

## **ACNM Annual Report Submissions**

### **Region I**

(CT, ME, MA, NH, RI, VT, Non-US Locations)

by Linda Nanni, CNM, MSN

During this year in Region I, we have seen the membership rallying around some important initiatives both nationally and in the states. All states in Region I are now ACNM Affiliates! Much work has been done to make this happen and we are in a good position to shape the future of midwifery.

State issues are ongoing. The Vermont affiliate is working with the Board of Nursing there regarding language changes in the state regulations that govern midwives. This affiliate continues to be active in a peer review process that they find to be very successful.

The Maine affiliate is working diligently with their Board of Nursing (BON). The Maine BON is committed to advocating for independent practice for all advanced practice registered nurses (APRNs) through legislated changes to the nurse practice act and rule to meet the LACE recommendations.

In Massachusetts there was a reconvening of an alliance initiated in 2007 to remove supervision from the regulations governing midwives and to find common ground for working together with other APRNs.

New Hampshire continues to be active both working on the affiliate transition and providing educational sessions for the midwives there.

Connecticut, Rhode Island, and Maine have seen leadership changes this year.

As the health care services environment continues to evolve, all CNM/CMs in the region continue to work tirelessly to provide high quality, personalized women's healthcare services to thousands of women.

### **Region III**

(AL, AR, FL, GA, LA, MS, NC, SC, TN)

by Michael McCann, CNM

Since taking office in June 2010 I have been on a steep learning curve. Two major changes have focused our organization and my energies. First was the bylaws deadline to transition state chapters to affiliate status, voted on by our membership in 2008 at our annual meeting. Second was the end of the lifetime certificate, going into effect Jan. 1, 2011. The impact of this change on our many pioneering members' finally came to a realization that we were disenfranchising many of our founding leaders from their CNM title. A third area has surfaced which has great potential to help make the ACNM a true advocate for all women, both in the United States, but also abroad.

Region III has nine states, of which only two had completed the necessary background legal requirements to officially apply for affiliate status by the end of 2010. The remaining seven states are in various stages of preparation to fulfill this goal. I have spent many evenings on conference calls and emailing to help get the remaining states moving towards compliance. Our winter *Quickening* Region III Report has highlighted individuals that have helped me in each state. By the way, North Carolina was actually the

first single chapter affiliate to be recognized in Region III. ACNM has hired additional staff to help move this process along. We plan to continue to work together to help all states, many which are functioning with compromised organizational structures, creating increased difficulty in meeting all of the necessary requirements.

The end of lifetime certificates was inevitable in these modern medical-legal times. Consumers and health care systems wanted to be certain that individual health care providers at all levels are minimally competent and showing evidence of ongoing continuing education. The ACNM staff and board have worked closely with the American Midwifery Certification Board (AMCB) to try to find some mutually acceptable solutions to meet the need to save the CNM title while meeting national scrutiny to assure all health care systems and consumers that our professional midwives are indeed safe providers.

For years, the relationship between CNMs and obstetricians has been more adversarial, but recent negotiations with our respective boards have resulted in a brand new [joint statement](#) that reflects forward movement on many previously contentious issues. While not all we wanted, the direction is affirming and optimistic. Likewise, ACNM has made solid inroads in our communication with the Midwives Alliance of North America (MANA). This bridging has been the result of our boards' strong desire to find common ground, despite realizing that we still don't agree on some core issues. For years, many CNMs, myself included, buried our heads in the sand, ignoring the existence and tribulations of the "lay midwives." We have come to realize that consumers want choice in their birth experiences, and ACNM's responsibility is to try to make sure this experience is a safe one, managed by safe midwives, regardless of location.

In the same vein, ACNM has blossomed into the international arena of midwifery. Many of our peers are now living abroad serving in roles that include teaching, consulting, and delivering babies in a variety of challenging settings all around the world. Last year, ACNM established the Division of Global Health, which will help guide our organization in the years to come with these international maternal child health goals.

In my role as Regional Representative, I have also been appointed to four committees to serve as liaison to our board, which I will briefly address. First, in my position on the Finance and Audit Committee (FAC), I helped develop a balanced budget for 2011, aided in choosing a new audit firm, and finally helped update our organization investment guidelines. We have revised the investment portfolio to maximize our reserve funds to help ACNM weather this rocky economic climate.

I am also the liaison to the Midwives of Color Committee (MOCC), which has a mission to promote diversity in our profession and help work with the A.C.N.M. Foundation to raise funds for scholarships. Our new bylaws have created an opportunity find a broader way to support and empower this formidable group of midwives. Their new chair, Maria Valentin-Welch, CNM, is dynamic and providing great new leadership.

The other two committees on which I serve, Ethics and Disaster Preparation, are in a period of rebuilding. New leadership and new membership are coming together to help redefine a new direction. In the interim, the Gender Bias Task Force has temporarily lost momentum.

## Region IV

(DC, IL, IN, KY, MD, MI, OH, VA, WV, WI)

by Kathryn Osborne, CNM, MSN, PhD

Since May 2010, the midwives of Region IV have made significant contributions toward reaching ACNM's [FutureFocus Strategic Goals](#). Major accomplishments and activities in Region IV that have supported these goals include the following:

- **Create strategic communication detailing the value of midwifery care in the United States by 2010:**

*Evidence-Based Practice: Pearls of Midwifery*, a presentation summarizing the everyday, evidence-based practices of nurse-midwives that lead to improved outcomes, was showcased at the 2010 Annual Meeting and has been made available to the entire ACNM membership for use. Development of this program was made possible in large part because of the work of Whitney Pinger, CNM, and the DC ACNM chapter.

Midwives in several states across the region are participating in state-based initiatives and committees that address (and include) midwifery care as an important component of health care delivery to mothers and babies.

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

Members of the Illinois chapter hosted the 38th Annual Lasagna Dinner at the University of Illinois at Chicago (UIC) college of nursing, a celebration honoring over 50 midwifery and women's health nurse practitioner students in the state of Illinois. UIC had record high enrollment of midwifery students in 2010.

Eleven nurse-midwifery education programs across Region IV continue to work towards increasing the enrollment of midwifery students to reach the goal of 1,000 newly certified CNMs/CMs by 2015.

- **CNMs/CMs will achieve full autonomy in practice and equitable reimbursement by 2015.**

Many states across the region are working on the introduction of legislation to remove barriers to practice for nurse-midwives. Nurse-midwives in Wisconsin and Kentucky came close to seeing the removal of requirements for written a collaborative agreement during 2010 and are returning this session with increased determination to remove this barrier to autonomous practice.

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

The midwives of West Suburban Midwife Associates (Oak Park, IL) were presented with the *With Women for a Lifetime* Award.

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

At the time of this writing, every state in Region IV has completed and submitted affiliate formation paperwork to the Bylaws Committee. Maryland and West Virginia were recognized at the 2010 Annual Meeting as two of the first states to achieve affiliate status. Since then, Wisconsin, Indiana, and Kentucky have become affiliates and the remaining states in Region IV are soon to be approved as affiliates. I would like to personally thank the midwives who have worked so hard to bring this transition to affiliate structure to fruition.

I continue to be impressed with the amazing dedication that I see and hear in my interaction with the midwives in Region IV who volunteer their time and talents to carry on the mission of ACNM. It is the work of these volunteers who, with one small step at a time, will help ACNM achieve the FutureFocus Strategic Goals.

## **Region V**

(AZ, CO, IA, KS, MN, MO, MT, NE, NM, ND, OK, SD, TX, UT, WY)

by Heather Swanson, CNM, FNP, MSN, IBCLC

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

**20% of Births Attended by CNM/CMs by 2020** is the overarching vision of FutureFocus. From my last report, the percentage of CNM/CM attended births in Region V is up slightly. New Mexico continues to lead our region and is the only of our 15 states to exceed the goal. The remaining 14 states continue to fall below the goal with a combined average of 4.98% of births attended by CNMs/CMs. Of births occurring to women residing in Region V, only 5.56% were attended by CNMs in 2006 which rose to 5.59% in 2008. Though this growth is encouraging, the current trend of a 0.03% increase in 2 years will not meet 2020 goals, thus swift efforts to attain the goals supportive of our 2020 goal is vital. (2008 data was the most current finalized stats available at [www.cdc.gov](http://www.cdc.gov) at the time of report submission. Note: Data is by maternal residence rather than place of occurrence).

