cambodia															
India															
Indonesia															
Sri Lanka															
Vietnam															
Palestine															
Egypt															
Morocco															
Eritrea															
Guinea															
Guinea															
Kenya															
Senegal															
Tanzania															
Togo															
Uganda															
Zambia															
Zimbabwe															
Moldova															
Russia															
Ukraine															
Bolivia															
Guatemala															
Honduras															
El Salvador															
Peru															
United States															

Other projects include; SEATS Project, MotherCare II Project, PRIME Project, Domestic Violence Project, UNICEF Project, and World Bank Project.

International Health Committee

The International Health Committee promotes awareness and provides information on international maternal and child health and reproductive health care issues to ACNM members.

At ACNM's Annual Meeting in San Francisco, the Committee held its second International Health Research Forum and coordinated the International Health Roundtable session.

The Networking Task Force of the International Health Committee identified the need for affordable

CE by CNMs working abroad. In response, the ACNM Board approved five annual CE scholarships for overseas certified nurse-midwife members needing such assistance. In the meantime, ACNM representatives from the International Confederation of Midwives continue to suggest ways in which the Committee can best stay involved with and support midwifery colleagues abroad.

The Special Projects Section (SPS) continued to expand its contributions in the areas of women and infants' health. As the map on this page reflects, in 1998 there was an increase in the number of countries as well as the types of activi-

ties and programs in which SPS participated.

The following manuals were produced by SPS staff and consultants:

- Life-Saving Skills Manual for Midwives (3rd edition)
- LSS Clinical Reference Guide
- Policy Makers and Trainers Manual for LSS: outlines the process for development of a LSS training program
- Healthy Mother and Healthy Newborn Manual
- Family Centered Maternity Care curriculum
- Business Skills for Private Midwives (joint SEATS and ACNM)
- Community Mobilization (joint SEATS and ACNM)
- Youth Friendly Prenatal Care Training for Providers curriculum

SPS has been busy nurturing relationships with several outside organizations including participation in the Postpartum Technical Working Group sponsored by the World Health Organization and a presentation at the International Health Committee of the American College of Obstetricians and Gynecologists on the work of ACNM's Special Projects Section. The section also took the lead in authoring a Safe Motherhood issue of the publication, *Outlook*. Currently, a meta analysis of Traditional Birth Attendant literature and research on evaluation and training is underway.

Membership Committee

The Membership Committee works with the director of member services to provide overall direction for membership functions, develop membership retention and recruitment programs, and assist with marketing strategies.

A new membership category, "Retired/Disabled" was approved at the 1998 Annual Meeting. This category was created to address the needs of retired or disabled CNMs. A bylaw provision was also proposed to allow life membership to be paid over one year.

The Committee also reviewed various membership premiums and developed a member satisfaction survey for Board review. The survey is pending final approval of content and cost.

To fuel the shift in Web demand, ads for the ACNM Web site were placed on popular Web search sites such as Excite. A "Members Only" area for the ACNM Web site was developed, the Life-Saving Skills Manual was added to the

Amazon.com Web site, and an agreement was finalized with BabyCenter.com whereby BabyCenter provided the Web portion of the Practice Locator system.

Membership Status	1998	1997
Active	4428	4190
Active-Retired/ Disabled	12	N/A
1st Year Eligible	538	443
Life	185	184
Associate	490	476
Student	1231	1174
Total	6872	6467

Midwives of Color

Members of the Midwives of Color Committee recruit and retain student midwives and CNMs/CMs of color into ACNM, provide networking opportunities and provide a voice within the College for students and CNMs/CMs of color.

The Committee raised funds for the endowment of ACNMF Nurse-Midwives of Color Scholarship. In an effort to strengthen the representation of midwives of color, members are reviewing ACNM recruiting materials for appropriateness of use with selected target populations and promoting the inclusion of midwives of color on all committees and divisions within the College.

