As the elected president and chief staff officer of the American College of Nurse-Midwives (ACNM), we are pleased to share our excitement and optimism about the profession of midwifery both globally and domestically. As you read our 2011 Annual Report, we believe you will share our enthusiasm.

The midwifery profession and ACNM continue to grow stronger and the evidence demonstrating the high quality of midwifery care continues to mount. 2011 was shaped by historic partnerships and unprecedented events in which ACNM played leading and supporting roles. We can’t do them all justice, but we can provide a snapshot of a truly remarkable year.

In March, ACNM and the American College of Obstetricians and Gynecologists (ACOG) published the “Joint Statement of Practice Relations between Obstetrician-Gynecologists and Certified Nurse-Midwives/Certified Midwives,” outlining key principles for facilitating improved communication, working relationships, and seamlessness in providing maternity care and other women’s health services. ACNM and ACOG members also worked together to participate in a joint project to spotlight successful collaborative practices of midwives and obstetricians.

In April, we announced the formation of the Coalition for Quality Maternity Care, a platform for nine prominent national organizations to work together to champion federal legislative approaches for improving the quality and value of maternal and newborn health care in the United States.

In June, at the International Confederation of Midwives triennial meeting in South Africa, midwifery leaders from across the globe approved new standards for education, regulation, and association-building for midwifery. These standards offer a powerful new framework for strengthening our profession both in the United States and abroad.
In September, the systematic review “Advanced Practice Nurse Outcomes 1990-2008,” published in Nursing Economics, reported that care provided by certified nurse-midwives is associated with comparable or better outcomes than care managed exclusively by physicians.

In October, multiple and diverse stakeholders held a Home Birth Summit where they developed core principles and affirmed a shared commitment to quality maternity care for women and their babies in all birth settings.

State and national leaders teamed up to establish affiliates in every US state and territory, offering an opportunity for stronger state-level midwifery advocacy at a time of unprecedented state legislative and regulatory activity.

We salute ACNM members who provide outstanding care for women across the lifespan by attending more than 300,000 births a year in the United States, educating the next generation of midwives and obstetric residents, and working to strengthen maternity care in developing countries throughout the world.

We are especially grateful to the many ACNM members who actively serve our organization—many but not all are listed on page 16. We recognize the contributions of the organizations that work alongside us to improve women’s health, including Childbirth Connection; Centering Healthcare Institute; the American Nurses Association; the Association of Women’s Health, Obstetric and Neonatal Nurses and our counterparts representing advanced practice nurses; ACOG; the National Association of Certified Professional Midwives; and the Midwives Alliance of North America.

We are poignantly aware that much work needs to be done to advance the public image of midwifery, ensure high standards of care for all women, and to overcome the many barriers that block access to midwifery care. The ACNM Board of Directors is committed to a comprehensive strategy to face these challenges with renewed confidence and vigor as we move forward in 2012.

2011-2012 ACNM Board of Directors
Standing, left to right: Heather Swanson, CNM, APRN, FNP, IBCLC, Region V Representative; Kate Harrod, CNM, PhD, FACNM, Secretary; Deborah Kaiser, SNM, Student Representative; Kate McHugh, CNM, MS, MPH, FACNM, Region II Representative; Kathryn Osborne, CNM, MSN, PhD, Region IV Representative; Tanya Tanner, CNM, MS, MBA, Treasurer; Linda Nanni, CNM, MSN, Region I Representative; Michael McCann, CNM, Region III Representative; Michelle Grandy, CNM, MN, Region VI Representative. Seated, left to right: Lorrie Kline Kaplan, CAE, Executive Director; Holly Powell Kennedy, CNM, PhD, FACNM, FAAN, President; Cathy Collins-Fulea, CNM, FACNM, Vice President.
CNM’s expert input is solicited by major newspapers, popular consumer magazines, professional journals, public radio, and national television news outlets. In 2011, midwives received major media play in high-profile outlets including The New York Times, The Washington Post, National Public Radio, Fit Pregnancy, and WebMD.com. Yet 47.9% of women surveyed in a Jones Public Affairs (JPA) 2008 consumer survey said that it has never occurred to them to use a midwife for their OB/GYN needs.