### **Communicating the Value of Midwifery Care:**

- Region V members continue to spread the word about midwifery! We have been sought out for stories and have been taking their own initiative to get involved in the media.
- *Evidence-Based Practice: Pearls of Midwifery* is now available to all members and has started to be presented in our region.
- Timely news and research about midwifery shared on members' Facebook pages continues to grow!
- Keep sharing our stories and spreading the word about the value of midwifery!

### **There will be 1000 newly certified CNMs/CMs per year by 2015:**

- Region V has 7 nurse-midwifery programs—two programs in Texas and one each in Minnesota, Utah, Colorado, and New Mexico.
- Baylor University graduated their first CNM doctor of nursing practice (DNP) class in 2010!

### **CNMs/CMs will achieve full autonomy in practice and equitable reimbursement by 2015:**

- Many Region V members lobbied on Capitol Hill and at home for equitable Medicare reimbursement, which passed!
- Nebraska saw passage of a bill in 2011 that adds CNMs to the list of providers who cannot be denied privileges solely based on their license/credential type.
- Six of the 15 states in Region V have full autonomy in practice. The remaining states require some sort of written document signed by a physician for practice ranging from approval of practice guidelines, to prescriptive authorization, to delegation and authorization of practice.
- More efforts are urgently needed to attain our goals!

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

- As of March 1, eight of our 15 states have completed the affiliate application process and have become affiliates. More are in the process of doing so.
- Region V members continue to work on committees, divisions, taskforces, and as ACNM liaisons.

## **Region VI**

(AK, AS, CA, Guam, HI, ID, NV, OR, WA)

by Candace Curlee, CNM, MS

Here's how Region VI has been working toward ACNMs FutureFocus goals:

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

-Lorrie Walker of South Coast Midwifery & Women's Health in Irvine, CA produced an award winning film *Natural Born Babies: A Modern Birth Story*.

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

-There are now six midwifery education programs in Region VI:

- California State University, Fullerton graduated seven students in Summer 2010. Presently, they have 22 students enrolled with four expected to graduate in summer 2011.
- University of California, San Francisco graduated 12 students in 2010 and expect to graduate 18 in 2011 with an additional 14 now enrolled.
- California State University, San Diego graduated six and now has 16 full-time students.
- University of Seattle has nine students in the first class who are expected to graduate in August 2011. Ten additional students are enrolled who are currently in the first year MSN program and will start midwifery courses next year. They have an applicant pool of 50 applicants for next year's class.
- University of Washington has a total of 32 students. They graduated nine students in June 2010 and expect to graduate nine students in June 2011. They have a growing DNP program.
- Oregon Health & Science University was reaccredited after 10 years with no recommendations. They have 20 students, nine second year and 11 first year. They graduated 10 in 2010 and expect to graduate nine in 2011

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

**-Hawaii** enacted S. 2163 as a follow-on to last year's H. 1378. The 2010 law incorporates recommendations from the National Council of State Boards of Nursing's Model Nursing Practice Act and Model Nursing Administrative Rules. Among other advances, the new law repeals the APRN prescriptive authority prerequisite of a documented agreement of a "collegial working relationship" between a particular physician and APRN.

- In **Washington**, S. 6627 was signed into law. It authorizes pharmacies to fill prescriptions written by advanced registered nurse practitioners (ARNPs) licensed in other states or in certain Canadian provinces.

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

-There is a new midwife-owned birth center in Eugene, OR.

-There is a new midwifery program in Oceanside, CA with hospital privileges at Tri-City Hospital.

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

-The affiliate structure mandated by the bylaws passed in 2008 is at different levels of completion in Region VI. There are two fully-fledged regional affiliates in Washington and Oregon. All state organizations are in process of completing the needed documents for affiliate approval and all state organizations, with the exception of Nevada, have signed a letter of intent to become an ACNM affiliate.

## **Student Representative**

by Christian Ornburn, SNM, Student Representative

2010 was a significant year for the ACNM student midwives (SMs) and student nurse-midwives (SNMs). ACNM appointed Christian Ornburn, SNM, as its second student representative to the board. Current student members wrote the 2010 student report at the ACNM 55th Annual Meeting. Ornburn spearheaded efforts to implement suggestions made in the student report and to recruit more students to be active participants in the ACNM student committee. The ACNM students lent support to each of ACNM's five strategic goals.

### **Goal 1—Strategic communications by 2011:**

- Ornburn worked with national office staff to encourage student involvement in ongoing work related to marketing midwifery and promoting midwifery as a profession. For example, she created the ACNM Student Facebook page and lent student representation on the focus group for Team Midwife.
- The students recommended that ACNM increase efforts to promote student communication through social media such as Facebook, Twitter, and YouTube.

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

- Students recommended that ACNM encourage CNMs and CMs to become preceptors with discounts to the annual meeting or for annual membership.

- Students recommended that ACNM create a preceptor database to facilitate ease of finding qualified preceptors and clinical sites.
- Several student members participated in the ACNM Government Affairs Committee (GAC)/Political Action Committee (PAC) student committee to increase student involvement in political efforts.

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

- Students encouraged ACNM to develop tools to aid ACNM members in marketing the profession of midwifery in various educational venues by, for example, providing sexual education in high schools.

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

- Ornburn continued efforts with ACNM national office staff to expand the easily-accessible [Web page for current students via “Quick Links”](#) on the ACNM homepage.

The students also encouraged ACNM to increase student attendance at the ACNM Annual Meeting by expanding the student work study program.

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

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

- Volume 55 of the *Journal of Midwifery & Women’s Health (JMWH)* contained 612 print pages and 98 electronic-only pages.
- The theme for the May/June 2010 continuing education issue was normal birth, and the theme for the November/December 2010 continuing education issue was nutrition.
- In 2010, *JMWH* received 291 new submissions.
- The impact factor for *JMWH* continues to increase and is 1.127 for 2009. *JMWH* jumped 4 spots and ranks 21st out of 72 journals in the nursing category.
- *JMWH* and ACNM chose Wiley-Blackwell as the new publisher for *JMWH* beginning in 2011.

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

Promoting excellence in health care for women, infants, and families through the support of midwifery worldwide is the mission of the ACNM Foundation, a 501(c)(3) organization. Over the 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. The 2010 activities highlight our commitment to the growth of midwifery.

The recently established Frances T. Thacher Midwifery Leadership Endowment helps midwives advance their leadership potential, supports midwives who live with chronic diseases and disability, and prepares midwives to care for families affected by chronic disease and disability. The endowment was created to

honor Frances Thacher, CNM, FACNM, and recognize her work are a midwifery leader, both clinically and with the A.C.N.M. Foundation Board. These funds supported the printing and distribution of “Positioning Midwifery in Health Care Reform: A Policy Review.” The Thacher Endowment and Engelhard Fund, along with the Midwifery Business Network, provided support for three midwives to attend the 2010 Midwifery Business Network Meeting in Nashville. These funds will continue to be used to provide opportunities both as Community Grants and formal Leadership Awards.

The Louis E. Hellman Midwifery Partnership Award, a joint presentation of the A.C.N.M. Foundation, ACNM, and the Midwifery Business Network, honors a physician who has been a champion/supporter of midwifery practice. Dr. Charles Mahan is the first recipient of this award. Dr. Mahan is currently senior scientist at the Lawton and Rhea Chiles Center for Healthy Mothers and Babies. His commitment to midwifery has been one of the hallmarks of his distinguished career.

At the 2010 ACNM 55<sup>th</sup> Annual Meeting, the Dorothea M. Lang Pioneer Award was presented to Julia Lange-Kessler, CM, MSM, and Margaret Ann (Peg) Marshall, CNM, EdD, FACNM. Lange-Kessler is the first CM to direct a midwifery education program in a school of nursing, at New York University. Marshall has a career that spans more than 40 years of policy, education, and consultation; she is best known for her international expertise.

Late in 2010, the Foundation opened applications for the Hazel Corbin/Childbirth Connection Grant for Evidence-Based Midwifery Care. The award was given to Susan Stapleton, CNM and the American Association of Birth Centers for their project entitled “Outcomes and Practices in the Midwifery-led Collaborative Model of Care.” This completes a cycle of awards that advance recognition of the evidence that underlies midwifery care.

