



President's Report

Strategic planning, a process for transforming organizational visions into positive realities, is alive and well within the American College of Nurse-Midwives (ACNM). From its inception, the College has provided leadership by proactively planning on behalf of the membership and the midwifery profession. During the last several years, this process has been formalized into annual goal-setting by the Board of Directors (BOD).

June 6, 2001 marked the transition between Joyce Roberts' six-year term as ACNM President and the beginning of my presidency. In order to assure continuity, the BOD has maintained its focus on the 2001 priorities: increasing Medicare reimbursement, image building, completion of a membership satisfaction/needs survey, exercising leadership in women's health, and expanding membership support.

The achievement of annual goals is a College-wide responsibility involving coordinated effort between the various Divisions and Committees, the BOD, and the National Office staff. As such, we can all take collective pride in the progress that has been made in each of the above areas and the accomplishments that are described throughout this 2001 Annual Report. We also recognize that many of the challenges that face us as an organization and as professionals carry over from year to year. In fact, most of the priorities established for 2001 continue to be reflected in the strategic objectives which were set by the BOD for 2002. In alphabetical order, they are:

1. Expand leadership in women's health, nationally and globally
2. Expand membership recruitment
3. Further develop the quantitative and qualitative evidence base to support midwifery practice
4. Increase Medicare reimbursement
5. Participate in proactive planning to support organizational development, business, and services
6. Promote marketing/image building efforts
7. Promote midwifery as the standard of care for normal birth
8. Strengthen coalitions around areas of common concern with consumers, physicians, other midwives, nurses, etc.

Two historic events, both of which had their roots in years past, were major achievements during the year 2001. The September 2001 release of the new ACNM/American College of Obstetricians and Gynecologists (ACOG) *Joint Statement of Practice Relations between Obstetrician-Gynecologists and Certified Nurse-Midwives/Certified Midwives* helps clarify the nature of the collaborative relationship between physicians and CNMs/CMs. When compared to its earlier versions, this revised statement represents new understandings and common goals between ACNM and ACOG, expands the maternity team to include the certified midwife and other physicians with privileges to provide complete obstetric care, and **helps** place responsibility for the outcomes of care with the provider who is directly managing the care.

Likewise, the October, 2001 Joint Clinical Symposium organized by ACNM and the Canadian Association of Midwives, created new opportunities for midwives from the USA and Canada to pursue joint initiatives. Our Canadian midwife colleagues have made incredible progress over the past nine years. They have established new standards for the education, certification, and practice of midwives, they are actively involved in research, and the day when midwifery is legalized throughout Canada is fast approaching.

Preparations are underway for ACNM's participation in the 26th Triennial Congress of the International Confederation of Midwives in Vienna, Austria. We have learned that the legalization of midwifery in Canada received a much needed boost when the 1993 Triennial Congress which was held in Vancouver, Canada. Thus, the opportunity to learn about and support the expansion of professional midwifery throughout the world is an important component of our ability to think and act strategically. We continue to explore new and creative ways to network with a vast array of national and international professional and consumer groups who share our concern for the health and welfare of women and their families.

ACNM is well aware that many legislative, political, economic, and social barriers still confront the women we care for and our profession. The BOD continues to seek resolutions to the following problems:

1. Barriers to home birth and trial of labor after cesarean section.
2. Proliferation of epidurals, induction of labor and elective cesarean sections.
3. Inadequate employment opportunities for CNMs and CMs.
4. Inequitable reimbursement for services rendered.
5. High professional liability premiums.
6. Loss of direct access to midwifery care.
7. Political/legislative barriers to autonomous practice.
8. Outdated or inappropriate public image.
9. Decreasing pool from which to recruit students (vis-à-vis the nursing shortage).
10. Inadequate scholarship aid for students and financial support to education programs.

The history of the College and the legacies of our founding mothers have proven that we are survivors. The challenges are many, but they can be overcome. We will continue our commitment to educate consumers, physicians and nurses, other professionals, policymakers, and legislators that CNMs and CMs provide quality health care to essentially healthy women and families...that we have high standards of practice and education that are unyielding and evidence-based...that our principles and ethics are uncompromising...and that our practice guidelines are precise and well-defined

We must assure that our image moves beyond that of “baby-catchers.” We must convey to the public that CNMs and CMs are “*With women, for a lifetime™*”...that we are knowledgeable and skilled primary health care providers...that we are ideally suited for triaging women’s health concerns, both inpatient and outpatient...that we “listen to women”...and that we are their advocates.

Finally, as society becomes more and more enticed by the promises made by new technologies and confused by conflicting statements of fact, we must demonstrate that “*midwives offer high touch / low tech care...with high tech options*” or, put more simply, “*midwifery combines the best of two worlds: the art and the science of women’s health care.*”

ACNM Liaisons

Mary Barger, CNM, MPH, FACNM · Healthy People 2010

Diane Bohn, CNM · Department of Health and Human Services, Family Violence Prevention Fund, Health Care and Domestic Violence

Patricia Burkhardt, CNM, DrPH · Planned Parenthood, National Coalition to Support Sexuality Education

Frances Ganges, CNM, MPH · Official Observer, International Confederation of Midwives

Elaine Germano, CNM, DrPH · CDC/ACOG, Maternal Mortality Study Group

Barbara Hughes, CNM, MS, MBA, Teresa Marchese, CNM, PhD, FACNM, Joan Slager, CNM, MSN, and Kathleen Martin, CNM, JD, FACNM · ACOG-ACNM Liaison Task Force

Cecilia Jevitt, CNM, Janice Kalman, CNM, Nancy Sullivan, CNM, MA, MS, FACNM and Fran Ventre, CNM · ACNM/MANA Liaison Group

Teresa Marchese, CNM, PhD, FACNM · National Commission on Quality Assurance Health Care Practitioner Advisory Board · AMA, JCAHO, NCQR, Prenatal-Neonatal Expert Panel · Board of Nursing Education Funding Methodology Project

Marion McCartney, CNM · Coalition for Improving Maternity Services (CIMS) · Baby Friendly USA

Anthonia Obichere, CNM · AWHONN/Pfizer, Women and Heart Disease Advisory Board

Mary Ann Shah, CNM, MS, FACNM and Joyce Roberts, CNM, PhD, FACNM · delegates to the International Confederation of Midwives

Mary Ann Shah, CNM, MS, FACNM · Alliance for Nursing Accreditation

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

Jeanne Raisler, CNM, DrPh, FACNM · Society for Women’s Health Research

Donna Vivio, CNM, MPH, MS · Health Resources and Services Administration, Bureau of Health Professions Policy Fellowship in Primary Health Care

Carol Wood, CNM, MSN, EdD · Duke Center for Clinical Health Policy Research project for AHRQ on post-term pregnancy, Advisory Panel of Technical Experts

Dorothea Lang, CNM, MPH, FACNM and Teresa Marsico, CNM, MEd, FACNM · Representatives for ACNM and the International Confederation of Midwives to the United Nations

Judith Fullerton, CNM, PhD, FACNM · National Perinatal Association Board of Directors



Executive Director's Report

The vision established by the ACNM Board of Directors is clear. The commitment of our members to help actualize that vision, is never-ending. Our capacity, as a professional organization, to provide leadership, positively impact the lives of women and accomplish our professional goals can surprise even ourselves! The list of accomplishments for 2001, as documented throughout this annual report gives us many reasons to be proud.

Introduce consumers and policy makers to certified nurse-midwives and certified midwives: Our marketing and public relations campaigns in 2001 were guided by findings from the consumer focus group research conducted early in the year. What better way to **introduce a million women to midwifery** than a high quality and thoroughly modern magazine. The premier issue of *Every Baby* magazine represents the most widely viewed marketing and consumer education tool in the history of our organization. Since women of all ages are turning to the Internet for information and guidance, our Web site, www.midwife.org, received a major upgrade in 2001, with particular focus on the consumer content. Our increased interaction with consumers helped launch **myMidwife**, a consumer support group focused on the promotion of midwifery as practiced by CNMs and CMs.