In 2011, ACNM leadership met this challenging lack of awareness by launching Team Midwife™, a growing social media campaign created to unify and mobilize midwifery supporters. We also debuted About Midwives, a new section of the ACNM Web site that highlights our philosophy of care, scope of practice, history, and credentials.

Later in the year, the ACNM Board of Directors opened a new chapter in the College’s history book. We contracted with JPA to undertake a long-term, multi-year comprehensive effort to create an accurate, positive, and visible image for midwifery. We have wonderful stories to tell about the benefits of choosing a midwife; public relations messages and tools funded by the A.C.N.M. Foundation; a new Web site with rich, untapped capabilities; and active social media channels. More than 5500 people like the ACNM Facebook page (www.facebook.com/acnmmidwives), and engage in lively conversation on a daily basis. The ACNM Web site, www.midwife.org, earns nearly 40,000 visitors per month, with the new About Midwives section ranking among the top three most visited pages.

We are committed to the goal of promoting midwifery to consumers and will unveil the PR campaign at the ACNM 57th Annual meeting & Exposition in Long Beach, CA, June 2 – 7, 2012.

Five strategic goals are key to the pursuit of our mission and create a framework for ACNM activities in the current decade. Our overarching vision is that by 2020, CNMs and CMs will attend 20% of births in the United States.

**GOAL 1: Strategic Communications**

A CNM’s expert input is solicited by major newspapers, popular consumer magazines, professional journals, public radio, and national television news outlets. In 2011, midwives received major media play in high-profile outlets including The New York Times, The Washington Post, National Public Radio, Fit Pregnancy, and WebMD.com. Yet 47.9% of women surveyed in a Jones Public Affairs (JPA) 2008 consumer survey said that it has never occurred to them to use a midwife for their OB/GYN needs.

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**Journal of Midwifery & Women’s Health**

The Journal of Midwifery & Women’s Health (JMWH), the official journal of ACNM, is a bimonthly, peer-reviewed journal dedicated to the publication of original research and review articles that focus on midwifery and women’s health. We had a momentous year in 2011 as Wiley-Blackwell became the Journal’s publisher, bringing considerable expertise and innovation to JMWH. Other accomplishments included:

- The pages of JMWH were completely redesigned with a visually appealing layout, reader-friendly fonts, and more full-color figures and photographs.
- The Journal’s continuing education Web site, www.jmwhce.org, was launched and allows users to receive certificates of completion immediately after test submission.
In August, Team Midwife launched a share feature on its Web site where midwifery clients could write their stories about how their midwives helped and supported them to overcome postpartum depression, try for a VBAC, have empowering birth experiences, and so much more. Below are excerpts of the stories women shared at www.midwife.org/TeamMidwife-Stories.

- “My midwife appointments were an hour long, and we felt our midwives really cared about us—and not just about the physical aspects of the pregnancy, but the emotional as well. They didn’t just help me birth a baby; they helped us become a family.”
- “I am so thankful that we have a wonderful midwifery practice in my city that delivers in a great progressive hospital. My midwife was so calm and treated my labor as something normal, and not scary. Not surprisingly, I didn’t feel afraid after that! I saw her confidence in me and my ability to give birth. We were so pleased with our experience that we cannot imagine going to anyone but a midwife for our next child.”
- “When I became pregnant with my first child, my sister-in-law, an OB/GYN, suggested that I see a midwife. She so overwhelmingly praised the midwives in her practice that it seemed like the natural choice for us. My midwife approached pregnancy as a normal process and conveyed a sense of calm empowerment to me throughout. I am certain that her patience and wisdom saved us from needing undesired interventions and helped us have the birth experience that was important to us. She will always have a special place in our lives and hearts.”

All of the Journal’s Share with Women patient education handouts can now be found more easily with the launch of the direct URL www.sharewithwomen.org. By the end of 2011, these handouts covered more than 60 primary care, gynecology, pregnancy, labor, postpartum, and newborn topics.

The JMWH Instructions for Authors, Style Guide, Editorial Policies, and Clinical Rounds guidelines were revised and updated.