Every year, the Midwives of Color Committee has taken the lead in promoting diversity in midwifery by encouraging donations to the Midwives of Color Watson Scholarships. Their efforts have ensured that financial awards for basic midwifery education are available to young men and women of color.

The Foundation also wants to recognize midwives who are identified locally as leading 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 new Clinical Stars Award is given to recognize midwives who have been in clinical practice for 25 years or more, and who are nominated by midwives in their community.

Looking forward, the A.C.N.M. Foundation anticipates that 2011 will bring the first award to an American midwife for international activity from the fund honoring Jeanne Raisler; more scholarship funding; and the W. Newton Long Award to advance midwifery through clinical, research, or educational activities.

As always, 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, you can contact the Foundation at [www.midwife.org/ACNM-Foundation](http://www.midwife.org/ACNM-Foundation).

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## **Accreditation Commission for Midwifery Education (ACME)**

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

The **Accreditation Commission for Midwifery Education (ACME)** is an autonomous body that is responsible for accreditation of midwifery programs and institutions that meet established quality standards. Recognized by the US Department of Education (USDE) since 1982, the goals of ACME include fostering development and improvement in the quality of midwifery education and assuring the highest standards of professional competence are maintained. ACME accomplishes these goals through a peer review process. It currently accredits 39 programs at colleges and universities across the United States and Puerto Rico. Financially autonomous from the American College of Nurse-Midwives since 1983, the current ACNM bylaws secure ACME's independence in all aspects of accreditation. ACME is governed by a Board of Commissioners, which implements its work via a Site Visitor Panel, the Board of Review, and Advisory Committee. The ACME offices are in Silver Spring, Maryland. More information can be found at [www.midwife.org/accreditation](http://www.midwife.org/accreditation).

Some highlights of 2010:

- ACME completed our regular five-year revision of the *Criteria for Programmatic Preaccreditation*. The revised criteria reflect the federal expectation in which the accrediting agency holds programs accountable for outcomes through documentation. The new criteria is available on the web site and has been distributed to the midwifery education community
- ACME continues work on the regular five-year revision of the *Policies and Procedures Manual*, which will incorporate operating procedures for the four ACME units. ACME anticipates completion within the year.
- ACME Commissioners attended several meetings of interest. These included nursing groups (e.g. LACE and Alliance for APRN Credentialing) as well as the ACNM Leadership Meeting

- ACME continues to explore international accreditation issues by partnering with international health organizations
- Two programs received pre-accreditation, and several institutions are exploring the development of new programs

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

### **ACME Commissioners**

Mary C. Brucker, CNM, PhD, FACNM, *Member 6/02–6/12; Chair, ACME (6/08–6/11)*

Susan E. Stone, CNM, DNSc, FACNM, *Member 11/05–11/14; Vice Chair, ACME (11/0–11/11)*

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Dawn Durain, CNM, MPH, *Liaison from ACNM Board of Directors*

### **Midwifery Business Network (MBN)**

by Denise Henning, CNM, MSN, President, Midwifery Business Network

#### **The Midwifery Business Network (MBN) met in June 2010 at the 55<sup>th</sup> ACNM Annual meeting.**

- We voted to support five scholarships to the MBN/DOME Joint Fall meeting in partnership with the A.C.N.M. Foundation
- We voted to allow students attending the conference to receive the *Administrative Manual for Midwifery Practices* at no charge if they also joined MBN (at the reduced student rate)

#### **The Midwifery Business Network met at the MBN/ Directors of Midwifery Educators (DOME) Joint meeting in Nashville.**

- First and foremost, we voted to become a Partner Organization with the ACNM under the new bylaws... an accomplishment many years in the making!
- Our very special guest speakers were Dr. Charles Mahan, the first inaugural Louis Hellman Midwifery Partnership award winner, and Dee Jeffers, MPH, RN, Professor at University of South Florida College of Public Health. Their joint presentations were on Perinatal Safety Initiatives and Transforming Maternity Care
- Three Frances T. Thacher scholarship awardees were featured: Shannon Maaske, Tiffany Lundeen, and Christine Bryant.

- The balance of the scholarship money that was not used for Thacher scholarships this year was rolled over into small project grants given by A.C.N.M. Foundation
- Other offerings included an optional Billing and Coding workshop by Joan Slager, CNM, PhD, CPC, FACNM, Developing a Business Plan and Marketing Your Practice, both by Barbara Hughes, CNM, MBA, FACNM, and Business Disaster Planning by Nancy Jo Reedy, CNM, FACNM
- We had a productive joint meeting with DOME: we chose a location for next year's conference (Orange County, CA), agreed to MBN/DOME liaisons, discussed preceptorship and credentialing issues, and discussed ways to increase funding for midwifery education
- We asked ACNM to engage a dedicated consultant and/or staff person to focus on insurance issues such as listing on provider panels, addressing inequities in Medicaid payments, and monitoring the development of medical homes and Accountable Care Organizations for their impact on midwifery practice.
- We asked that ACNM to contact Don Berwick or other appropriate person at the Center for Medicaid and Medicare Services (CMS) to propose that the conditions of participation in Medicare and Medicaid require that hospitals allow CNMs and CMs that are legally licensed in their individual states to secure hospital privileges without being discriminated against due to provider type. A change of this magnitude in the rules and regulations governing hospitals would greatly increase the independent practice of midwifery.

## **Department of Communications**

by Melissa Garvey, ACNM Communications Manager

The Department of Communications worked to support the ACNM FutureFocus strategic goals in 2010. Highlights include:

### **1. We will create strategic communication detailing the value of midwifery care in the United States by 2010:**

- ACNM Communications played a role in developing strategic communications for hospital administrators and clinicians by supporting the Department of Professional Practice and Health Policy in designing, launching, and marketing the presentation *Evidence-based Practice: Pearls of Midwifery*.
- Further developed strategic communications for consumers by working with the Department of Membership to lay the groundwork for Team Midwife, a consumer, social media-driven campaign launched in March 2011.
- Continued developing ACNM social media channels. Ended the year with nearly 3500 Facebook likes and more than 1000 Twitter followers.
- Launched the Choose a Midwife entry category in the Annual ACNM Video Contest. The winning video was published to the ACNM YouTube channel at [www.youtube.com/acnmweb](http://www.youtube.com/acnmweb).

### **2. CNMs/CMs will achieve full autonomy in practice and equitable reimbursement by 2015:**

- ACNM Communications worked with Department of Government Relations and Executive Office to create press releases conveying ACNM's stance on health care reform—especially the

need for equitable reimbursement for midwifery services under the Medicare part B fee schedule and the importance of reimbursing facility fees at freestanding birth centers.

- Used ACNM social media campaigns to inform midwives and midwifery supporters when action was needed on key legislative issues.

### **3. There will be 1000 newly-certified CNMs/CMs per year by 2015:**

- ACNM Communications worked with the Senior Education Policy Advisor to host the Become a Midwife entry category in the Annual ACNM Video Contest. The winning video and honorary mention video are published on the ACNM YouTube channel at [www.youtube.com/acnmweb](http://www.youtube.com/acnmweb).
- Arranged ACNM exhibit booth for the National Student Nurses Association. Based on feedback from the Senior Education Policy Analyst, this is our most-visited, highest return on investment convention that ACNM attends.

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

- Worked with Courtesy Associates and the Executive Office to host the ACNM 55<sup>th</sup> Annual Meeting—the key continuing education, networking, and professional development forum for ACNM members.
- Kept members informed of current clinical information and national reports relevant to midwifery practice.

### **5. Ensure the organizational effectiveness and efficiency of ACNM through the volunteer structure and national office:**

- Migrated ACNM Web content to new content management system. New [midwife.org](http://midwife.org) site was launched in March 2011 with improved navigation and interactive features.
- Moved *Quickening* advertising process from paper to new association management system.
- Launched Represent ACNM column in *Quickening* to announce open ACNM volunteer positions.
- Assisted Executive Office with 2010 ACNM elections, including Web page development, marketing the online election forum, and promoting voting dates.