Influence public policy and legislation: If you want to get the attention of the media, schedule your press conference to the **National Press Club** and bring along two influential politicians. If you want to get the attention of politicians, establish a **Political Action Committee** and bring hundreds of their constituents to lobby on Capitol Hill. In 2001, we did all this and more. There was a critical need to call attention to findings published in the *Journal of Midwifery and Women's Health* which documented that pregnancy-associated homicides often go unreported; thus, we held our first national press conference. Members contributed over \$90 thousand to the Midwives PAC and over 600 ACNM members and friends who were in Washington, DC for our annual meeting, **delivered the midwifery message to Capitol Hill**.

Expand membership benefits: As our membership continues to grow, we are challenged to design programs that help members at the individual, state and national level. In response to our members' request, we launched the **online CEUs** program, converted our **Web based midwife practice locator** to a free member service, launched **midwifejobs.com**, offered free **leadership skills training** to chapter chairs, and organized an **exam prep program** for midwifery students. In response to early warning signs of another **professional liability** crisis, we reevaluated our program and made several changes designed to anchor the program against the coming storm. We were able to expand the risk management program and the number of benefits available to participants. As the year came to a close, we conducted a **membership satisfaction survey** and made plans to incorporate those findings into our goals for 2002.

Establish partnerships: In addition to the organizations identified on the previous page where members and staff have served as official representatives, ACNM expanded our capacity to create change by working with: the Centers for Disease Control and Prevention, Healthcare without Harm, National Coalition on Health Care, National Council of State Boards of Nursing, the Association of Women's Health, Obstetric and Neonatal Nurses, DHHS HRSA Maternal and Child Health Bureau, and many government and non government organizations involved with improving the lives of women around the world. In the international arena, the *ACNM Lifesaving Skills Manual* continued to make a strong contribution to safe motherhood activities and the newly designed *Home-based Lifesaving Skills* program will form the basis for new projects in 2002.

Prepare for the future: The September 11, 2001 tragedy had a major impact on our members, staff and organization. We grieved for family, friends and those we did not know. A number of contracts were cancelled and we experienced our first deficit budget in many years. Forever changed, but with many reasons to be grateful, we were able to refocus our energy on a mission that, in uncertain economic times, will become even more relevant.

Regional Reports

Region I

Members of the ACNM Chapters in Connecticut, Maine, Eastern Massachusetts, Western Massachusetts, New Hampshire, Rhode Island, and Vermont, worked hard to market midwifery, engaged in legislative battles, and traveled into cyberspace.

Beginning with Connecticut, the CNMs actively opposed a Senate bill that would give antitrust



immunity to health professionals who are negotiating with health plans. This bill would also let physicians obstruct opportunities for nurse-midwives and other non-physician health professionals to participate in these health plans. The chapter also created an informative and beautiful Web site

complete with Mary Cassatt prints at www.connecticutmidwife.org.

CNMs in Maine, kept a close eye on a bill presented by the Board of Medicine called "Physician Supervision of Advanced Practice Registered Nurses under Medical Delegation." The bill's intent was to allow APRNs to perform "medical acts" beyond their scope of practice as defined by the Maine Board of Nursing. Maine CNMs maintained a very active list server on a variety of topics and hosted the regional meeting in March.

For Eastern Massachusetts, efforts to support legislation designed to prevent HMOs from discriminating against certified nurse-midwives as a class of providers continued. The chapter supported a proposal that would establish a Board of Midwifery which would license nurse and direct entry midwives. Marking a bold move forward, Mass. Health, a branch of Medicaid, began reimbursing CNMs who serve as first assistants at C-sections.

The Western Massachusetts Chapter, in response to the bill designed to establish a Board of Midwifery, sought different language regarding scope of practice and representation on the proposed board. A group of midwives formed a Birth Center Task Force and have

plans to conduct a needs assessment of the Pioneer Valley area in anticipation of establishing a new birth center in the community. Jointly, the Eastern and Western Massachusetts CNMs launched www.nursemidwivesinmass.org.

New Hampshire CNMs very actively watched and opposed physician efforts to limit the independent practice of non-physician providers. 2001 saw many of the midwives and hospitals no longer doing VBACs, citing the lack of in-house anesthesia coverage for smaller hospitals. The good news is that 20% (1 in 5) babies in NH were born into the hands of a nurse-midwife!

The Rhode Island chapter chair met with Senator Lincoln Chaffee, to discuss the new advanced practice reimbursement bill. Rhode Island CNMs also ventured online. www.RI-midwife.org provides many services to the public. Rhode Island's chapter also surveyed the need for access to home birth in the state and looked at the state guidelines related to home birth.

Midwives in the Green Mountain state continue their work to market midwifery. They sent a letter to all CEOs and boards of directors of Vermont hospitals to praise those who had CNM practices and encourage those who didn't. From publications and exhibits to radio appearances, Vermont midwives have been very visible!

All of this momentum and growth reflect just how hard the midwives work to ensure quality care for women under their care, as well as to influence public policy and public perception about the profession they love.

Regional II

The size of Region II expanded this year. At the 2001 Annual Meeting in Washington DC, a proposal to move chapters in Puerto Rico and the Virgin Islands to Region II was approved by a unanimous vote. A few months later Chapters 13 & 14 were organized and approved by the Bylaws Committee, and soon elected new chairs. Chapter 15 in New York has submitted bylaws for approval. Region II welcomes all three new chapters, as they demonstrate of the health and vitality of midwifery and ACNM in Region II.

The focus of many chapters in the Region this year was the malpractice insurance crisis. With Pennsylvania the hardest hit, some insurers have raised premiums or stopped underwriting physicians. Physician consultants are then forced to either leave obstetrics, ending their role as consultants, or decide

that costs are becoming too high to maintain a nurse-midwife in their practice. Nurse-midwives were also paying higher premiums and confronting the specter of costs exceeding income. These problems caused a lot of upheaval in the region as members dealt with lost jobs, closed practices, creating new jobs and opening new practices. In Pennsylvania physicians and hospitals are actively lobbying to rewrite insurance laws and eliminate the Catastrophic Loss Fund. In Puerto Rico, where nurse-midwifery, as practiced by graduates of an ACNM DOA accredited education program, is very young, our members are tackling the laws and regulations that are limiting their ability to practice. One problem, reminiscent of our last insurance crisis in 1984, is that no malpractice policies are being written for midwives in this U.S. commonwealth.

Midwives throughout the region have used electronic communication very effectively. Web sites and list servers have become valued sources of information and great marketing tools. Our region was especially proud when two of our members, Mary Ann Shah as the new ACNM President and Betty Carrington as the Hattie Hemschemeyer Award winner, were honored at the ACNM Annual Meeting.

Through all the ups and downs we remained committed to midwifery and the women and children we serve. We worked hard to improve and maintain our practices so that midwifery care is provided in a welcoming and supportive environment where parents can make decisions and enjoy birth in a ways that meet their desires.

Region III

The past year has been a busy one for Region III members. ACNM members have been involved in a myriad of professional activities which will increase access to midwifery care, maintain and enhance clinical knowledge, and influence policy and legislation that will support the full role of the nurse-midwife.

Electronic Communication: Each year, more and more midwives are incorporating electronic communication into their personal and professional life. Meeting the challenges of technology and making the most of it to achieve our professional goals confronts each member and chapter. South Carolina and North Carolina chapters each maintain a Web site which can be accessed at www.scmidwives.com and www.ncmidwives.org. The South Carolina Chapter revised their Standard Rules and Operating Procedures (SROPs) to allow electronic voting, meeting and decision making. The Arkansas Chapter, with very few midwives, does not hold face-to-face meetings but communicates via email. The Region III list server

(register on ACNM's Web site www.midwife.org) is active and fosters communication within and between states in the larger region. Discussions this year included midwife job postings and sharing of important resources available such as smoking cessation materials for pregnant women.