The JMWH awards sponsored by Wiley-Blackwell were presented at the ACNM 56th Annual Meeting in San Antonio, TX. The winner of the Mary Ann Shah New Author Award was Jeremy Neal, CNM, PhD, RNC, for the article entitled “Active Labor’ Duration and Dilation Rates among Low-Risk, Nulliparous Women with Spontaneous Labor Onset: A Systematic Review,” and the winner of the Best Article of the Year Award was Leissa Roberts, CNM, DNP, and her co-authors for the article entitled “The Coping with Labor Algorithm: An Alternate Pain Assessment Tool for the Laboring Woman.”

The theme for the May/June 2011 and November/December 2011 continuing education issues was pharmacology, a topic ACNM members frequently request due to licensure requirements for pharmacology-specific continuing education.

Volume 56 of the JMWH contained 656 print pages, which is the largest print volume to date.
2011 was an exciting time of forward momentum on autonomy and equity, the core principles of ACNM’s advocacy initiatives. Our goal is for all CNMs and CMs to be recognized as licensed, independent providers, free from requirements for physician supervision and written collaborative agreements, and reimbursed on par with physicians and other health care providers.

Research Tools
ACNM published several important documents that will enhance federal and state policymakers’ understanding and support of midwifery. In concert with the American College of Obstetricians and Gynecologists (ACOG), ACNM issued a revised “Joint Statement of Practice Relations between Obstetrician-Gynecologists and Certified Nurse-Midwives/Certified Midwives.” ACNM also created a Professional Midwifery Credentials Comparison Table that clarifies distinctions in licensure, accreditation, certification, and education among CNMs, CMs, and certified professional midwives (CPMs). Lastly, a white paper entitled Midwifery in the United States and the Consensus Model for APRN Regulation was jointly developed by ACNM, the Accreditation Commission for Midwifery Education (ACME), and the American Midwifery Certification Board (AMCB) to address the impact of the Consensus Model’s recommendations on midwifery.

Federal Advocacy
ACNM focused on numerous federal initiatives to protect and advance maternal health and the stature of CNMs and CMs. In 2011, the Coalition for Quality Maternity Care (CQMC) was launched, and included representation from a diverse group of stakeholders who play strong roles in maternal and child health care issues. ACNM worked with other CQMC member organizations to endorse bills and strengthen outreach.

In April, the ACNM Government Affairs Committee (GAC) held a Virtual Lobby Day. ACNM member midwives from across the country contacted their members of Congress to urge midwifery awareness and support. In August, Midwifery Advocacy Month, ACNM members contacted their legislators to gain support for the MOMS for the 21st Century Act.

ACNM has been involved in a number of activities regarding the formal implementation of the Affordable Care Act (ACA), including signing on to amicus efforts defending the constitutionality of the legislation. In June, ACNM submitted formal comments to the Centers for Medicare and Medicaid Services (CMS) proposed rule addressing ACA Accountable Care Organization provisions. ACNM noted support for efforts to improve care coordination and efficiency within Medicare, but raised concerns about the potential for the proposed rules to negatively affect senior women and women with disabilities. We also submitted comments on a proposed rule on hospital credentialing and privileging, urging additional changes to give midwives unfettered access to the full array of clinical privileges as well as full medical staff membership.

ACNM also weighed in on federal budget negotiations and urged House and Senate leaders to support women’s reproductive rights by rejecting policy riders and funding cuts that would limit access to and information about vital women’s reproductive health services.

Finally, ACNM’s government relations department advocated on behalf of CMs to urge their inclusion in eligibility for the National Health Services Corps Loan Repayment Program. The Government Relations Department works closely with the GAC, Midwives-Political Action Committee (PAC), and the Committee for the Advancement of Midwifery Practice (CAMP) to support efforts to ensure full CNM and CM practice recognition.

State Advocacy
State laws and regulations play a leading role in the ability of CNMs and CMs to practice.

Several new state laws enhanced the ability of midwives to function as
Midwives-PAC
by Heather Bradford, CNM, ARNP, FACNM, Chair, Midwives-PAC

2011 was a performance improvement year for the Midwives-Political Action Committee (PAC). With the unending support of ACNM national office staff and our Board of Director liaisons, we made many changes to increase the size of the PAC while also decreasing overhead costs. These changes were made strategically by identifying best practices for health care PACs and surveying our members on how best to communicate with them.