Nominating Committee

Charged with the responsibility to create the slate of nominees for the Board of Directors, Nominating Committee members are elected by the membership to prepare the ACNM election ballot and to ensure the conduct of legal and proper nominations of officers and other elected positions designated in the ACNM Bylaws.

This year the Committee recruited qualified nominees for the positions of vice president, regional representatives for Regions One and Six, and three members of the Nominating Committee.

Program Committee

The Program Committee plans and coordinates the program for the Annual Meeting of the American College of Nurse-Midwives. ACNM's 43rd Annual Meeting was held in San Francisco, California, May 22-28.

Exhibitors offering women's health, childbirth, and education products and services occupied more than 100 booths which were sold-out for the second consecutive year. Staff sold products through the bookstore.

The Program Committee also planned the program for the 1999 Annual Meeting to be held May 28-June 3 in Orlando, Florida. Abstracts were reviewed, evaluated, and selected by Program Committee members, as well as a representative from the Divisions of Research and Standards and Practice, Continuing Education Section, and the Board of Directors to promote innovation and variety in the selection of topics.

The program will include more research and international midwifery issues this year, and efforts were made to present program topics that will serve a diversity of interests.

Public Relations Committee

The Public Relations Committee has been actively working with the national office. The Board of Directors and the Committee jointly decided to:

- Sponsor two marketing and public relations workshops at the 1999 Annual Meeting.
- Train CNMs/CMs in different areas of the country to be public relations liaisons. This addresses the need for more CNMs to be available for inquiries by professionals, consumers and the media across the United States.

- Implement a marketing and public relations workshop to travel to different regions/chapters in order to train more CNMs/CMs about marketing and public relations.
- Actively recruit new members to the committee.

The need for midwives with public relations savvy is critical at this time. As we approach 2000, health care professionals, health care delivery and reimbursement continues to change and evolve. Now is the time for us to be leaders in marketing and public relations.



Public relations initiatives included a celebration of the United States Postal Service's fall release of the Mary Breckinridge stamp, named after the "mother of nurse-midwifery," and the distribution of public service announcement packets to radio stations in the top 25 markets stressing the importance of a yearly Pap test. In an effort to market the services of nurse-midwives to the public, ACNM finalized design on a new ACNM exhibit and participated in more than 10 conferences around the United States.

Early in 1998, ACNM and participating midwifery practices launched a national advertising campaign featuring national and cable broadcast television spots, magazine ads, syndicated radio and regional billboards to change public misconceptions about nurse-midwives. It included a television commercial that aired during the winter on the Lifetime Cable Television Network which bills itself as "Television for Women." The

brochure, *Today's Certified Nurse-Midwife* was updated and translated to Spanish for distribution in conjunction with the new ACNM marketing campaign.

To promote exchange of opinions, a new section, "Open Forum," debuted in *Quickening*.

Student Committee

ACNM strongly believes that students are the future of the College. To fulfill the needs and interests of midwifery students, the Student Committee received a grant from Pfizer, Inc. to create an orientation video for students about the ACNM Annual Meeting. The video was filmed at the ACNM 43rd Annual Meeting in San Francisco and is in post production for distribution to all educational programs in 1999.

In addition, the Committee was a representative to the Coalition of Health Professional Students and educated other health professional students about the role of midwifery in the health care industry.

Finally, the Committee continues to foster communication between students across the United States thereby formalizing the role of the student representative.

Ad Hoc Committee on Violence Against Women

The Ad Hoc Committee on Violence Against Women was established in 1994 to address the women's health issue of violence against women as it applies to the practice and education of midwives and the related activities within ACNM.

In 1998, the Committee developed a position statement on female genital mutilation/female circumcision and is currently drafting a clinical practice statement on the topic. Results of the Committee's survey of service and program directors on female genital mutilation is being prepared for publication. The chair of the Committee is representing ACNM on the executive board of the Centers for Disease Control's National Conference on Violence and Reproductive Health.

ACNM Certification Council, Inc.