Georgia Chapter distributes its meeting minutes by email. The **Florida Midwifery Resource Connection** helps coordinate communication about midwives and birth centers by the publication of the *Florida Nurse-Midwifery Practice Directory*. This publication helps consumers and health care professionals locate nurse-midwifery practices throughout the state of Florida.

Legislative issues are the focus of much chapter activity. Midwives throughout the region partnered with nursing and APRN organizations to make a stronger legislative impact. The midwives in Arkansas worked with the APNs to lobby for APN admitting privileges in the State Hospital regulations. South Carolina Chapter Midwives are involved with updating the nurse practice act to reflect current practice and remove "delegated medical acts" and replace "supervision" with "collaboration." Several states, including Mississippi and South Carolina are active with efforts to expand prescriptive authority, including controlled substances. The Georgia Chapter hired a lobbyist to make another attempt to achieve prescriptive authority in Georgia. Again, strong coalitions with other APRN organizations brought resources and presence to the legislative arena. Unresolved issues throughout the region which continue to frustrate midwives include: difficulties with third party reimbursement, inclusion of midwives on select panels, physician back up, hospital privileges and achieving supportive legislation and regulations for birth centers.

Students: Women and men continue to seek to enter the profession of midwifery in increasing numbers. Challenges to the midwifery education programs include access to adequate clinical sites and preceptors for students. Faculty is challenged with the multiple demands of student education, engaging



adequate clinical preceptors and the responsibilities and economic challenges of faculty clinical practice. Vanderbilt anticipates expansion of student placements in birth centers after the full implementation of the Kellogg Statewide Birth Center Network in Tennessee.

Celebrations and Gatherings: Meeting together and celebrating is one of the highlights of our professional lives. The North Carolina chapter held its annual meeting/retreat in Western North Carolina. In addition to business meetings, the members were treated to a rural environment and the services of a masseuse. The Nurse-Midwifery Service of Jackson Memorial Health System celebrated its 25th Anniversary with a gala dinner dance in Fort Lauderdale. Representatives of the service accepted ACNM's "*With Women, for a Lifetime*" **Golden Commendation** for twenty-five years of innovative and compassionate midwifery care to families in Florida. A large portion of the Georgia chapter activities were in preparation to be the host chapter for the ACNM 47th annual meeting in Atlanta, Georgia. One chapter in Florida hosted the Regional III ACNM Representative at a dinner and chapter meeting in Fort Myers, Florida.

Region III ACNM members have met the challenges of this year with their usual talent, energy and wisdom. They are to be congratulated and supported in their future efforts to assure midwifery care for families in our region.

Region IV

Within the boundaries of Region IV, there were a number of activities that promoted the practice of midwifery and improved access to midwifery care for women and babies.

Through numerous legislative initiatives, midwives in the region have negotiated changes or removal of barriers to practice such as physician supervision, prescriptive authority, admitting privileges, third party reimbursement, and liability coverage. The labors of midwives in Ohio bore fruit when they secured prescriptive authority. In Wisconsin, there has been considerable activity to change the practice act to remove physician supervisory language. And in Illinois, the chapter has continued to work on the implementation of their rules and regulations guiding licensure in the state as well as forming a coalition group with other advanced practice nurses to promote similar legislative initiatives. The Maryland chapter has been active in trying to secure admitting privileges and they too have a bill they hope to pass during the 2002

legislative session. Michigan has advanced a bill to committee which addresses access to insurance and managed care plan reimbursement. Midwives in West Virginia have been addressing their need to be included in any bills that focused on liability and malpractice coverage that also addresses physicians. There are also bills related to direct entry midwifery in Indiana and Virginia and the potential for changes in Ohio to a Board of Midwifery. Overall the success with legislative initiatives has been very positive throughout the region.

While we did move forward in many respects, constraints on midwifery practice are still felt everyday. Unfortunately, we've seen some practices falter and a slight decrease in our student numbers. In response, midwives in the region have continued to create new opportunities and break through barriers, one at a time. Likewise, we are further along in our legislative efforts and marketing supported by the ACNM national office than at this point last year. Overall, optimism prevails in Region IV, all with the goal of letting midwives be "With women, for a lifetime™."

Region V

Region V includes 23 chapters spread over the largest geographic area of ACNM. These organized CNMs accomplished much this year. Involved in state legislation, Utah CNMs were influential in legislation on midwifery regulation, and the Colorado chapters worked together to engage a lobbyist for an effort on "mid-level provider reimbursement with Medicaid." Iowa CNMs worked on new birth center legislation. The five Texas chapters work together through a state organization, the Consortium of Texas Certified Nurse-Midwives (CTCNM), which collaborates with other advanced practice nurses and physician assistants in legislative activities.



Marketing midwifery is a concern of midwives and their practices. Called the “Big Hit”, Minnesota gets credit for an outstanding effort when forty-plus billboards promoting midwifery care sprang up overnight across the Minneapolis-St. Paul metropolitan area. The New Mexico chapter held a Blankets for Babiessm drive with over 100 blankets donated and distributed, while the Arizona chapter adopted a street and sent textbooks to overseas midwives.

Life-long learning is not just a buzzword in Region V. Most chapters promote continuing education in various ways and on myriad topics including fetal fibronectin, epidurals, PROM, and VBAC. The Utah and Arizona chapters are working to obtain CEUs for chapter meetings. One Arizona chapter sponsored a Centering Pregnancy workshop. Kansas chapter members participated in a large spring conference.

This brief summary does not begin to convey the breadth and creativity of chapters and members in Region V. We anticipate that 2002 will equal or surpass this year’s effort in the promotion of midwifery and advocacy for women, babies, and families.

Region VI

Region VI is full of midwives working every day to further their practices, sow the seeds of education and respect, and reap the rewards of their hard work.

Nevada, with only 30 midwives in the entire state, made giant strides toward bringing midwives and the services they provide into the mainstream. Becoming an official chapter in 2001, they’ve worked very hard to gain support from consumers, and drive up the demand for midwifery services. Their determination, dedication and hard work paid off when they received full prescriptive authority from the Nevada legislature. This is a tremendous achievement, as the Medical Society has not been very receptive to non-physician providers in the past. Another landmark achievement has been the recognition of midwives and midwifery service by several of the large insurers in the state. Several midwives have been successful negotiating inclusion on the provider panels of these insurers, as well.

Midwives in California were presented with a golden opportunity to have their issues heard in a public forum, as Senator Liz Figueroa, Chair of the Senate Business and Professions Committee sponsored an informational hearing to look into the history, education, and safety of certified nurse-midwife care in California.

Marketing & PR: Orange County, California, midwives took their Nurse-Midwifery Week messages to the people by sponsoring an information booth in a local mall to showcase midwifery practices. Further

north, Oregonian midwives found success in their Martha Bryant Memorial lecture series, and plan to endow a scholarship in her honor. Seattle’s 5000 Northwest Women’s Show visitors had a chance to meet with members of the Washington State Chapter to learn more about midwives and their services.

Overall, great things are happening in our most western states, and midwives are looking to a more prosperous 2002.

Nominating Committee

Nominating Committee members are elected by the membership to solicit nominations for ACNM elected offices and assist in the preparation of the ACNM election ballot. This year the committee recruited candidates for the offices of Vice-President, Region I Representative, Region VI Representative, and three Nominating Committee members. Candidates responded to a predetermined question and their responses were published in *Quickenning* and on the ACNM Web site.