Our improvements and accomplishments for the year include:

- Hiring a new vendor for Federal Election Committee (FEC) filings and other administration functions, reducing our costs for that service by half.
- Discontinuing PAC telemarketing since 40% of these calls were unanswered in 2010.
- Recruiting new committee members with fundraising experience.
- Implementing donor club incentives and a “peer to peer” campaign.
- Revamping our Web site.
- Adding a Midwives-PAC donation line to the ACNM membership renewal form.
- Challenging ACNM affiliates to raise money. Affiliates also gave straight or matching donations—special thanks to the Connecticut, Massachusetts, Minnesota, Oregon, and Washington state affiliates for their generous support.
- Hosting our first, zero-overhead Midwives-PAC Rally at the ACNM 56th Annual Meeting in San Antonio, raising over $32,000.

Through these efforts, we raised almost $73,000 from members in 2011, not including in-kind donations, achieving 97% of our overall goal of $75,000 for the year. Approximately 21% of our income was spent on overhead expenses, largely on FEC filings and bank fees. We donated $7500 to federal campaigns of seven legislators, and have set aside the remaining funds to assist key legislators who are supportive of midwifery legislation and up for re-election in 2012.

Who Midwives-PAC Supported in 2011
Representative Michael Burgess (R-TX), $1000
Representative Lois Capps (D-CA), $1000
Senator Tom Harkin (D-IA), $1000
Representative Allyson Schwartz (D-PA), $1000
Representative Pete Stark (D-CA), $5000
Representative Fred Upton (R-MI), $2500
Senator Sheldon Whitehouse (D-RI), $500

Midwives-PAC Board of Directors
Erin Biscone, CNM
Heather Bradford, CNM, Chair
Patrick Caaney, Federal Representative
Katy Dwuley, CNM, PhD, Immediate Past Chair
Meredith Graham, MBA, Treasurer
Kate Harrad, CNM, PhD, Board of Directors Liaison
Jacqui Henrich, CNM
Eliza Holland, CNM
Jennifer Jagger, CNM, Vice-Chair
Kathryn Kravetz-Carr, CNM, GAC Chair
Nora Lewis, CNM
Vivian Lawrenstein, CNM
Caitlin Mackin, SNM, RN, Student Representative
Jeni Poell, CNM, Secretary
Diane Utz, SNM, RN, Student Representative

Premier Advocate Donor Club
($1000 or more)
Katherine Carrasco Carr, CNM
Mary Kaye Collins, CNM
Katy Dwuley, CNM
Janelle Green, CNM
Kate Harrad, CNM
Barbara Hughes, CNM
Tina Johnson, CNM
Lorrie Kaplan, CAE
Holly Powell Kennedy, CNM
Vivian Lawrenstein, CNM
Lonnie Morris, CNM
Lisa Summers, CNM

independent practitioners, ensure proper recognition of scope of practice, and make strides toward greater economic equality with physicians. Notable achievements included the enactment of a North Dakota law that eliminated the requirement for written practice agreements for prescriptive authority; the release of advanced practice registered nurses (APRNs) from collaborative practice agreements governing overall practice in Vermont; a Hawaii law requiring hospitals to allow APRNs the ability to practice to their full scope; and South Dakota birth center licensure. Additionally, some proposed legislation opened doors for fruitful conversations about the central role of CNMs and CMs in health care delivery, such as a proposal in Florida to end physician supervision.
The State of World’s Midwifery 2011: Delivering Health, Saving Lives report called for 350,000 more midwives to fully meet the needs of women worldwide. In the United States, ACNM leads this effort by providing research, education opportunities, and resources for students and educators to help grow our profession.

In 2011, the number of new midwives continued to grow for the fourth straight year in a row. In fact, the American Midwifery Certification Board (AMCB) reported a 17% increase in the number of new certificants. The number of midwifery education programs remained stable at 39, and several programs have increased their distance-based offerings, enabling students to remain in their home communities for their clinical education.

Research
As we work to attract more students to midwifery programs, it is important to have a clear picture of the midwifery education landscape. ACNM published Midwifery Education Trends Report 2011 based on a review of aggregate data from the Accreditation Commission for Midwifery Education (ACME) for 2005–2009 and a 2010 survey of midwifery education program directors (see http://bit.ly/GKkkK8). In particular, the report found that the number of midwifery applications increased substantially in 2008–2009, but the number of admitted students has consistently fallen short of the number of available spaces because there is a mismatch between the type of applicant and the type of available spaces. Nationally, there are about 230 spaces unfilled every year that are available to RNs only, while there is a shortage of spaces in accelerated programs for non-nurses that offer an RN and masters degree. The expansion of programs for CMs may be an option to address this gap in some states.