## **DEPARTMENT OF GLOBAL OUTREACH**

by Suzanne Stalls, CNM, MA ACNM Director of Department of Global Outreach

The Department of Global Outreach (DGO) continues to support midwifery education in Ghana through an anonymous donation which has been extended through April 2011. A successful template for midwifery education that can be readily scaled-up and replicated has been developed during this program. DGO has submitted a follow-up proposal for a duration of two years to expand the support to two additional midwifery schools in Ghana, located in the northern area of the country, where maternal mortality is highest. The University of Michigan continues to collaborate with DGO, providing technical assistance in simulation lab development and management, curriculum review, and global health library sciences.

DGO continues to provide technical assistance throughout the world to many organizations. In the past year, we have worked with the International Confederation of Midwives (ICM) in Ghana; Averting Maternal Death and Disability (AMDD) from Columbia University reviewing core competencies and standards and regulations for non-physician clinicians in six African countries; a consortia of organizations in Namibia for Life Saving Skills (LSS) and USAID-funded programs in Tanzania, Pakistan and Zambia. Our input for technical assistance continues to be requested by numerous organizations for new programs. ACNM and its global programs are well known in the field of global health.

In June 2010, the official kick-off for the new Division of Global Health (DGH) was held at the 55<sup>th</sup> Annual Meeting in Washington, DC. A welcome reception and an inaugural meeting were held to celebrate this collaborative effort of DGO, the former International Health Committee, and the Department of Research. Many activities are planned for the year and during the annual meeting. Global health continues to be of keen interest to many of our members and an increasing emphasis is being placed on that topic to respond to members' interest. Look for announcements in *Quickening*, Quick e-News and the Web site at [www.midwife.org/Global-Health](http://www.midwife.org/Global-Health).

In September 2010, Suzanne Stalls joined the staff of ACNM as the new director of the DGO. In December, the staff of DGO and the chair and section chairs of DGH gathered together for a strategic planning meeting. This meeting was held to chart a proposed direction for ACNM's participation in global health and to clarify the working relationship of staff (DGO) and membership (ACNM). We have multiple activities planned throughout 2011. The Education Section will be developing courses for the Live Learning Center which will help to introduce interested members to concepts of global health; the Networking Section's chair, Katrina Nardini, has been the representative to the program committee, soliciting and coordinating abstracts for global health. Later this year, with ICM in Durban, South Africa, ACNM will support its members to participate in walks, real-time and virtual, on International Midwifery Day, May 5.

The second edition of Home Based Life Saving Skills (HBLSS) has been completed and will be available either as PDFs that can be downloaded from ACNM's Web site or as hard copies that can be purchased through ShopACNM.com. The second edition of HBLSS has also been translated in Spanish and will be available in PDF format. DGO continues to work with the CORE Group to disseminate widely this unique community based curriculum. HBLSS will also be implemented in Zambia through a USAID grant. In addition, the curriculum for Life Saving Skills (LSS) is available as a downloadable PDF or in hard copies. Efforts are underway to add an online version of both HBLSS and LSS training courses to the Live Learning Center this year.

The new Web page for DGO has been designed and will be launched with the "makeover" of ACNM's Web site. This new page will have several new features to increase members' ability to network with other American midwives working around the globe and to identify volunteer opportunities with organizations that serve women and families worldwide.

DGO and DGH are collaborating with ACNM's Disaster Preparedness Committee and is exploring the possibility of a caucus associated with DGH by holding an informational session at the Annual Meeting. The caucus could potentially serve as a mechanism for ACNM members who are interested in responding to humanitarian crises either domestically or internationally. With this mechanism, DGO/DGH could provide orientation to members who are interested in serving in these difficult situations and could serve as a clearinghouse for relief organizations that have maternal-child health needs in those settings.

## **Department of Membership**

Active Members: 4659  
Active, First Year: 217  
Active, Life: 198  
Active, Supporting: 742  
Associate: 124  
Student: 728

Total: 6668, 3% growth

## **Department of Professional Practice and Health Policy**

We began the new decade in 2010 with a rejuvenated focus on health care policy, improved member services, and organizational coalition building. ACNM leaders can be found on more committees, boards and councils than ever before, representing members and the women and families we serve in myriad ways. Our department was instrumental in leading the charge to showcase and communicate the high value of midwifery care, and to increase access to midwifery services nationwide. This year marked the beginning of numerous inter-organizational collaborative efforts designed to improve patient safety and quality, and to highlight the ways in which interdisciplinary teamwork can be integral to solving our nation's workforce shortages. Here are a few examples of the work of our department:

### **1. We will create strategic communication detailing the value of midwifery care in the United States by 2010:**

- Institute of Medicine (IOM): ACNM representatives hold seats on the IOM Best Practices and Evidence Communications Innovation Collaboratives, and have provided written and oral testimony used to inform the final IOM consensus report "Future of Nursing: Leading Change, Advancing Health," released in October.
- The Champion Nursing Council: ACNM continues to represent midwifery on this AARP-Robert Wood Johnson Foundation project to increase awareness about nursing within the health care policy arena and among the public.
- Tina Johnson, CNM, Director of Professional Practice and Health Policy, highlighted the positive outcomes innovative midwifery practices can have when ACNM was invited to present at the Raise the Voice Forum—Solutions to Scale: Proven Health Care Models for Prime Time, sponsored by the American Academy of Nursing.

### **2. CNMs/CMs will achieve full autonomy in practice and equitable reimbursement by 2015:**

- Certified nurse-midwives achieved equitable reimbursement for their services under Medicare. As of January 1, 2011, the CNM reimbursement rate increased from 65% to 100% of the Medicare Part B fee schedule. This long-awaited provision was part of the Patient Protection and Affordable Care Act (ACA) signed into law on March 23, 2010, by President Barack Obama.
- ACNM partnered with members of advance practice nursing groups to eliminate barriers to scope of practice. This working group created and distributed a seminal document on federal barriers to care to the nation's health policy leaders, and continues to guide discussions on ways to reform the system and improve access to care.

- ACNM engaged the Centers for Medicare and Medicaid Services (CMS) on several occasions in recent months in efforts to educate policy makers on matters of concern to ACNM members, including graduate nursing education, conditions of participation and clinical privileging, and the role of certified midwives.
- A position statement entitled “Midwives’ Performance of Ultrasound in Clinical Practice” was approved by the ACNM Board of Directors (BOD) in December 2010. ACNM expert members are working with the American Institute of Ultrasound in Medicine (AIUM) to develop guidelines and reimbursement structure for the performance of ultrasound in midwifery practice.

### **3. There will be 1000 newly-certified CNMs/CMs per year by 2015:**

- ACNM staff presented on the role of midwives in primary care when they were invited to the National Advisory Council on Nursing Education and Practice (NACNEP) 122<sup>nd</sup> Meeting, The Role of Nursing in Primary Care: Implications for Workforce Part II.
- National Youth Leadership Forum: National office staff and volunteers presented to high school students on the profession of midwifery, and a presentation members can use for youth in their communities is under development.

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

- ACNM initiated the forming of the Coalition for Quality Maternity Care, which is an alliance of national organizations with distinct missions and strategic goals that coalesce around a unified vision regarding maternal and child health care (MCH) in the United States. Participating members include the American Association of Birth Centers (AABC); Amnesty International USA (AIUSA); Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN); Black Women’s Health Imperative; Childbirth Connection; International Center for Traditional Childbearing (ICTC); Midwives Alliance of North America (MANA); and the National Association of Certified Professional Midwives (NACPM).
- ACNM became an organizational affiliate of the American Nurses’ Association, and department staff and a volunteer were appointed to the delegation.
- ACNM became an inaugural member of the National Healthy Mothers Healthy Babies Coalition Maternal and Child Health Literacy Council.
- *Evidence-Based Practice: Pearls of Midwifery* was launched and is available on the Live Learning Center. This PowerPoint presentation can be used as a tool to inform clinicians and hospital administrators and is free to our members. We developed the accompanying *Pearls* Rack Card, available to increase public awareness of how to obtain and use the *Pearls*.
- Dr. David R. Hunt, Medical Director at the Office of the National Coordinator (ONC) for Health IT joined the ACNM Health Information Technology (HIT) Task Force Chair Karen King and ACNM staff to host the first of a series of free webinars on electronic health records (EHRs) entitled “Converting to Electronic Health Records—Federal Funding for Midwives.”
- ACNM staff worked with healthcare leaders to develop goals for maternal and child health at the Looking to the Future: Opportunities and Challenges in Health Reform for Maternal and Child

Health forum held in conjunction with the 75<sup>th</sup> anniversary of Title V.