In response to discussion at the annual meeting, the Nominating Committee received a charge from the BOD to explore and make recommendations for updating the election process. The committee began considering ways to facilitate ease of voting, increase voter response, and provide opportunities for the membership to communicate with the candidates.

Bylaws Committee

The Bylaws Committee evaluates the bylaws for relevancy and maintains congruency between chapter and national ACNM bylaws/SROPs. Revisions of the SROPs and other documents are reviewed by the Committee as requested by the ACNM Board of Directors.

The Bylaws Committee helped establish eight new local chapters of the ACNM including the first chapter in Puerto Rico. The Committee also assisted numerous existing chapters by guiding them in revising current bylaws for consistency with the SROPs. The committee made a recommendation to include student nurse-midwives and student midwives in ACNM divisions which was endorsed by the ACNM Board, and will be submitted for bylaws revision at the annual convention in 2002. Committee discussion related to conducting chapter business meetings using electronic communication means will also be presented to the membership during open forum sessions. Working with the ACNM Restructuring Task Force will be an important component of the new year as well as assisting with historical information and documents related to the ACNM for the 50th anniversary celebration.

Professional Highlights

Program/Annual Meeting

The 46th Annual Meeting & Exhibit in Washington, DC was the biggest and best ever, with more than 2,150 registrants. At the meeting Mary Ann Shah was sworn in as the 20th President of ACNM, and Betty Watts Carrington won the Hattie Hemschemeyer Award recognizing her outstanding contributions and distinguished service to midwifery and maternal and child health care. The Kitty Ernst Award recognizes a midwife who has been a certified nurse-midwife for less than ten years, and is engaged in creative and innovative work in women's health, clinical midwifery practice, education, administration, research, or public policy. This year's winner was Kerri Schuiling.

The annual meeting unveiled several new programs including the Heart of Midwifery sessions and an Exam Preparatory Course for students to get extra help from experts as they prepared for the national certification exam.

From the Opening Celebration to the rousing, "Hats Off to Midwives," closing party, the meeting was an unparalleled success. For many of the attendees the highlight of the week was the well attended "Midwives on the Hill" day. What a wonderful sight to see hundreds of CNMs and CMs ascend the Hill to lobby for, and promote midwifery, and issues important to midwives and their clients. The Midwives-PAC reception, held immediately after the lobby day, was also very successful.

In conjunction with the conference, ACNM conducted its Blankets for BabiesSM program in which over 600 new blankets and "love notes" were donated to three, area women's health service organizations. The exhibit hall with 123-booths featured vendors from pharmaceutical companies, equipment manufacturers, publishers, childbirth educators, education programs, and government agencies.

To deliver members the crucial education they need and want, ACNM partnered with DigiScript, Inc. to digitally record more than 20 presentations from its annual meeting and launched a Virtual Library. Using this new service, members can experience the audio, video, PowerPoint presentations, full transcripts and highlights of the annual meeting and earn CEUs online. <http://acnm.digiscript.com>



2001 Kitty Ernst Award Winner Kerri Durnell Schuiling (left); Hattie Hemschemeyer Award Winner Betty Carrington.

Students

Major activities of the Student Committee included:

Review of the committee structure: It was determined that the best structure would emulate the annual meeting model, which allows one representative per educational program and one representative per fifty students from the programs with larger enrollments. The role of these representatives is to communicate with fellow classmates and provide feedback to the student committee on pertinent issues. Student committee job descriptions were also adopted.

Survey: A student involvement survey was conducted to determine the involvement, knowledge of, and availability of activities for students within ACNM. The survey was distributed to all students and results are pending.

50th Anniversary: A list of recommendations for ACNM's 50th anniversary celebration was created and forwarded to the Public Relations Committee and 50th Anniversary Task Force.

Division of Research

The Division SRPs, revised and approved by the BOD in December 2001, established six sections: 1) Survey Advisory; 2) Research Development; 3) Networking; 4) International; 5) Promotion and Dissemination of Research; and 6) Data and Information Management.

At the Annual Meeting, the DOR held two research forums with eight papers, and a poster session with 12 posters. Awards were given to the best forum presentation, best poster presentation, and best student research project. A Scholar's Colloquium was presented by Cheryl Beck, who discussed her research on Post Partum Depression. The VBAC Research Project was presented twice to overflow audiences. A half-day Research Mini Summit was held with ACNM researchers and various branches of ACNM leadership to focus on the role of the DOR within ACNM, to determine how research can best contribute to the ACNM and the midwifery profession, and to develop a midwifery research agenda.

The DOR sponsored a Midwifery Research dinner in Toronto. Thirty midwifery researchers from ACNM and the Canadian Association of Midwives came together to discuss their research.

325 ACNM members were surveyed regarding their guidelines and process for informed consent related to VBAC. The response rate was 61%. Results were presented at the 2001 ACNM Annual Meeting. The A.C.N.M. Foundation awarded funding to test the data collection process and tools for a prospective study and to conduct focus groups with women who choose repeat cesarean sections or VBACs. Three abstracts from the Project were accepted for International Congress of Midwives (ICM) in Vienna, and an update will also be presented at the 2002 ACNM annual meeting. Project members hope to write a grant to fund a prospective study in summer 2002.

The Data Information Management Section reviewed and evaluated available collection systems for midwifery

data, and prepared an educational session for members on how to coordinate automated data collection. The section also coordinated with Tekoa King, senior technical advisor at the ACNM national office. Completed projects include publication of the updated ACNM Birth Log, including data elements from the AP and IP minimum data sets; inclusion of AP and IP minimum data set elements in the benchmarking tools and BirthWrite software.

A DOR home page was created on the ACNM Web site (http://www.acnm.org/about/div_dor.htm). It explains the mission, structure, and projects of the DOR, and provides links for members to download membership interest forms and calls for abstracts for research forums and poster sessions. The Web site also lists contact information for Governing Board members, and details of DOR meetings and research presentations at upcoming meetings.

Midwives of Color

This past year the committee sought to explore more effective and less expensive ways to communicate to replace or compliment mail, telephone conferences, and educational programs. None of these was very effective and left some people out of the loop. This year the committee list server was slow building, but the result was steadier growth.

Perhaps the most visible accomplishment of the Midwives of Color Committee was reaching the goal of raising \$30,000.00 to endow a Midwives of Color Scholarship. This accomplishment culminates many years of hard work and dedication and reaffirms the profession's commitment to diversity and growth.

The committee has explored creating dialogue with all groups e.g. a group of Native-American midwives to share information of interest. In coming months, the committee would like to see greater participation from Latin, Asian, Black, and Native American on the Midwives of Color list server.

Marketing/Public Relations

Through Public Relations articles in *Quickening*, an annual meeting presentation, and regrowth of the Chapter PR Liaisons, staff and the Public Relations Committee worked hard to equip members with the skills needed to inform and educate the women of their communities about midwives, and the services they can provide. The year began with a press conference discussing an article published in the *Journal of Midwifery & Women's Health* on homicide during pregnancy. A Media Expert Program was launched to provide contacts to writers and the news media. A visible push was made to reach out to the media following a *New England Journal of Medicine* article and editorial which questioning the safety of VBACs. Efforts have also increased to reach the news media directly. In the

past year, information about and from CNMs and CMs appeared in publications and on broadcasts such as:

<i>Lancet</i>	<i>Woman's World</i>
<i>New York Times</i>	<i>WebMD</i>
<i>Washington Post</i>	<i>ePregnancy</i>
<i>Parents Magazine</i>	<i>Washington Times</i>
<i>National Public Radio</i>	<i>Lifetime Online</i>
<i>Newsweek</i>	<i>Self magazine</i>
<i>USA Today</i>	<i>Nurse Week</i>
<i>Boston Globe</i>	<i>American Baby</i>
<i>ABC News</i>	<i>Child magazine</i>
<i>CBS News Radio</i>	<i>Associated Press</i>
<i>Fit Pregnancy</i>	<i>United Press International</i>
<i>Jane magazine</i>	<i>Nursing Spectrum</i>

To increase public awareness of midwifery, staff researched and conducted a commercial advertisement campaign on The Learning Channel's (TLC) "A Baby Story." The national ad was seen by more than a quarter million viewers, and the response was immediate driving up traffic to ACNM's Web site and calls to 1-888-MIDWIFE. Plans are also underway to celebrate ACNM's 50th anniversary.