The ACNM Certification, Inc. (ACC) was formed in 1991 to provide a national certification examination and related certification functions for certified nurse-midwives (CNMs). In 1997, certification was extended to include certified midwives (CMs).

Overall, the ACC certified 562 certified midwives and certified nurse-midwives in 1998. The council brought closure to two extensive projects: the development of a Certificate Maintenance Program (CMP)—necessary for accreditation by the National Commission for Certifying Agencies (NCCA) and the approval of certification mark protection for the title "certified nurse-midwife" from the Federal Trademark Office. This protection prevents the inappropriate use of the title by states and others. ACC has also applied for protection for the title "certified-midwife." The CMP process entails the completion of three certification maintenance modules and 2.0 CEU's during the eight-year certification cycle.

The NCCA requires a disciplinary process for accreditation. ACNM had a very effective disciplinary process that was discontinued several years ago. Since ACC is now the certification body for CNMs and CMs, it is only logical that this function be administered by ACC. Prior to implementation, information about this process will be available for CNMs and CMs. The council also welcomed two new members to the Board of Directors.

ACNM Fellowship

Fellowship in the American College of Nurse-Midwives is an honor bestowed upon those midwives whose professional achievement, outstanding scholarship, clinical excellence, and/or demonstrated leadership have merited them recognition both inside and outside the midwifery profession. The FACNM Board of Governors is responsible for selecting those individuals who merit honored status within ACNM. This year, four candidates were selected for Honored Fellowship and preparations began for the 1999 open application process.

FACNM is deeply indebted to the 1998 Honored Fellows, for their contributions to ACNM. There were 12 new Fellows inducted, bringing the total number of FACNM members to 90:

Roster of ACNM Fellows

(Current Through May 1999)

Board of Governors:

Chair: Mary Ann Shah, CNM
Elizabeth M. Bear, CNM
Helen Varney Burst, CNM
Carmela Cavero, CNM
Dorothea M. Lang, CNM
Teresa Marsico, CNM
Joyce Roberts, CNM
Judith Rooks, CNM
Elizabeth Sharp, CNM
Joyce E. (Beebe) Thompson, CNM

Regional Governors:

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

Distinguished Fellows:

Sandra J. Dietrich, CNM
Eunice K.M. Ernst, CNM
Myrtle Elizabeth Hosford
Armentia Tripp Jarrett, CNM
Vera R. Keane, CNM
Ruth Watson Lubic, CNM
Sister Angela Murdaugh, CNM
Lisa L. Paine, CNM
Lillian Runnerstrom, CNM
Sister Catherine Shean, CNM
Mary T. Shean, CNM
Sister Mary Stella Simpson, CNM
Susan Atwood Yates, CNM

Honored Fellows:

Ruth Coates Beeman, CNM
Elizabeth Berryhill, CNM
Terry Capton-Snell, CNM
Alice Forman, CNM

Betty Hilliard, CNM
Rita Kroska, CNM
Mazel Lindo, CNM
Gabriella Olivera, CNM
Doris Reid, CNM
Asoka Roy, CNM
Jayne DeClue Wiggins, CNM

Fellows-at-Large:

Leah Albers, CNM
Diane Angelini, CNM
Mary Barger, CNM
Deborah Bash, CNM
Mary Bidgood-Wilson, CNM
Nancy C. Bolles, CNM
Johanna Borsellega, CNM
Barbara Brennan, CNM
Mary Brucker, CNM
Sarah Dillian Cohn, CNM
Cathy Collins-Fulea, CNM
Colleen Conway-Welch, CNM
Elizabeth Cooper, CNM
Margaret Craig, CNM
Carolyn Curtis, CNM
Susan DeJoy, CNM
Elaine Diegmann, CNM
Pixie Elsberry, CNM
Judith T. Fullerton, CNM
Charlotte Houde-Quimby, CNM
Carol Howe, CNM
Lily Hsia, CNM
Marsha Jackson, CNM
Kathleen Keleher, CNM
Maureen Kelley, CNM
Ann M. Koontz, CNM
Jan Kriebs, CNM
Phyllis Long, CNM
Teresa Marchese, CNM
Margaret Ann Marshall, CNM
Ellen Martin, CNM
Linda May, CNM
Jeanne McDermott, CNM
Judith S. Melson-Mercer, CNM
Sister Jeanne M. Meurer, CNM
Joanne Middleton, CNM
Ruth Payton, CNM
Barbara Petersen, CNM
Heather Reynolds, CNM