Fortifying Clinical Sites and Preceptors
The most significant barrier to increasing the number of midwives is a shortage of clinical sites and preceptors. ACNM is working to address this issue by increasing our recognition of and support for those midwives who take on the additional role of preceptor to midwifery students. In 2011, we offered free education workshops for potential preceptors at the ACNM 56th Annual Meeting. ACNM has established an online resource for preceptors at www.midwife.org/Preceptors, as well as a national preceptor database to aid midwifery education program directors in identifying preceptors. Several taskforces have been established to specifically address the need for additional clinical sites for our students, including a taskforce to develop potential legislative strategies to fund and support preceptors; and the Midwifery Workforce Taskforce. The ACNM-ACOG Liaison Committee is also focused on developing innovative models for interprofessional education between CNMs/CMs and obstetrician-gynecologists.

Outreach
We have expanded our outreach for prospective midwives by exhibiting at the National Student Nurses Association (NSNA) Annual Meeting, where we held two education sessions. We also participated in the career panel at the NSNA MidYear Conference in November. We continued our participation in the National Youth Leadership Forum (NYLF).

Our fourth annual student video contest received many excellent entries from currently enrolled midwifery students on why they want to become midwives. Winning entries can be viewed on www.youtube.com/acnmweb.

GOAL 3: 1,000 newly certified midwives per year by 2015

ACME-Accredited Midwifery Education Programs:

Global Health: A Growing Priority

Every year approximately 350,000 women die while pregnant or giving birth—almost 1,000 a day. Of these women, 99 percent die in developing countries. One in 31 women in sub-Saharan Africa will die from a maternal cause, compared with 1 in 4300 in developed regions of the world.¹

The technical knowledge and clinical skills exist to prevent the vast majority of these deaths and injuries. Yet, between underdeveloped and developed regions of the world, enormous disparities exist in the delivery of lifesaving interventions.

In response to this frustrating and tragic disparity, ACNM’s global programs are growing. In 2011, grant funding for the ACNM Department of Global Outreach (DGO) more than doubled. In September, the ACNM Board of Directors voted to incorporate global health as a core value of ACNM’s identity and intrinsic component of ACNM’s strategic plan. The elevation of midwifery in the global context is deeply connected to ACNM’s efforts to elevate the profession of midwifery in the United States.

In 2011, ACNM’s Department of Global Outreach continued or began several major projects, including:

- An initiative spanning five states in Nigeria to train midwives and community health workers in lifesaving skills and establish systems for the program’s support, supervision, and further growth.

- Continued work and growth of the Ghana midwifery education program. ACNM’s comprehensive approach to strengthening pre-service education was expanded to two new midwifery schools. In addition, DGO is working with the Center for International Medicine at UCLA to develop an innovative e-learning package to support classrooms and simulation centers.

- In Zambia, we are working with a large health systems strengthening project to support emergency obstetric and neonatal care, pre-service education to three midwifery schools, and a large community-based initiative called Safe Motherhood Action Groups.

Supporting Member Interest in Global Health

Many ACNM members have a passionate interest in participating in global health projects, and we are working to expand their opportunities to do so. The Division of Global Health (DGH) Disaster Preparedness Caucus became official in September. The caucus leaders have established committees and enlisted support to officially begin the work of the caucus at the 2012 ACNM Annual Meeting. The Education Section of DGH has developed online training courses for ACNM members looking to gain competency in global health. A major initiative will be announced in 2012 that will expand members’ opportunity to learn about and participate in global health efforts.

Additionally, ACNM has now published its community-based curriculum “Home Based Life Saving Skills” (HBLSS) in French, and is implementing HBLSS in both Zambia and Guatemala.