Professional Services

Professional services staff responded to numerous inquiries from members, insurers, state regulatory agencies, the press, physicians, nurses, hospitals, clinics, billing personnel, women and their families. Topics ranged from scope of practice questions and new studies on women's health, to obstetricians who collaborate and those who don't and professional liability insurance. While each caller received individualized attention, staff explained the availability of critical information by addressing several new topics via Resources & Bibliography publications, two new/revised handbooks, and numerous presentations at conference across the nation. A project on breastfeeding, funded by the U.S. Department of Agriculture and the Maternal Child Health Bureau, in conjunction with AWHONN was completed. The project taught providers a communication strategy that has been effective in raising the initiation of breastfeeding among women who traditionally bottle feed.

Education sessions were presented at the Midwifery Business Institute, the Joint Meeting with the Canadian Association of Midwives in Toronto, and at the annual meeting in Washington DC.

Staff also represented ACNM in numerous coalitions and meetings throughout the DC area and beyond, including the HHS, HRSA Division of Nursing, ACOG, the National Coalition on Health Care, in Senate and Congressional offices, the Center for Medicare and Medicaid Services

Nurse-Midwifery Week

The first week of October, 2001, saw many midwives, clients, and ACNM staff celebrating the history, accomplishments, and future of midwifery. Linked by a colorful and inspiring ACNM Web site, and their own community initiatives, celebrations were held from California's golden coast, and across Minnesota's 10,000 lakes, to the Old Line State of Maryland.

(formerly HCFA), and MedPAC.

In the Political Arena. From the local level, to the state houses and Washington, DC, members counted on ACNM for up-to-the minute information on numerous topics. PEAC members had an extremely important role at the annual meeting—presenting two well-received workshops to prepare members to lobby Capitol Hill. In addition, members assisted ACNM Staff to get midwives to the Hill and served as mentors pairing with less experienced midwives for their lobbying visits. The main legislative focus of the year was the passage of the Medicare Services Act. Since the 2001 convention, PEAC has really worked to keep the grassroots membership active in the legislative process. From providing members with strategies for influencing state policy, to presenting Rep. Michael Bilirakis, (R-FL), Chairman of the Subcommittee on Health, House Energy and Commerce Committee, its 2001 Congressional Leadership Award, ACNM public policy has been ever vigilant. On the Web, Capitol Connection, now **Speak Out for Midwifery**, enables ACNM members to obtain more information about major issues and legislative priorities. They can obtain a summary of bills, sample letters, cosponsor lists and more. The ACNM Legislative Hotline enables members to listen to an updated message after normal business hours on our key legislative initiatives. Members need only dial in to get the latest scoop on Medicare and other pending legislative issues. Legislative priorities for the year included:

- CNM Medicare Services Act
- Medicare Reimbursement
- Physician's Antitrust
- Patient's Bill of Rights

Membership

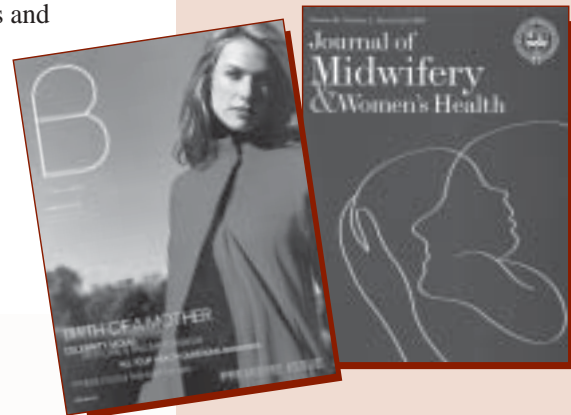
One of ACNM's most valuable resources is an accurate mailing list. Members/non-members have much to gain when ACNM facilitates the flow of information. The work is ongoing to recruit new members and expand the benefits of membership. The 2001 membership directory listed a record number of members and practice. A substantial boost in advertising for that issue helped to offset the cost of production.

Plans were started for the launch of the *myMidwife* consumer support group. The ACNM mailing list rental was outsourced to Medical Marketing Service which boosted its visibility. There were continuing efforts throughout the year to reach out to sponsors and advertisers to allow ACNM to expand services beyond what can be paid for by dues income.

To assure information security, a firewall and new virus scanning software were installed at the National Office. In a year of several major international virus attacks, ACNM had only minimal damage. Major server and association management software upgrades were installed, and disaster recovery plans were expanded due to the September attacks and the office's proximity to the White House.

The bookstore at the annual meeting had expanded hours and more products, including logo products. The boost to sales revenue is regarded in new publications to support members. Mid-year, ACNM launched a new online store at www.ShopACNM.com. Now members are able to order books, logo wear, jewelry, and make donations to the A.C.N.M. Foundation 24 hours a day. Since its launch in mid-2001, ShopACNM has been visited more than 53,000 times and sold more than 3000 items.

Answering the call of members for more professional opportunities, ACNM revised MidwfeJobs.com to bring together employers and employees. To date, more than 200 midwives have found new jobs through the ACNM site.



Not only did ACNM produce an attractive, and well-received consumer magazine; and highly respected professional journal, but it received awards for both. In the American Society of Association Executives' Gold Circle Awards, a nationwide competition with more than 15,000 associations and charities, ACNM scored honors in the categories of "Best Peer-Reviewed Journal" and "Best One-Time Publication." Competing with mega-associations with multimillion dollar budgets, Every Baby took a 4th place certificate and JMWH took Honorable Mention.

ACNM Membership As of December 31, 2001

Active	5050
Active-Retired/Disabled	124
Active-First Year	419
Active-Life	193
Associate	479
Student	877
Total	7142
Friends of the College	51

Setting Standards

Archives

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

After numerous delays, the large backlog of archival materials was transferred from the National Office to the National Library of Medicine, marking a major accomplishment in the preservation of the organization's history. Major projects this year included the preliminary processing of a backlog of archival materials which is an ongoing process; securing additional funds to continue processing archival materials; working in a coordinated effort with the PR Committee on the 50th Anniversary; revising the archival collection policy; and updating the list of completed oral histories.

Division of Accreditation (DOA)

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

The DOA Advisory Committee sought support for the DOA petition for renewal of recognition and expansion of scope for education of the non-nurse by the U.S. Department of Education. Ezra Davidson, M.D., ended ten years of DOA service, and Laura Riley, M.D. was welcomed as his successor. The Board of Review, which makes decisions on the accreditation status of nurse-midwifery/midwifery education programs; and the Governing Board met regularly.

The Site Visitors Panel completed visits to scheduled programs and confirmed visitors for eight comprehensive reviews scheduled during the spring 2002. At the 2001 annual meeting, the DOA presented two workshops: The Orientation to the DOA and how to satisfy BOR criteria; and a workshop and orientation for members of the Site Visitors' Panel.

The DOA responded to inquiries for supplementary information from the U.S. Department of Education by revising Criterion IV.C. in the preaccreditation and accreditation documents and by revising the policy for obtaining additional information from programs after the site visit and before the Board of Review meeting. The DOA continued to attend and participate in the Alliance for Nursing Accreditation meetings. Planning began for the contribution the DOA will make at the ACNM's 50th anniversary annual meeting, as well.