- We participated in a multi-stakeholder workgroup organized by the National Perinatal Association to craft a new consensus document entitled “Multidisciplinary Guidelines for Care of Late Preterm Infants.”
- ACNM signed on as a Supporting Sponsor to the US Breastfeeding Committee publication, *Breastfeeding: A Vision for the Future*.
- ACNM members and staff continued to participate as liaisons on many committees, and in collaborative projects with several organizations, including: Agency for Healthcare Research and Quality; American College of Obstetricians and Gynecologists (ACOG) Committee on Patient Safety and Quality Improvement; ACOG Issue of the Year; AMA Physician Consortium for Performance Improvement; Coalition for the Improvement of Maternity Services; Joint Commission; Healthy People 2020; March of Dimes; National Committee for Quality Assurance; National Council of State Boards of Nursing; National Quality Forum; Patient-Centered Primary Care Collaborative; Quality Insights of Pennsylvania; United States Breastfeeding Committee; and White Ribbon Alliance. Organizations and committees that were added this year included: AIUM Jointly Endorsed Standards Committee; American Nurses’ Association Congress on Nursing Practice & Economics; Centers for Disease Control and Prevention (CDC) Male Circumcision Recommendations; and National Black Caucus of State Legislatures.

#### **5. Ensure the organizational effectiveness and efficiency of ACNM through the volunteer structure and national office:**

- Our department is responsible for communicating new evidence about maternal-child health, supplying information for Quick eNews and writing regular articles for *Quickenning*. We recently updated the ACNM Today’s Midwife brochure.
- ACNM staff and BOD, in collaboration with representatives from the Directors of Midwifery Education and the Midwifery Business Network, developed *Re-entry Guidelines for Certified Nurse-Midwives/Certified Midwives*, in order to promote consistency among midwifery practices and education programs as midwives return to clinical practice.
- The BOD approved two new staff positions for our department. The new Senior Research Editor will work with staff and the Division of Standards and Practice to organize, research, and edit official ACNM publications and media outreach. A new Administrative Assistant will facilitate the work of numerous ACNM departments and volunteers.

### **Education Policy and Projects**

by Elaine Germano, CNM, DrPH, FACNM, ACNM Senior Education Policy Advisor

I participated in many activities to advance ACNM’s strategic goal #3, **There will be 1000 newly-certified CNMs/CMs per year by 2015:**

These included: organizing, implementing, and evaluating the third annual “Become a Midwife Forum” held at the 2010 ACNM 55<sup>th</sup> Annual Meeting in Washington, DC. This year, we increased our number of stations to include one that showcased local practicing midwives, who were available to chat with

aspiring midwives about the day-to-day realities of midwifery practice, and a station that highlighted the role of the midwife as a political advocate, with representatives from GAC discussing the legislative issues for which midwives lobby at the state and national level.

I represented the ACNM at the National Student Nurses Annual Meeting in April in Lake Buena Vista, FL, where more than 3000 student nurses gathered to hear about the latest trends, issues and career opportunities in nursing, including advanced practice nursing options. Our exhibit booth is always swamped at this meeting, and this year we had several volunteer CNMs and SNMs from southern Florida assisting us.

A great deal of time was spent responding to health care reform legislation as it developed, to ensure that midwifery was included whenever possible when funding for nursing education was discussed.

With the ACNM Staff Researcher and CNM member of our Department of Global Outreach (DGO), a survey of midwifery program directors was developed and implemented, with reports of results shared in presentations to the Directors of Midwifery Education (DOME) and the ACNM BOD. Results of this survey, in combination with an analysis of aggregate data provided by ACME, provided very interesting information that will help our future recruiting efforts. We found that although numbers of midwifery school applications have increased in the past five years, the bulk of this increase has been to the programs that offer an accelerated nursing program to the non-nurse applicant. Concurrently, schools that require that the applicant have an RN prior to entry have many unfilled positions.

With the Chair of the Division of Education, I worked with our IT Manager on the development of a preceptor database, which will be launched in the coming year. This will assist program directors in maintaining a database of all preceptors and will ease the paperwork burden for both program directors and preceptors.

I have also been involved in the exploratory efforts to determine how we will assess the midwifery workforce in the United States so that we can better describe the ways that CNMs/CMs can meet the health care needs of women in the coming years and how many more midwives we will need to meet those needs. Toward this end I have had several discussions with representatives from the American Association of Nurse Anesthetists about how they conduct their workforce studies, as well as meeting and discussions with ACOG representative who is conducting the ACOG workforce study and report.

**For strategic goal #1, We will create strategic communication detailing the value of midwifery care in the United States by 2010:**

I was very involved in the development and implementation of all aspects of the PowerPoint presentation *Evidence-based Practice: Pearls of Midwifery*, which was fully launched in October. I was also involved in developing the presentation about this tool for members that was given at the 2010 ACNM 55<sup>th</sup> Annual meeting in June.

**For strategic goal #2, CNMs/CMs will achieve full autonomy in practice and equitable reimbursement by 2015,** I continue to represent ACNM at APRN meetings regarding the *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education*, otherwise known as LACE. I attended two meetings of this group in the past year and helped to revise the APRN FAQ's that the group produced. I also organized a task force regarding midwifery LACE issues that has become the Midwifery LACE Network, with representatives from ACME, AMCB, ACNM BOD, ACNM GAC, DOME, a CM representative from CAMP and a CNM who sits on a state Board of Nursing. I continue to respond to questions from FACNM members and others about LACE and to monitor the ACNM LACEQA email.

For strategic goal #5: **Ensure the organizational effectiveness and efficiency of ACNM through the volunteer structure and national office**, I continue to provide staff support to the Division of Education, working on projects as needed by the Chair of the Division, including staffing the Task Force on Doctoral Competencies. I also provide staff support to the Student Committee, which has been revitalized in the past year.

## **Government Relations**

2010 was a banner year for ACNM's Government Relations activities. There have been notable accomplishments and sheer forward momentum in both federal and state policy venues on a host of issues of importance to CNMs/CMs.

Our work in government relations falls largely under the rubric of ACNM Future Focus Goal 2—Equity and Autonomy/Eliminating Barriers to Practice. Government Relations activities also necessarily dovetail with Goals 1 and 3 (Strategic Communications/Increasing Demand for Midwifery Services and Increasing Supply of Midwives) as our outreach efforts help bring about concrete practice improvements and expanded knowledge about and entry into the profession.

### **Federal Government Relations**

In what has often been termed the most sweeping health care reform legislation since 1965 when Medicare and Medicaid were enacted, the Patient Protection and Affordable Care Act (ACA) gained approval in March amidst unprecedented partisan rancor. Many far-reaching policy reforms were instituted including requiring coverage for pregnancy-related care, disallowing coverage denials for preexisting conditions, eliminating cost-sharing for women's health preventative services, recognition of free-standing birth centers, and the extension by 2014 of health insurance coverage to some 30 million Americans currently without coverage.

### **Equitable Reimbursement under Medicare**

With the aid of midwife advocates across the country, ACNM achieved a long-standing public policy objective - equitable reimbursement under the Medicare program for certified nurse-midwives. This long-awaited policy change was included in the ACA as Section 3114. Titled "Improved Access for Certified Nurse-Midwife Services," the section ensures CNMs are reimbursed at 100% for Part B services under Medicare effective January 1, 2011.

### **Health Reform Implementation**

Throughout the year, ACNM monitored progress implementing components of health care reform law. ACNM commented on several proposed rulemakings and nominated midwives to serve on a variety of key panels, including the Medicaid Payment Advisory Committee (MACPAC), which will advise Congress and the Obama Administration on Medicaid policy. Denise Henning, CNM, was nominated ACNM and joined the MACPAC in 2010.

### **Maternal Health**

ACNM spearheaded formation of a coalition of maternal and child healthcare stakeholder organizations to advocate for needed federal legislation. ACNM assisting in drafting legislation introduced by Rep. Lucille Roybal-Allard (D-CA) to address several issue areas, including ensuring midwives can be reimbursed for supervision of medical students, residents, and student midwives in teaching facilities.