New Standards, Bright Future

Two major events in 2011 paved the way for an exciting shift in the care of mothers and babies worldwide. Several ACNM members played leadership roles in developing global standards for the education, competence, regulation, and association of midwives, which were unveiled at the International Confederation of Midwives Triennial Congress in Durban, South Africa. Additionally, The State of the World’s Midwifery 2011 report elevated the visibility and need for midwives globally in an unprecedented way. ACNM looks forward to using these breakthrough documents to assess and improve our standards and work in collaboration with other midwifery and professional groups so that more women worldwide can receive skilled care at birth from midwives. For more information, see www.midwife.org/global-health.

GOAL 4: **High-quality maternity care and women’s health services**

Providing the highest quality care for women and newborns is at the heart of all ACNM activities. This year, our focus on quality and collaboration crossed all borders of the health care spectrum to expand access to evidence-based midwifery care, best practices, and interdisciplinary collaboration and education.

**Quality Initiatives**

ACNM, in coalition with other leading health care organizations, developed interdisciplinary recommendations for health care providers and administrators with the white paper *Quality Patient Care in Labor & Delivery: A Call to Action*. Written with the American Academy of Family Physicians, the American Academy of Pediatrics, ACOG, the American College of Osteopathic Obstetricians and Gynecologists, AWHONN, and the Society for Maternal-Fetal Medicine, the paper outlines specific strategies for maternity care clinicians that foster a culture of communication, safety, and quality, and guide policy and evidence-based practice.

ACNM members served on leading national panels driving quality improvement in perinatal care, including the National Quality Forum’s (NQF) Perinatal and Reproductive Healthcare Steering Committee as well as the American Medical Association’s Physician Consortium for Performance Improvement Maternity Care Work Group. While much of the focus of these activities is preventing care practices that have been shown to impede maternal health outcomes, the teamwork of ACNM, Childbirth Connection, AWHONN, and the American Nurses Association (ANA) was instrumental in securing the development of a new performance measure to promote spontaneous vaginal birth. ACNM members served in staff and representative capacities to such key organizations as the Agency for Healthcare Research and Quality, Childbirth Connection, The Joint Commission, the Medicaid and CHIP Payment and Access Commission, National Advisory Council on Nurse Education and Practice, and the Institute of Medicine.

**Fostering Collaboration**

Health care experts are calling for interdisciplinary approaches to optimize care delivery. ACNM has taken the lead in developing solutions to improve access to seamless quality care and outcomes for women.

ACNM and ACOG crafted a landmark document in 2011 highlighting key principles to facilitate improved communication, working relationships, and seamlessness in the provision of maternity care and other vital women’s health services. The “Joint Statement of Practice Relations between Obstetrician-Gynecologists and Certified Nurse-Midwives/Certified Midwives” outlines our ongoing shared commitment to the support of evidence-based practice, national professional certification and licensure, and the recognition of women’s right to options in their care.

Additionally, ACNM and ACOG implemented a joint project, “Successful Models of Collaborative Practice in Maternity Care,” that yielded 60 manuscripts illustrating how CNMs/CMs and obstetrician-gynecologists can work together. The four winning submissions were published in the September 2011 issue of *Obstetrics & Gynecology*.

ACNM continued to enhance its relationship with AWHONN, with leaders from both organizations coming together to discuss strategic initiatives and priorities to expand our impact on women’s health and maternity care. Coalition work also continues with ANA and other advanced practice nursing organizations through the Workgroup on Patient Access to Advanced Practice Registered Nurse Care and Practice.

**ACNM Benchmarking**

The purpose of the ACNM Benchmarking Project is to improve and maintain the quality of midwifery care provided to women and children by promoting member awareness of best practices. To facilitate this, members share data on nationally recognized quality metrics. Participants receive custom reports comparing their practices to those of similar size.

For 2010 (reported in 2011), a total of 50 data points were collected...
and analyzed, resulting in 33 benchmarks for comparison. Ninety-eighth midwifery practices participated, representing more than 53,000 births and the work of approximately 570 midwives. The majority of participating practices were located in urban areas and described their caseload as midwifery-managed, as opposed to a shared caseload with physicians. Small, medium, and large practices were equally represented. Births at community-based hospitals and tertiary care hospitals were well represented; participation of birth centers and home birth practices was significantly lower.

More information about the ACNM Benchmarking Project is available at www.midwife.org/Benchmarking.

**GOAL 5: Ensure the effectiveness and efficiency of ACNM**

In 2011, we continued to help states form their ACNM affiliates. We’re proud of the tremendous strides we’ve made toward establishing ACNM affiliates as the official organizing bodies for ACNM members within their jurisdictions. We now stand strong with 48 affiliates.