Major Accomplishment: With Betty Carrington, Helen V. Burst, and Lily Hsia in attendance, The DOA received a unanimous recommendation to the Secretary for renewal of recognition for five years and expansion of scope to accredit non-nurse direct entry midwifery programs from the National Advisory Committee on Institutional Quality and Integrity.

The DOA agreed to investigate the process of becoming an institutional accrediting body in addition to continuing as a programmatic accrediting body recognized by the U.S. Department of Education.

Division of Standards and Practice

The Division of Standards and Practice is composed of six sections, whose chairs make up the governing board. The issues addressed by this group range from clinical care to government regulation of practice, to site of birth. Among the accomplishments of the division and its sections are two new Clinical Bulletins—Endometrial Biopsy and Dysfunctional Uterine Bleeding—were approved, and published by ACNM.

The Business of Midwifery Section found that more than half of the midwifery education programs use all or part of the business educational module developed for student midwives. The section is participating in the revision of "*Getting Paid*," an ACNM handbook. Educational presentations on business management were presented at the annual meeting. The Clinical Practice Section was responsible for the development or revision of three ACNM Position Statements, Vaginal Birth after Cesarean Section, Adolescent Health, and Emergency Contraception. Additionally, the section organized a program on clinical practice dilemmas for the annual meeting.

The Home Birth Section sponsored "Home Birth in England, Holland and the U.S." at the annual meeting. Members of the section surveyed midwives in home birth practice this year, and results from that study are due in early 2002. The section also worked on a BOD charge to develop selection criteria for home birth clients.

PEAC members had an extremely important role at the 46th Annual Meeting & Exhibit in Washington, DC. PEAC presented two well-received workshops to prepare members to lobby Capitol Hill; assisted ACNM Staff to get midwives to the Hill; and served as mentors pairing with less experienced midwives for their lobbying visits. The main legislative focus of the past year was passing the Medicare Services Act. Since the annual meeting, PEAC really worked to keep the

grassroots membership active in the legislative process.

The Quality Management Section continued to pursue the goal of a national benchmarking program. Data were distributed this year to programs that were voluntarily participating in the program. Educational materials about benchmarking and addressing the management of marginal employees were presented at the annual meeting. Additionally, the section worked actively with the National Office to develop communications with the Medical Group Management Association and improve the quality of clinical data available nationally to employers.

In addition to these visible achievements, section chairs and members served as a resource to the ACNM National Office and to individual members with information needs, addressing specific issues such as insurance reimbursement for home birth, grass roots lobbying activities, and questions about clinical practice.

This year also saw the initial meeting of an Ad Hoc section on Certified Midwifery which will work to expand the number of states where CNMs are licensed.

Risk Management Committee

The Risk Management Committee is chaired by the Treasurer and consults with ACNM Insurance Services to monitor and develop professional liability insurance services and risk reduction strategies. The committee identifies topics for *Quickening* articles on risk reduction and selects speakers for the Risk Management session at Annual Meeting. In the past year, members monitored incident reports, worked to minimize rate increases in insurance products for the membership, and evaluated continuing education products developed by ACNM Insurance Services. The committee also monitored the impact of professional liability insurance increases on our members, and sought solutions for the coming crisis.

Division of Women's Health Policy and Leadership

The mission of this division is to improve the health of women at the community level through development, implementation, and promotion of public policy and public information initiatives. With this year serving, largely, as a growing and recruiting year for the Division, the governing board of the division worked in an advisory capacity to the ACNM-MCH Providers Partnership THRIVE project. They served as reviewers for mini-grant applications, and took part in the Leadership Training.

The division's work is carried out by five sections: Policy Development and Evaluation, Networking, Emerging Issues and Developing Trends, Public Information, and Leadership Development.

The Policy Development and Evaluation Section focused its work on identifying key objectives for ACNM within the Healthy People 2010 report. The Networking Section held its first annual Liaison recognition event at the annual meeting. The section worked on a tracking system for official and potential members, and formulated a document to assist new liaison orientation. The Emerging Issues and Developing Trends Section welcomed the Violence against Women Ad Hoc Committee as a new subsection. Further, they identified women's mental health and environmental health as emergent issues and began developing advisory subsections to address these topics. The Public Information Section began seeking potential funding sources for materials. The Leadership Section focused its efforts to define its scope and work, submitting two leadership abstracts for the 47th Annual Meeting.

ACNM Certification Council, Inc.

The functions of ACC are initial certification, recertification, and discipline. Primary Accomplishments in 2001:

- Administered the national certification examination three times at a total of 51 sites
- Certified 424 CNMs and 6 CMs; first time pass rate was 88.8%
- Continued implementation of the Certificate Maintenance Program (CMP). CMP is required of all CNMs and CMs certified after January 1, 1996. There are now 2,270 certificants enrolled in the CMP program. This number does not include those initially certified in 2001
- Received a full five-years of accreditation from the National Council for Certifying Agencies (NCCA)
- Discontinued the administration of a Spanish translation of the national certification examination for graduates of the nurse-midwifery program at the University of Puerto Rico. The final Spanish translation offering was October 2001.
- Published the 1999-2000 Task Analysis of American Nurse-Midwifery and Midwifery Practice.
- Secured consumer and physician professional liaison members for the board of directors.

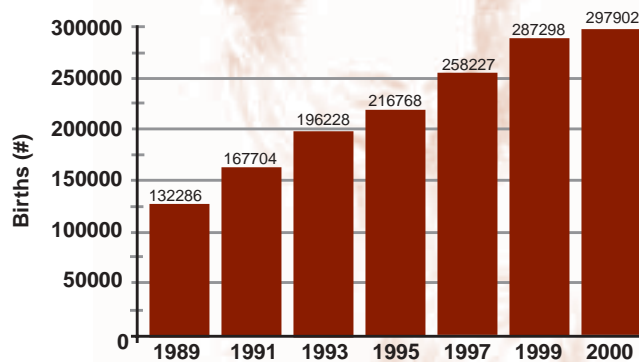
Improving Services to Women and Families

Professional Growth

Every year, visits to CNMs/CMs increase—reaching more than 5 million in 2001. Since 1965, the number of CNMs in the U.S. has grown more than 1400%.

Chapter growth has also been on the rise, with the Bylaws Committee working hard to help establish eight new chapters in 2001, including the first chapter in Puerto Rico.

**CNM Attended Births
1989 - 2000**



CNM Attended Births on the Rise

- In 1975, certified nurse-midwives (CNMs) delivered 19,686 live-born infants in hospitals, 0.6% of all births that year in the United States. In 1989, the birth certificate form was altered to distinguish between different types of birth attendants. That year, CNMs attended 132,286 births or 3.2% of all births and 4.0% of all vaginal births. More families are choosing a nurse-midwife than ever before, as the number of CNM-attended births increased by 118% in the eleven years between 1989 and 2000. The 297,902 live births attended by CNMs in 2000 accounted for 7.3% of all births and 9.5% of normal vaginal deliveries.



Global Outreach

Throughout 2001, the Department of Global Outreach (DGO) focused on a wide variety of domestic and international projects. As part of a growing program in Environmental Health, DGO teamed with Health Care Without Harm, the University of Maryland School of Nursing Center for Environmental Education and the U.S. Environmental Protection Agency's Office of Child Health Protection to do a full day workshop at the annual meeting. Additionally, *Green Birthdays* was co-published with Health Care Without Harm.

Field testing continued with the Home Based Life-Saving Skills (HBLSS) program in India (through the PRIME II project), and in Ethiopia (through Save the Children). HBLSS is a new program that complements ACNM's Life Saving Skills (LSS) program by attempting to strengthen the link between the home and community, (where most births occur) and the referral facilities.