Sharon Schindler Rising, CNM
Jo-Anna Rorie, CNM
Irene Sandvold, CNM
Anne Scupholme, CNM
Kay Sedler, CNM
Gwen Spears, CNM
Mary Ellen Stanton, CNM
Margaret Ann Taylor, CNM
Sally Tom, CNM
Shirley White-Walker, CNM
Deanne Williams, CNM

International Confederation of Midwives

The American College of Nurse-Midwives (ACNM) is a member organization of the International Confederation of Midwives (ICM). ACNM's two voting positions on the General Council were represented by Joyce Roberts, ACNM president, and Teresa Marsico, ACNM past president.

Major efforts this past year have included the hiring of a new Secretary General for ICM. Mrs. Petra ten Hoope Bender, a multilingual midwife is assuming the new position. Various iterations of the ICM Constitution and the Competencies for Practice document have been developed in preparation for final review and vote at the Triennial Meeting in Manila, Philippines May 22-27, 1999. In addition, ACNM holds two positions on the Board of Management with Joyce Thompson as current deputy director and Margaret (Peg) Marshall as one of two regional representatives for the Americas. Thompson has been nominated for the position of director of the Board of Management and Marshall for regional representative. Voting will take place at the meeting.

The work of the regional representative this past year has been to represent ICM at meetings, to support midwifery associations in their application process to the International Confederation of Midwives, and to manage the translation of midwifery text into Spanish thereby providing Latin colleagues access to midwifery model education materials. Work with individual associations concentrated on Argentina, Brazil, Ecuador, Mexico, Puerto Rico, and Uruguay. An ongoing goal is to increase membership from this region and have more representation from the Americas within ICM.

Independent Auditor's Report on Financial Statements

Board of Directors
American College of Nurse-Midwives
Washington, DC

We have audited the statement of financial position of American College of Nurse-Midwives (the College) as of December 31, 1998, and the related statements of activities and cash flows for the year 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 Controller 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 respects, the financial position of American College of Nurse-Midwives as of December 31, 1998, and the results of its operations and its cash flows for the year then ended in conformity with generally accepted accounting principles.

In accordance with Government Auditing Standards, we have also issued our report dated March 26, 1999, 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 statements 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.

Matthews, Carter & Boyce
McLean, Virginia
March 26, 1999

American College of Nurse-Midwives Statement of Financial Condition

December 31, 1998

ASSETS

CURRENT ASSETS:

Cash and cash equivalents	\$1,022,760
Investments	2,030,293
Accounts receivable	768,681
Prepaid expenses	<u>40,038</u>

Total Current Assets \$3,861,772

PROPERTY AND EQUIPMENT:

Equipment	\$157,761
Furniture	80,212
Less, accumulated depreciation	<u>(142,686)</u>

Property and Equipment, Net \$95,287

DEPOSITS

\$16,066

TOTAL ASSETS

\$3,973,125

LIABILITIES AND NET ASSETS

CURRENT LIABILITIES:

Accounts payable and accrued expenses	\$136,673
Accrued salaries and benefits	139,532
Deferred revenue:	
Membership dues	915,053
Other	<u>238,648</u>

Total Current Liabilities \$1,429,906

DEFERRED RENT PAYABLE

477,706

TOTAL LIABILITIES

\$1,907,612

NET ASSETS, UNRESTRICTED

2,065,513

LIABILITIES AND NET ASSETS

\$3,973,125

American College of Nurse-Midwives Statement of Activities

For the Year Ended December 31, 1998

PROGRAM SERVICE REVENUE:

Special Projects Section	\$2,099,481
Membership Dues	1,439,898
Meetings and Exhibits	806,428
Division of Publications	175,365
Division of Accreditation	84,720
Continuing Education Division	10,884
Continuing Competency Assessment	40,764
Legislative Conference	13,734
	<u>\$4,671,274</u>

SUPPORT AND OTHER REVENUE:

Investment Income	\$179,501
Publications	154,605
Provider Partnership	126,996
Subscriptions	109,927
Mailing List Rental	80,753
Advertising	59,846
Interest	90,967
Sponsorship	136,593
Other	25,021
	<u>\$964,209</u>

Total Support and Other Revenue \$964,209

Total Revenue \$5,635,483

EXPENSES:

Special Projects Section	\$2,067,700
Professional Services	1,725,666
Members Services	1,167,912
Divisions and Committees	180,602
	<u>\$5,141,880</u>

Total Expenses \$5,141,880

INCREASE IN NET ASSETS \$493,603

**NET ASSETS AT BEGINNING OF YEAR,
AS PREVIOUSLY REPORTED** \$1,910,015

**ADJUSTMENT FOR UNDERSTATEMENT
OF ACCRUED RENT EXPENSE** (338,105)

NET ASSETS, BEGINNING OF YEAR \$1,571,910

NET ASSETS, END OF YEAR \$2,065,513

American College of Nurse-Midwives Statement of Cash Flows

For the Year Ended December 31, 1998

CASH FLOWS FROM OPERATING ACTIVITIES:

Cash Received from Operations	\$5,376,298
Interest Received	90,967
Cash Paid for Operating Activities	<u>(5,049,460)</u>
Net Cash Provided by Operating Activities	<u>\$417,805</u>

CASH FLOWS FROM INVESTING ACTIVITIES:

Purchase of Property and Equipment	\$(27,608)
Purchase of Investments	(565,151)
Proceeds from Sale of Investments	<u>260,996</u>
Net Cash Used in Investing Activities	<u>\$(331,763)</u>

NET INCREASE IN CASH AND CASH EQUIVALENTS \$86,042

CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR 936,718

CASH AND CASH EQUIVALENTS, END OF YEAR \$1,022,760

RECONCILIATION OF INCREASE IN NET ASSETS TO NET CASH PROVIDED BY OPERATING ACTIVITIES:

Increase in Net Assets	\$493,603
Adjustments to Reconcile Increase in Net Assets to Net Cash Provided by Operating Activities:	
Depreciation	48,982
Gain on Investments	(229,833)
Deferred Revenue	35,792
Deferred Rent Payable	34,124
Change in:	
Accounts Receivable	25,823
Prepaid Expenses	(9,887)
Accounts Payable and Accrued Liabilities	<u>19,201</u>

Net Cash Provided by Operating Activities \$417,805

The American College of Nurse-Midwives established the ACNM Foundation, Inc. to support the provision of high quality maternal, newborn, and well-woman health services through the practice of midwifery. Established in 1967 as a 501(c)(3) nonprofit organization, the Foundation achieves this goal through donations, corporate support, and fund-raising activities. Housed at the national office of ACNM, the Foundation collaborates closely with the College and complements its goals. A volunteer Board of Trustees governs the Foundation.

In 1998, the second Ortho-McNeil Pharmaceutical/ACNM Foundation Fellowship for Graduate Education was awarded to Ami Levi, CNM, Ph.D. student at the University of Pennsylvania.

To commemorate the 70th anniversary of TUMS, SmithKline Beecham created an endowed scholarship in 1998. The recipient of this scholarship is a basic midwifery student who demonstrates the important role that midwives have in helping women stay healthy throughout the life span. Tokiko Oishi was the first recipient of the TUMS Scholarship.