Once each affiliate organization was officially established, ACNM began the collection of affiliate dues and released 100% of affiliate dues to the affiliate organization. At year end, ACNM remitted a total of $197,000 in affiliate dues to approved affiliates.

The establishment of affiliates represents an opportunity to significantly increase the resource base for midwifery at the state level which is critically important considering the volume of state legislation, implementation of state insurance exchanges, and state workforce analyses.

As the resource bases of affiliate organizations continue to expand, ACNM members should expect accountability and transparency on affiliate use of resources. The ACNM national office will continue to work closely with affiliates to ascertain how best to support their growth and evolution.

Other major highlights include:

- **Information Technology:** The development of affiliates required that the national office make many changes in 2010–2011, including major investments in a new membership database,
new financial processes, and a new content management system (CMS) to better support our online presence. ACNM affiliates are encouraged to use the ACNM online platform and CMS to build low-cost affiliate Web sites.

- **Annual Meeting**: ACNM continued to make improvements to the ACNM Annual Meeting. Attendance at the 56th Annual Meeting in San Antonio exceeded ACNM’s 10-year average and was the third-highest attended meeting in that period (behind Washington, DC, and Chicago). Most attendees (96.5%) said they would recommend the meeting to their peers.

- **Building Alliances**: ACNM’s success depends on our ability to work effectively with other organizations with similar goals and values. In 2011, ACNM formalized partnerships with the Midwifery Business Network and the Directors of Midwifery Education—two separately incorporated ACNM-member organizations. We continued to strengthen relations with ACOG, the American Nurses Association, and the coalition of advanced practice nursing organizations, and we initiated a new liaison with AWHONN. ACNM chairs the Coalition for Quality Maternity Care (see page 6) and opened a new dialogue with other US midwifery organizations regarding standards for midwifery in the United States.

- **Official Document Overhaul**: In recent years, the breadth, depth, and number of official documents have increased as have the systems in place to produce them. To maximize this effort, in 2011 the Division of Standards and Practice, Documents and Clinical Standards section and the Department of Professional Practice and Health Policy began reorganizing and maintaining these materials. ACNM hired consultants to streamline document revision and editing processes and established an official policy dealing with how documents are created, reviewed, updated, and stored online.

**Key Performance Metrics**

- ACNM experienced an overall 6% growth in membership in the past year, including a 33% growth in student membership. ACNM active membership numbers were down 3% compared to the previous year, possibly due to the addition of affiliate dues and changes made by the American Midwifery Certification Board to the recertification requirements for CNMs certified prior to 1997, which imposed additional costs on these members to maintain their active certification. ACNM is closely monitoring its membership statistics by state affiliation, and number of official documents have increased in recent years—including 12% from 2010-2011 alone.

- National office staff turnover has been reduced to near zero.

- Grant funding for ACNM global outreach projects nearly doubled.
The A.C.N.M. Foundation, a 501(c)(3) organization, works to promote excellence in health care for women, infants, and families worldwide through the support of midwifery. For more than 40 years, the Foundation has worked with our donors to establish funds that support leadership development, educational grants, research, community projects, policy development, and international experiences. Our 2011 activities highlight our commitment to the growth of midwifery.

The Jeanne Raisler International Award, established in 2011, is designed to provide partial support for a CM or CNM beginning international health work as a midwife. The first Raisler Award went to Elizabeth Withnall, CNM, who spent five weeks in Ethiopia as part of the Maternal and Newborn Health Partnership, funded by the Bill & Melinda Gates Foundation, which works to improve outcomes for mothers and newborns in the critical period from birth to 48 hours postpartum.

Established in 2010, the Louis E. Hellman Midwifery Partnership Award is a joint presentation of the A.C.N.M. Foundation, ACNM, and Midwifery Business Network. This award honors a physician who has been a champion or supporter of midwifery practice. Timothy R.B. Johnson, MD, FACOG, was selected as the 2011 honoree. He was recognized for his excellence in clinical practice, education, research and administration. Dr. Johnson is the chair of the department of obstetrics and gynecology at the University of Michigan.