Over 30 DGO staff members and consultants provided technical or programmatic assistance across the globe including: Tajikistan through CARE and Save the Children; Ethiopia through Save the Children and CARE; Indonesia through JHPIEGO; India through the PRIME II project and Intrah, University of North Carolina; Bangladesh through PRIME II and JSI; Nicaragua through the PRIME II project; Guinea and Ghana through the PRIME II project and through Management Sciences for Health (MSH); Uganda through the World Bank; Eritrea through JSI; Zambia through JHPIEGO; Cambodia, and the United States through the THRIVE project and Providers Partnership I.

An HIV/AIDS Capability Statement was developed to communicate what and how ACNM is addressing the problem of HIV/AIDS through its programs. Additionally, ACNM hosted the Safe Motherhood Task Group of the Post Abortion Care Consortium, and was nominated for the Gates Award in Global Health. DGO staff completed the only known meta-analysis of the literature on traditional birth attendants. Publication of this seminal work is anticipated on 2002.

Anticipating increasing need for consultants to assist in the program, DGO conducted an orientation to HBLSS for a team of ACNM consultant members.

DGO is grateful for the support offered by members of the DGO Advisory Committee.

Financial Reports

Treasurer's Report

The Financial Advisory Board (FAB) is composed of the Executive Director, Directors of Member Services, Professional Services, Finance and Administration and Global Outreach, and by Claire Westdahl, the BOD representative, and appointed ACNM member Pat Burkhardt and Lisa Napier, Treasurer's appointee. The FAB meets with the Treasurer twice a year and advises the BOD in all budget preparation and financial matters. Maria Nazareth, the Director of Finance and Administration manages the day to day financial matters of the College and consults with the Treasurer as needed.

During the year, the Board of Directors authorized funds to develop a new Division of Women's Health Policy and Leadership, increase Internet capacity and enhance member services. The Board authorized additional expenditures to support interorganizational activities designed to improve health for mothers and infants and increased visibility for the accomplishments of CNMs/CMs. The Department of Global outreach has continued to gain funding for projects worldwide. Members of the Divisions and Committees utilized their budgeted funds wisely, and National Office staff stretched their budget to accomplish more than they had envisioned when the budget was planned. Our members who serve on committees and task groups, contributed many hours without compensation, which further stretched our allotted funds.

The FAB prepared an austere budget for 2002, which was approved by the BOD. Expenses were trimmed where possible and the transfer of some funds from the Supplemental Reserve Fund was authorized in order to continue our growth of services to the public and to our members in light of the relative recession of late 2001.

Pat Burkhardt completed the maximum service, 4 years, on the FAB. The Treasurer and Board express their thanks for her important contributions to the financial success of the College.

American College of Nurse-Midwives

Statement of Financial Position

December 31, 2001

Assets

Current Assets:

Cash and cash equivalents	\$ 523,137
Investments	3,120,553
Accounts receivable	<u>513,558</u>
Prepaid expenses	25,574

Total Current Assets \$ 4,182,822

Property and Equipment:

Equipment	\$ 352,456
Furniture	103,147
Less, accumulated depreciation	(307,281)

Property and Equipment, Net \$ 148,322

Deposits \$ 16,066

Total Assets \$ 4,347,210

Liabilities and Net Assets

Current Liabilities:

Capital lease	\$ 14,316
Accrued rent	122,146
Accounts payable and accrued expenses	171,414
Accrued salaries and benefits	110,652
Deferred membership dues	997,740
Other deferred revenue	<u>182,037</u>

Total Current Liabilities \$ 1,598,305

Long-term Liabilities:

Accrued rent expense	\$ 243,371
Capital Lease	<u>29,194</u>

Total Long-term Liabilities \$ 272,565

Total Liabilities \$ 1,870,870

Net Assets, Unrestricted 2,476,340

Liabilities and Net Assets \$ 4,347,210

American College of Nurse-Midwives

Statement of Activities

For the year ended December 31, 2001

Operating Revenue:

Membership Dues	\$ 1,731,693
Global Outreach	1,197,718
Meetings and Exhibits	775,993
Provider Partnership	301,938
Publications	273,200
Product Sales	139,382
Contributions and Sponsorship	126,418
Mailing List Rental	116,023
Division of Accreditation	86,417
Continuing Competency Assessment	76,505
Subscriptions	71,288
Advertising	68,096
Continuing Education Division	6,825
Interest	13,911
Other	47,629
Total Operating Revenue	\$ 5,033,036

Operating Expenses

Member Services	\$ 1,804,274
Professional Services	1,582,897
Global Outreach	1,627,187
Divisions and Committees	119,740
Total Operating Expenses	\$ 5,134,098

Change in Net Assets from Operations (101,062)

Other Changes in Net Assets

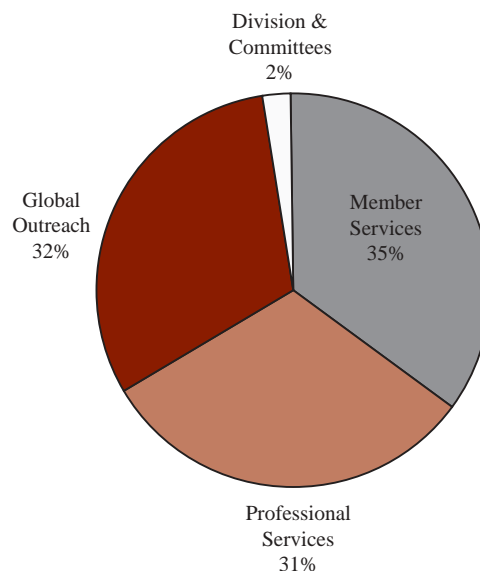
Loss on Investments (79,535)

Total Change in Net Assets \$ (180,597)

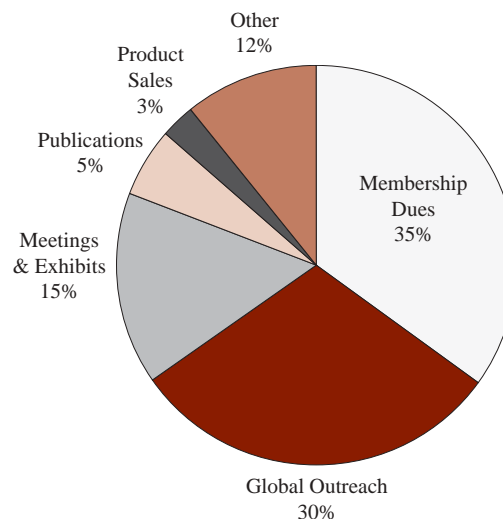
Net Assets, Beginning of Year 2,656,937

Net Assets, End of Year \$ 2,476,340

Uses of Revenue



Sources of Revenue



Other Includes:	
Contributions	3%
Mailing List Rental	2%
Division of Accreditation	2%
Education Program	2%
Subscriptions	1%
Advertising	1%
Miscellaneous	1%
Total	12%

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

Mission

The A.C.N.M. Foundation, founded in 1967, is a 501(c)(3) nonprofit organization that supports the provision of high quality maternal and well-woman healthcare services through the practice of midwifery. Funded by annual contributions from members, clients, corporations and private foundations, the A.C.N.M. Foundation awards grants and supports projects that advance midwifery practice, research and education.

Assuring a lifetime of quality midwifery care for women

Certified nurse-midwives (CNMs) and Certified Midwives (CMs) are leaders in achieving low rates of infant mortality and low birth weight. The success is attributed to superior prenatal care, evidence-based labor and delivery practices, focusing on each woman's need. Midwives support less medically invasive approaches to labor and delivery which leads to significant cost savings and increased patient satisfaction.