For the third year in a row, Wyeth-Ayerst sponsored the Student Reporter program. The level of support increased in 1998 and 20 basic nurse-midwifery students participated in this program.

The Mary Breckinridge Club, founded in 1995, grew, in 1998, to 47 members whose support has enabled the Foundation to reach many of the milestones achieved during the year. The Foundation is deeply indebted to the 1998 Mary Breckinridge Club members for their contributions.

Foundation Scholarships & Educational Awards

1998 Basic Nurse-Midwifery Scholarships \$3,000 each

(Five scholarships to basic nurse-midwifery students were made possible by contributions from families, friends, and midwives in tribute to friends and colleagues.)

- 1998 ACNM Foundation Midwives of Color Scholarship-Jean Chow
- 1998 ACNM Foundation Trudy Friedman, CNM Memorial Scholarship -Judith Siron
- 1998 ACNM Foundation Katherine Jenniges, CNM Memorial Scholarship - Marilyn Maier
- 1998 ACNM. Foundation Edith B. Wonnell, CNM Scholarship - Melanie Reis
- 1998 ACNM Foundation Memorial Scholarship-Carole Moran

1998 Wyeth-Ayerst Student Reporters \$900 each

- Patricia Cramer, Case Western Reserve University
- Carla Denise Bush, Charles R. Drew University of Medicine and Science
- Catherine Tanksley, Columbia University School of Nursing
- Peggy Jones, East Carolina University
- Nancy Prothero, Marquette University College of Nursing
- Linda Balles, Medical University of South Carolina
- Jill Jenks, New York University
- Terri Cohen, Oregon Health Sciences University
- Susan Brockmann, SUNY Health Science Center at Brooklyn
- Gina Marie Farber, UCSD Nurse-Midwifery Education Program
- Melanie J. Reis, University of Florida
- Marilyn Ruth Salas, University of New Mexico
- Johanna Swift Hart, University of Pennsylvania
- Joan Browne, University of Cincinnati
- Jaclyn Paige Gilliam, University of Texas Collaborative Nurse-Midwifery Education Program
- Hillary Kieser, University of Illinois at Chicago
- Dana Fleischhacker, University of Utah College of Nursing
- Kandyce Webster, University of Missouri-Columbia Sinclair School of Nursing
- Deborah Fosdick, University of Southern California
- Jessica Goldman, Yale University

Mary Breckinridge Club

- Anonymous, CNM
- Anonymous II, CNM
- Anita M. Barbey, CNM
- Deborah M. Bash, CNM
- Elizabeth Berryhill, CNM
- Barbara A. Brennan, CNM
- Helen Varney Burst, CNM
- Terry Capton-Snell, CNM
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- Erica L. Kathryn, CNM
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- Ann Mason, CNM
- Linda T. May, CNM
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- Lonnie Morris, CNM

- Barbara E. Norton, CNM
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- Gabriella Olivera, CNM
- Lisa Paine, CNM
- Whitney Pinger, CNM
- Jacqueline Reid, CNM
- Joyce Roberts, CNM
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- Mary Ann Shah, CNM
- Capt. Helen L. Smith, CNM
- Suzanne M. Smith, CNM
- Pamela K. Spry, CNM
- Susan R. Stapleton, CNM
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- Deanne Williams, CNM
- Community Based Nurse-Midwifery Education Program of the Frontier School of Midwifery and Family Nursing

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- Martha M. Walsh, MBA

Financial Information as of December 1998 from audited Financial Statements

Total Assets	\$463,495
Total Current Liabilities	13,463
Total Net Assets	450,032
Total Liabilities and Net Assets.....	463,495
Total Revenue	291,707
Total Expenses	129,305
Increase in Net Assets	162,602
Net Assets - Beginning, as restated.....	287,430
Net Assets - Ending	450,032

ACNM Foundation, Inc. Financial Statements and Independent Auditor's Report Year Ended December 31, 1998 are available from the Foundation upon request.

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