### **Federal Funding for Midwives to Acquire Electronic Health Records (EHR) Technology**

ACNM ensured midwife eligibility for monetary incentives to acquire and maintain electronic health record (EHR) technologies in support of nationwide health information exchange and interoperability.

In March, ACNM submitted comments on efforts to define how CNMs and other eligible health care professionals will be able to use incentive payments under Medicaid to obtain and utilize EHR technology. In December, ACNM held a well-attended webinar featuring Dr. David Hunt, Medical Director in the Office of the National Coordinator for Health Information Technology.

### **Clinical Privileging**

ACNM drafted and proposed modifications to the Medicare Conditions of Participation to promote transparency and due process as hospitals consider clinical privileging throughout the nation. Working with advanced practice nursing organizations, ACNM was pleased to see the issue identified as one of the key recommendations for reform in the Institute of Medicine's Future of Nursing report. ACNM is continuing a dialogue with the Centers for Medicare and Medicaid Services on this subject and is working on potential legislation to move the effort forward.

### **Federal Funding for Midwifery Education**

ACNM secured language in the health care reform law to allow all midwifery programs accredited by the Accreditation Commission for Midwifery Education (including those outside schools of nursing) to seek federal funding through the Advanced Education Nursing (AEN) Program at the Health Resources and Services Administration of the U.S. Department of Health and Human Services.

### **State Government Relations:**

Three bellwether states succeeded in eliminating requirements for collaborative practice agreements between midwife and physician or health care facility—New York, New Jersey and Maryland. ACNM provided substantial guidance and advocacy support on each effort.

ACNM involvement in amicus efforts on high profile issues brought tangible successes during the year:

- The District of Columbia's highest court affirmed a lower court finding that a doctor's mere consultation with a midwife did not give rise to any potential imposition of liability upon the consulting doctor. The reasoning of the *Gilbert* case can be expected to reach beyond DC's borders.
- New Jersey decision that a woman's decision not to preauthorize cesarean section was not irrational, negligent or indicative of parental unfitness.

Headway was made on a number of practice-related issues, including new laws addressing birth center licensure, and enabling midwives to file affidavits of merit in tort actions. There had been progress on a number of initiatives that fell short of policy adoption, but still managed to propel education efforts forward.

Government Relations also provided supportive, cautionary and corrective guidance and feedback on various topics, including action inspired by the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education (LACE) as developed by the APRN Consensus Work Group and National Council of State Boards of Nursing.

### **Staff Researcher**

by Kerri Schuiling, CNM, PhD, FACNM, ACNM Senior Staff Researcher

The following lists the major activities of the ACNM staff researcher during 2010:

1. A manuscript describing the outcomes of the data analysis of Core Data Surveys for the years 2006-2008 was published in 2010 July/August issue of the *Journal of Midwifery & Women's Health*. Authors of this paper are: K. Schuiling, T. Sipe & J. Fullerton.

## Surveys

2. The **Core Data Survey for 2009** had 2163 members respond. Preliminary data analysis was done and a report of the outcomes for 2009 was sent to Lorrie Kaplan. The report for 2009 (following Kaplan's input) will be posted on the ACNM Web site. Manuscripts are written every 3-4 years so trending can be done and it was suggested that we post annual results on our Web site. The **Core Data Survey for 2010** closed December 31, 2010. We had 2008 members respond. A preliminary analysis is underway.

3. The **Benchmarking Survey for 2010** (collects 2009 data) collected data from February 15, 2010 to April 15, 2010. Some of the indicators were revised and the new system (developed by ACNM Information Technology Manager Fausto Miranda) was retested. We had 81 practices participate in the survey. A preliminary report was provided at the fall MBN meeting and Lisa Kane Low and I provided a presentation at the 2010 ACNM 55<sup>th</sup> Annual Meeting about benchmarking and some of the general findings of our surveys.

4. The **Program Director's Survey** was developed and distributed online in January 2010. We had 26 programs participate although not all programs provided responses to all questions. Feedback was given to each program and a slide show of the survey outcomes was provided at the DOME meeting during the 2010 ACNM 55th Annual Meeting. This survey needed institutional review board (IRB) approval in the event a public report is written. An application was provided and sent through Northern Michigan University's IRB and was approved. I sent a final report in December 2010.

5. The **Compensation & Benefits Survey** (collects data every three years) ran from late October to December 6, 2010. We received 1121 responses. A preliminary analysis has been done with a preliminary report forthcoming. The respondents to the survey were members who worked primarily in clinical settings. Most worked in hospitals (followed closely by physician-owned agencies) and the majority of respondents made between \$70,000 and \$120,000 with \$80,000-\$89,000 being the modal range. This survey also provides important information about benefit packages and basis for salary.

6. **Ultrasound Survey (American Institute of Ultrasound in Medicine, AIUM)** – requested from Tina Johnson, CNM, ACNM Director of Professional Practice & Health Policy, to ascertain how many members were doing ultrasounds, if they had specialty certification and/or if further education about ultrasound was needed. The survey was posted in March 2010. We had 1618 members respond. All information and data were passed on to Division of Standards and Practices (DOSP) which did final analysis and reporting.

7. **Late Preterm Birth Survey** – This survey was online from March 29, 2010 to April 13, 2010. The National Child & Maternal Health Education Program (NCMHEP) invited ACNM to participate along with a number of other agencies/organizations. We had 1073 members respond. Data were sent directly to NCMHEP for analysis and reporting.

8. **Normal Birth Task Force – A Delphi Survey** was developed by H. Kennedy and Tanya Tanner and Vovici was used to collect initial data. Two Delphi rounds were completed. Data were recently analyzed (December 2010) and the task force is working on developing a joint statement on normal birth. Participants include: ACNM, Midwives Alliance of North America (MANA), and National Association

of Certified Professional Midwives (NACPM). This survey required IRB approval because of potential publication of results. Application was sent to Northern Michigan University IRB and approved.

### **Additional Activities**

9. Interagency Collaborative on Nursing Statistics (ICONS). I am the ACNM representative to this group. My current role is president. Most recently we reviewed the RN National Sample Survey outcomes and corrected errors in reporting (for example, definition of a midwife).

10. Doctoral competencies task force – as a member I provide input on numbers of programs moving toward offering the doctor of nursing practice (DNP) degree and worked with committee to develop/identify doctoral competencies for DNP and the Doctorate in Medical Physics (DMP) degrees. Final report is anticipated in February 2011.

11. Review of research proposals requesting to use ACNM members as participants in their research is ongoing. Additionally, we have provided individual analyses from our surveys to members who have used the information to write grants, negotiate a contract, or for educational purposes.

## **ACNM Division of Education**

by Barbara Camune CNM, DrPH, FACNM, Chair

### **Members:**

Barbara Camune, Chair

Valerie Roe, Vice Chair

Elaine Brightwater, Education Policy

Susan Yount, Continuing Competency

Joyce Brewer, Continuing Education

Julia Phillippi, Continuing Competency

Judy Lazarus, Clinical Preceptor Support & Development

Melissa Willmarth, Education Informatics

Lynneece Rooney, Education Program Planning

Susan Papera, Clinical Practice representative

Mavis Schorn, DOME representative

Kate Harrod, BOD liaison

Elaine Germano, ACNM Senior Education Policy Analyst

Diane Boyer, Doctoral Competencies Task Force

Meetings Attended on behalf of ACNM by Chair: 9

ACNM Leadership meetings attended by Chair: 3

Number of reviewed CE applications: >250

### **Preceptor Initiatives:**

A national preceptor database was developed and will go online in spring 2011. Preceptors will only submit credentials once instead of to each program.

A free preceptor half-day workshop was hosted at the 56<sup>th</sup> Annual Meeting with more than 60 people attending. The workshop will be an ongoing service. Preceptor awards were initiated at the 56<sup>th</sup> Annual

Meeting. An online preceptor handbook has been completed and will be available for members on the Web site. A universal evaluation tool is also being developed.

Division of Education (DOE) reps worked with the re-entry to midwifery practice task force and finalized that program.

Diane Boyer headed doctoral competencies task force. Completed criterion under review in spring 2011.

Education program directors surveyed about informatics needs/training and an educational database was formed.