At the ACNM 56th Annual Meeting, the Dorothea M. Lang Pioneer Award was presented to Shirley Okrent, CNM, FACNM, and Patricia Aikins Murphy, CNM, DrPH, FACNM, recognizing their commitment to women’s reproductive health. Okrent published the first article describing the role of the midwife in family planning and published a clinical training manual for midwives on family planning. Dr. Murphy is the Annette Poulson Cumming Presidential Endowed Professor of Women’s and Reproductive Health at the University of Utah.

The Foundation also provides scholarships and awards to support education and research and support student participation in the ACNM Annual Meeting and the fall Midwifery Business Network meeting. The Foundation also recognizes midwives who lead the way to the future of women’s health care through their clinical and educational efforts. The Excellence in Teaching Award is given to an educator chosen by the students in each basic midwifery educational program. The Clinical Stars Award recognizes midwives who have been in clinical practice for 25 years or more and who are nominated by midwives in their community.

The Foundation Board of Trustees recognizes that the generosity of our donors provides us the opportunity to promote the future of midwifery and women’s health. To make a donation or learn more about our programs, contact the Foundation at fdn@acnm.org.
Sluggish economic growth continued to impact world markets as well as the health of US corporations and non-profits in 2011. ACNM focused its resources on strategic priorities while remaining responsive to opportunities arising throughout the year and pursuing a path of continued growth in our programs.

Volatile financial conditions kept our senior management looking for new revenue opportunities, scaling down expenditures and reallocating resources as needed. We are pleased to report that we achieved our goals with a slight loss in operations and with our reserves intact. ACNM remains financially stable to pursue our mission.

RBC Wealth Management continues to serve as ACNM’s investment advisors. RBC associates work closely with the ACNM Finance and Audit Committee (FAC) to ensure that reserve funds are invested in alignment with ACNM’s financial and investment policies.

Factors that led to investment uncertainty in 2010 carried over into 2011, including volatile domestic and foreign markets, low consumer confidence, the European debt crisis, low interest rates, a 8.5% unemployment rate, and stagnant housing markets. This investment uncertainty resulted in a net investment loss to ACNM of $32,206. ACNM remains committed to safeguarding the investments of the College by adhering to financial policies designed to maximize returns over the long-term.

Unrestricted operating revenues in 2011 were up 2% compared to 2010. However, total combined (temporarily restricted and unrestricted) revenues increased by more than $1.7 million (30%), through receipt of the second phase of a $2.9-million private foundation grant to the ACNM Department of Global Outreach to support midwifery education in Ghana through mid-2013. This grant funding also resulted in an increase in net assets of $2.0 million.

Operating expenses similarly rose 2% in 2011 vs. 2010 but slightly exceeded unrestricted revenues, resulting in a net operating loss of $5,840 (less than 1%). Approximately 65% of total expenses were spent on core member services such as professional practice programs and resources, legislative and regulatory advocacy, promotion of the midwifery profession, and individual member assistance. We were successful in allocating $110,000 funding to strategic priorities including evaluating and improving our internal policies and procedures, improving our information technology infrastructure, affiliate implementation, ACNM’s documents project, an organizational name analysis, and accelerating the workplan for our 2012 strategic communications and branding initiative.

ACNM’s 2012 $6.2 million balanced budget continues support for these core activities and strategic priorities while also continuing to invest in new technologies to improve efficiency and better support our members and affiliates. We have implemented new revenue opportunities consistent with our mission while ensuring that our expenditures produce value for the College and our membership.
Finally, we note with great appreciation that our financial position is positively impacted by our dedicated members who serve on divisions, committees, taskforces, and in other volunteer positions within the College. Many members work countless hours for the College without compensation, provide tremendous value not directly reflected in the financial statements. ACNM extends its thanks to its members for their continued commitment to midwifery and to ACNM. ACNM’s audited financial statements for 2011 and previous years are accessible for members only from the ACNM Web site “About ACNM” (www.midwife.org/about).
The success and progress of ACNM is largely due to the vision, commitment, and hard work of the ACNM Board of Directors and the many dedicated members who serve on divisions, committees, taskforces, as representatives to other organizations and initiatives, and in other volunteer positions within the College. ACNM staff is honored to work in partnership with our volunteer leadership. The Board of Directors is featured on page 3; staff and volunteer leadership are listed below.