Scope of Activities

The A.C.N.M. Foundation is especially dedicated to assisting midwives in developing the myriad of skills necessary to provide high quality healthcare for women and their families in today's challenging health care environment. The Foundation does this through the support of three core areas:

Midwifery Practice

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

Midwifery Research

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

Midwifery Education

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

A.C.N.M. Foundation Leadership

A.C.N.M. Foundation Board of Trustees
2001-2002

Nancy Jo Reedy, CNM, MPH
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Forth Worth, Texas

Ellen Martin, CNM, MS, FACNM
Vice President
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Bedford, New York

Sally Austen Tom, EDM, CNM, FACNM
Silver Spring, Maryland

Foundation Builders

Lizabeth Andrews, CNM
Peachtree City, Georgia

Royda Ballard, CNM
Palm Springs, California

Terry Capton-Snell, CNM, FACNM
Gardnerville, Nevada

Barbara Fitchitt, CNM
Columbia, Maryland

Teresa Marsico, CNM, Med, FACNM
Manasquan, New Jersey

Elaine Moore, CNM
Nashville, Tennessee

Lois L Rapisardi, CNM
Duluth, Georgia

Leissa Roberts, CNM
Salt Lake City, Utah

Lisa Veach, CNM
Grand Haven, Michigan

2001 Awards

Ortho-McNeil Pharmaceutical/A.C.N.M. Foundation Fellowship for Graduate Education

Jennifer Foster, CNM,
University of Massachusetts, Amherst
"Masculinity and Childbearing" *Gendered Experiences of Stratified Reproduction in Holyoke, MA*

A.C.N.M. Foundation Research Award
Melissa D. Avery, CNM, PhD, FACNM
University of Minnesota, Minneapolis

"Outcomes of Nurse-Midwifery Care of Women choosing Vaginal Birth After Previous Cesarean Section: A Pilot Study."

Bonnie Westerberg Pedersen International Midwife Award

Siyemule Albertina Nduna
Harare, Zimbabwe

Leadership Development Awards

Patricia Beckman, CNM
Co-Director, Alivio Medical Center Nurse-Midwifery Service
Chicago, IL

Darryn Dunbar, APN/CNM, MS
Director, Midwife Associates of Norwegian American Hospital
Chicago, IL

Carol Jones, CNM
Director, Virginia Mason's Nurse-Midwifery Service
Seattle, WA

Varney Participant Awards

Heather Bradford, SNM
University of Pennsylvania

Jennifer Nelson Schirmer, SNM
University of Rhode Island

Basic Scholarship Awards

The TUMS CalciumForLife Consumer Health Care Scholarship supported by GlaxoSmithKline

Stephanie Welsh, SNM
Yale University School of Nursing

Edith B. Wonnell, CNM Scholarship

Abigail Rose Lanin, SNM
University of New Mexico

A.C.N.M. Foundation Memorial Scholarship

Sarah R. Cox, SNM
Frontier School of Midwifery & Family Nursing

The ACNM Memorial Scholarship honors the following midwives who were remembered with recent gifts to the Foundation:

Trudy Friedman, CNM
Charisse Banfield, CNM
Sue Camp, CNM
Agnes Chan, CNM
Sister Betty Dougherty, CNM
Judy Flanagan, CNM
Pat Jones, CNM
Linda Sloan Locke, CNM
Asoka Roy, CNM
Mary Ann McKee, CNM
Maura Pilet, CNM
Louisa Chapmon Whitlock, CNM
Sally Yeomans, CNM

Other 2001 Activities and Accomplishments

The **Midwives of Color Scholarship Fund** reached the endowment goal of \$30,000 in 2001.

Midwifery students from 28 educational programs honored instructors and preceptors with the **Excellence in Teaching Award**.

Thirty Student Nurse-Midwives received Wyeth Pharmaceutical Student Reporter Awards.

The papers of Anna Bennett, SNM and Anne Marie Fenn, SNM were published in the January/February, 2002 edition of the *Journal of Midwifery and Women's Health*.

Watson Pharma donated \$70,000 to the Midwives of Color Scholarship Fund.

Ann McRedmond was honored with donations to the A.C.N.M. Foundation that were matched by Ross Nutrition Products.

Corporate Supporters

Watson Pharma
Wyeth Laboratories
Os-Cal, GlaxoSmithKline Consumer Products
Ortho-McNeil Pharmaceutical
TUMS CalciumForLife, GlaxoSmithKline Consumer Products
Ross Products Division, Abbott Laboratories
The CNM Group

Chapter Supporters

ACNM Region II, Chapter 2
ACNM Region II, Chapter 8
ACNM Region III, Chapter 5
ACNM Region IV, Chapter 9
ACNM Region VI, Chapter 17
ACNM Region VI Chapter 5
ACNM Northern Ohio Chapter
ACNM Southern Ohio Chapter

Midwifery Education Program Supporters

Frontier School of Midwifery and Family Nursing
Ohio State University
University of Miami
University of Rhode Island
University of Texas Medical Branch at Galveston

Mary Breckinridge Founders

Anonymous, CNM
Anonymous II, CNM
Anita Barbey, CNM
Deborah Bash, CNM
Elizabeth Berryhill, CNM
Barbara Brennan, CNM
Helen Varney Burst, CNM
Terry Capton-Snell, CNM
E. Jean Downie, CNM
Thelma Finch, CNM
Nivia Fisch, CNM
Barbara Fitchitt, CNM
Rebecca FitzGerald, CNM
Martha Groggle, CNM
Janice Hammond, CNM
Susan Hetherington, CNM
Timothy R. J. Johnson, MD
Erica Kathryn, CNM
Judith Katz, CNM
Marcy Kiefer, CNM
Elizabeth Korb, CNM
Janice Kvale, CNM
Elizabeth MacMillan, CNM
Teresa Marsico, CNM
Ann Mason, CNM
Jeanne McDermott, CNM
Lonnie Morris, CNM
Barbara Norton, CNM
Leslie Olivas, CNM
Gabriela Olivera, CNM
Lisa Paine, CNM
Whitney Pinger, CNM
Jacqueline Reid, CNM
Joyce Roberts, CNM
Jeannine Sacco, CNM
Mary Ann Shah, CNM
Suzanne Smith, CNM
Pamela Spry, CNM
Susan Stapleton, CNM
Margaret Taylor, CNM
Joyce Thompson, CNM
CNEP

2001 Mary Breckinridge Donors

Mary Ellen Barringer
Deborah M. Bash, CNM
Donna Belcher, CNM
Elizabeth Berryhill, CNM
Helen Varney Burst, CNM
Terry Capton-Snell, CNM
E. Jean Downie, CNM
Barbara Fitchitt, CNM
Nancy Fleming, CNM
Mary Gillmor-Kahn, CNM
Martha H. Groggle, CNM
Susan Hetherington, CNM
Rosemary Janofsky, CNM
Lisa M. Kane-Low, CNM
Judith T. Katz, CNM
Holly Kennedy, CNM
Kathleen M. King, CNM
Ann Koontz, CNM
Elizabeth Korb, CNM
Janice Kvale, CNM
Kathleen Martin, CNM
Linda May, CNM
Karen McGee, CNM
Judith Mercer, CNM
Julia Murphy, CNM
Jeanne Raisler, CNM
Nancy Jo Reedy, CNM
Jeannine Sacco, CNM
June Sangala, CNM
Donna Scheideberg, CNM
Mary Ann Shah, CNM
Helen Smith, CNM
Suzanne Smith, CNM
Pamela Spry, CNM
Susan Stapleton, CNM
Frances Thacher, CNM
Helen M. Wallace, MD
Deanne Williams, CNM

Financial Information as of December 2001 from audited Financial Statements

Total Assets	\$688,359
Total Current Liabilities	\$37,921
Total Net Assets	\$650,438
Total Liabilities and Net Assets	\$688,359
Total Revenue	\$302,886
Total Expenses	\$226,010
Increase in Net Assets	\$76,876
Net Assets – Beginning of the Year	\$573,562
Net Assets – End of the Year	\$650,438