The first online continuing education (CE) modules on business management were developed and introduced by Joan Slager and DOE. Other programs are in development for 2011. Reviewed outside CE for use by ACNM.

Invited CNM educators from basic nursing programs to have representation on DOE board. This was based on need for recognition and support for these CNMs and their recruitment efforts.

Continuing competency section was closed by BOD. All activities related to continuing competency were transferred to AMCB. DOE no longer offered continuing competency assessment as of May 2010.

## **Division of Global Health (DGH)**

by Jody Lori, Chair, Division of Global Health

The inaugural meeting of the DGH was held at the 2010 ACNM Annual Meeting on Monday, June 14. Section Chairs and general activities of each section were announced and ACNM members were invited to join the four sections of DGH.

Over the course of the last year we completed work on our strategic vision (mission, vision, values, and 1-3 year goals). These are listed on the ACNM Web site under our DGH tab.

**Mission:** The Division of Global Health (DGH) contributes to worldwide efforts to improve the health of women and children globally through the advancement of the profession of midwifery.

**Vision:** To work with and support the work of the Department of Global Outreach and serve as the coordinating body within the college for global research, education, networking and communication across the membership. Promote best evidence-based practices for women and newborn health. Support the education of midwifery students as global citizens. Increase the visibility of midwives' work worldwide.

### **Values:**

- Support the strategic goals of the ACNM
  - By 2010, ACNM will create strategic communication detailing the value of midwifery care in the United States and globally.
  - By 2015, there will be 1000 newly certified CNMs/CMs per year.
  - By 2015, CNMs/CMs will achieve full autonomy in practice and equitable reimbursement.
  - By 2020, midwives will attend 20% of all births in the US.
- Dedicated to Safe Motherhood
- Committed to listen and respond to the membership

- Interface with all midwives

Our organizational structure consists of a Division Chair (Jody Lori), and four section chairs (Catherine Carr, Anne Hyre, Katrina Nardini, and Barbara Reale). We have a total of 41 active members, including student members. Our ACNM liaison is Suzanne Stalls, Director of Global Outreach and our Representative to the Board is Kate McHugh, Region II Representative.

### **Section Activities**

#### **Research Section: (Catherine Carr, [ccarr@jhpigo.net](mailto:ccarr@jhpigo.net))**

- Two International Health Research Forum sessions for the annual meeting, anticipate strong abstracts for both forum and poster
- Now developing a list of research interests for this section
- No action on social networking for this group yet
- Ongoing plans (coordinating with Education section) to put forward short items on the ACNM live learning site that are related to research in international settings

#### **Education Section: (Barbara Reale, [realeb@nursing.upenn.edu](mailto:realeb@nursing.upenn.edu))**

- Identified goals and objectives supporting ACNM's Strategic Goals 4 & 5
- Organized Education Section into subsections focused on specific goals
  - In-service, pre-service, core competencies, student members (basic and doctoral)
- Started to work on the production of educational packages for the novice in International Consulting in Midwifery for members, available on the ACNM's Live Learning Center
- Establishing mentor/mentee relationships for subcommittee work
- Collaborating with ICM, Jhpigo, ACNM-DGO on educational activities for members, looking at eventually moving beyond the novice and moving into train-the-trainer areas
- Established a CoP for resources and document storage
- Expanded to 14 members
- Developing organizational structure

#### **Networking Section: (Katrina Nardini, [katrina.nardini@gmail.com](mailto:katrina.nardini@gmail.com)) †**

- Representative joined ACNM Annual Meeting Program Committee in an effort to better incorporate global sessions into the 2011 ACNM 56<sup>th</sup> Annual Meeting in San Antonio
  - 2 workshops, 3 roundtables, 2 student roundtables, 2-3 research forums, 1 panel, 6 education sessions – all focused on global health
  - Helped provide smooth transition for new method of abstract submissions for roundtables
  - Created student roundtable sessions – 6 student presenters
  - Participated in telephone conferences with Program Committee
- ICM involvement
  - Plan for booth coordination in 2011
  - Planning/coordination of ICM walk
  - Began conversation for collaboration with MANA at ICM

- Recruitment to Networking Section
  - 5 active members
  - In process of formation of caucus for International Disaster relief

**Communication Section: (Anne Hyre, [ahyre@jhpiego.net](mailto:ahyre@jhpiego.net)) †**

- Work in progress to populate the DGH tab as the new website platform is launched
- Working with ACNM staff to update DGO/DGH content on the Web site
- Working to open communication networks by identifying where members are working globally for interactive map on new Web site

The Division holds monthly Skype meetings with the Chair, Section Chairs, ACNM liaison, and BOD representative. Each Section holds regular meetings with section members using various platforms (Skype, e-Illuminate, face-to-face).

The DGH (chair and section chairs) and DGO (director and staff) held a two-day Strategic Planning Retreat in early December in Silver Spring where strategic objectives for the Department were identified and mechanisms for DGO/DGH interface were outlined.

## **Division of Research**

This year, the Division of Research (DOR) worked with the Data Collection System Task Force to move forward in concert with the ACNM National Office to create a web-based clinical data collection system. We have continued the task of coordinating the research activities at the Annual Meeting, including supporting a network of midwifery researchers, providing informative and educational research presentations and posters at the ACNM Annual Meeting, and collaborating with the new Division of Global Health to support the presentation of research about international health at the Annual Meeting. The Division of Research members also provide a research review function for the solicitation of ACNM members by those doing research projects.

The section activities are summarized below:

Data Collaboration: This section is working with the Data Collection System Task Force to encourage member participation in refining the data elements that will be included in the web-based data collection system being developed with the ACNM national office.

Research Dissemination: This year the Research Dissemination section worked with the Division of Global Health to include a global health research forum. Additionally, the section coordinated efforts with the Division of Standards and Practice to provide a venue for project-based posters at the Annual Meeting. The section is also working with the Division of Global Health to support a research networking opportunity for members of both Divisions.

Networking: The Research e-list has become a forum for interested researchers to contact one another and network regarding shared interests. The networking activity at the Annual Meeting continues to be an opportunity for members to connect around shared interests and to promote membership in the DOR for new PhD/DNP/doctoral study graduates.

## **DIVISION OF STANDARDS AND PRACTICE**

by Joan Slager, DNP, CNM, CPC, FACNM

The Division of Standards and Practice (DOSP) consists of six sections: Clinical Standards and Documents (Lisa Kane Low), Clinical Practice (Karen King), Quality (Diana Jolles), Professional Liability (Bill McCool), Business (Rebeca Barroso), and Home Birth (Saraswathi Vedam). Collectively, the work of the Division supports midwifery practice through education, mentoring and the production and maintenance of ACNM documents.

This year the Division has produced the Induction of Labor, Nitrous Oxide, Ultrasound, and Group Prenatal Care position statements. We have also participated in the revision of the Standards for the Practice of Midwifery, and collaborated with the national office on ACNM's eloquent response to the ACOG's Committee Opinion on Home Birth. A new process for organizing and formatting ACNM documents has been approved by the ACNM Board of Directors.

Efforts of the sections have supported ACNM members through the establishment of list serves and Web sites/webinars, notably the Health Information Technology Web page, and the Electronic Health Record and Billing and Coding Webinars. The ACNM Benchmarking project (chair: Tonia Davis-Moore) has successfully transitioned to the national office and results were disseminated at the fall meeting of the Midwifery Business Network. Several workshops and education sessions sponsored by the DOSP's sections are being offered at this year's annual meeting focusing directly on member support and education. In collaboration with the Division of Research, a poster session for Scholarly Clinical Projects will showcase some of our member's capstone projects. The efforts of the Quality Section have assured that midwifery is represented on a number of national forums and committees including the National Quality Forum and the National Vital Statistics Federal Panel.

Works in process include: publications to assist members in the area of professional liability including sharing results of the Professional Liability Survey and an article in *Quickening* to assist members with understanding tail coverage; clinical bulletins addressing preterm labor and vaginal birth after cesarean section; cooperation with the American Institute of Ultrasound in Medicine to develop a mechanism for midwives to perform and receive reimbursement for ultrasound; and the development of a Homebirth Consensus Conference.

### **Archives Committee**

The Archives Committee wrote new standing rules of procedure in 2010 to be consistent with the new ACNM bylaws. Five new volunteers from around the United States joined the committee. A review of the ACNM documents and artifacts stored at the National Library of Medicine (NLM) was completed with plans initiated for archiving materials accumulated after 1998. Archiving documents has become electronic. The Committee will work with the National Office to develop a plan for electronic archiving with non-electronic artifacts transferred to the NLM at regular intervals. A major goal for the next two years is for the Committee to collect and archive oral histories from the half dozen former ACNM Presidents who do not have them archived.

## **Bylaws Committee Supplement**

by Lynne Himmelreich, CNM, MPH, FACNM, Chair

Jan Kriebs, SROP

Connie Swentek, affiliate documentation review

The Bylaws Committee has spent 2010 working as a team on governance issues.

- Developing new Standing Rules of Procedure (SROP) for committees, divisions, and other work groups
- Developing tools for states to transition from chapter structure to affiliates
- Educating members about the transition
- Reviewing affiliate documents and submitting completed affiliate applications to the Board of Directors

## **Committee for the Advancement of Midwifery Practice (CAMP)**

The Committee for the Advancement of Midwifery Practice (CAMP) was formed in 1999 by a small group of certified midwives, certified nurse-midwives, and students from New York City with the express purpose of reviewing, promoting, and passing CNM/CM-friendly legislation. It became clear to the Northeast midwives (NY, NJ and RI) that this is a national, rather than a local concern. A proposal was made for the CAMP to become an official committee of the ACNM in July 2010. The Standing Rules of Procedure (SROPs) were approved by the BOD and CAMP became a committee of ACNM.

CAMP was charged by the ACNM BOD at the 2010 Annual Meeting:

**“In conjunction with ACNM staff, develop model state legislative and regulatory strategies to enhance the autonomous practice of midwifery and share this information with affiliates, consult with maker of ACNM Annual Meeting Motion #1 as needed/appropriate.”**

Since July CAMP has:

- Expanded membership to include members from Regions I-VI. This outreach includes midwives and students from diverse backgrounds who are interested in expanding the profession of midwifery.
- Initiated a national committee Google group for the purpose of easier exchange of information regarding local and regional legislation.
- Provided supporting documentation to Pennsylvania midwives which was presented to the PA Board of Medicine detailing CM/CNM equivalency.
- Established committee liaison with Maine midwives initiated by Maine Policy Analyst. In-depth discussion and review of Maine midwifery legislation re: possibility of CM licensure.
- Analyzing potential pathways to autonomous midwifery licensure including research and evaluation of state by state midwifery legislation (Board of Midwifery? Board of Nursing? Board of Public Health? Board of Medicine?)

- Prioritizing and articulating short term, mid-range, and long-range goals, including but not limited to:
  - Creating an interactive legislative Internet tool for describing state-by-state midwifery regulations.
  - Drafting CAMP position paper re: national autonomous midwifery practice.
  - Strengthening national communication network, so that CAMP would get immediate notification of any regulatory or legislative activity.
- Drafting sample state legislation.
- Creating pre-licensure strategies for potential change in states with existing momentum for legislation change.

The CAMP committee is inspired and challenged by the charge given by the ACNM BOD. We see a continued need to appropriately change language and become more inclusive within the national organization and among its members. We want to educate all members re: the identical CM/CNM credential. In addition, we are committed to the exploration of the legislative and regulatory opportunities that will contribute to the mission of preserving and expanding midwifery as an autonomous profession in the United States.

## **ETHICS COMMITTEE**

### **MAJOR ACCOMPLISHMENTS**

#### **I. First Accomplishment**

Related to Strategic Goals:

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

Work Accomplished: Presentation of Workshop at the 2010 ACNM 55<sup>th</sup> Annual Meeting

Members of the Ethics Committee presented a workshop, *Ethical Dilemmas in Midwifery: Where Law and Ethical Practice Coincide or Collide*, based on the ethical issues and conflicts raised in cases in clinical practice. After orientation to sources of law and professional ethics and the *Four Topic Model: Case Analysis in Clinical Ethics* by Jonsen, Siegler, and Winslade, the workshop participants in small groups applied the model to their assigned case. The groups shared identified solutions to the ethical issues that emerged from the analysis of the case and also the usefulness of the model that they applied in analyzing the case.

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

Goal 3 is directed at development of an expanded midwifery workforce. By providing tools to deal with the professional ethical and bioethical issues confronting midwives today, the workshop fosters development of a thriving workforce able to identify and work through these issues. A thriving profession is more attractive to new disciples.

Goal 4 relates quality of care. For the same reasons as stated above, the skills taught during the workshop help to foster quality professionals within midwifery.

## **II. Second Accomplishment**

Related to Strategic Goal:

3. By 2015, there will be 1000 newly-certified CNMs/CMs per year.

Work Accomplished: Assume Work of the Gender Bias Task Force

The Ethics Committee assumed the work of the Gender Bias Task Force in June of 2010. The Gender Bias Task Force in conjunction with the Ethics Committee will work on defining the issue of gender bias within midwifery and educating membership about the issue. A workshop on gender bias is planned for the Annual Meeting in 2012.

Rationale for the Task Force's Contribution to Strategic Goal 3.

Recognizing and addressing the issues surrounding gender bias within midwifery should aid in broadening the appeal of professional midwifery to more men in nursing. This would help attract more applicants to midwifery educational programs.

## **III. Third Accomplishment**

Related to Strategic Goal:

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

Work Accomplished:

As requested by the Board of Directors, the Ethics Committee prepared a document entitled *American College of Nurse-Midwives Leadership Guidelines of Ethical Conduct*, which was approved by the Board of Directors at its September 2009 meeting. The Ethics Committee worked with the national office on the webinar presentation of this document and the other professional documents required for organizational governance.

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

Governance documents for a professional organization are not only recommended legally but from an ethical perspective, they are required. Ethical standards for the leadership of any organization ensure organizational effectiveness by requiring leadership to operate under guidelines of transparency and integrity. This helps to maximize communication between staff, leadership and membership within an atmosphere of trust and respect.

## **Government Affairs Committee (GAC)**

by Kathryn Kravetz Carr, CNM, Government Affairs Committee Chair

The Government Affairs Committee (GAC) consists of 17 CNMs/CM and 2 GAC/Midwives-PAC Student Representatives who coordinate the grassroots activities to advance ACNM's legislative priorities. We are thrilled that our efforts paid off with the inclusion of H.R.1101/S.662, the Midwifery Care Access and Reimbursement Equity Act of 2009, in the Patient Protection and Affordable Care Act (Health Care Reform legislation). Equitable reimbursement for CNMs under Medicare has paved the way; now we aim to increase Medicaid reimbursement rates in 22 states (where current CNM reimbursement is less than 100% of the physician fee schedule). Unfortunately, despite our concerted and consistent efforts, reimbursement of CMs under Medicare was not included in the final legislation. This remains one of our top legislative priorities for 2011.

Achievement of Medicare equity has, at last, allowed us to work on something new! Several maternal and child health bills were introduced last year following the passage of the Patient Protection and Affordable Care Act, most notably the Maximizing Optimal Maternity Services for the 21<sup>st</sup> Century Act (MOMS for the 21<sup>st</sup> Century Act). This bill, introduced by Representative Lucille Roybal-Allard (D-CA), will encourage improved maternity outcomes by supporting best practices and improving racial disparities. Since its introduction, the GAC has been vigorously educating and motivating ACNM members regarding this important legislation, which would also allow midwives to bill for supervising students. Our efforts were especially strong in 2010 during August Midwifery Advocacy Month, when Congress is not in session, when we encouraged all midwives to meet with their members of Congress in their hometowns.

Inertia and positive feedback from a very successful Lobby Day and PAC-Reception at the Annual Meeting in DC has spawned the first ACNM Virtual Lobby Day to be held in April 2011. Last June in DC, over 450 midwives made over 250 legislative visits and marched up the Capitol steps to educate and lobby members of Congress about midwifery care and legislation including the MOMS for the 21<sup>st</sup> Century Act.

In addition to the approval of revised GAC Standing Rules of Procedure (SROPs) at the 2010 Annual Meeting, following up on Medicare and Medicaid inequities, working full force on the MOMS for the 21<sup>st</sup> Century Act, and planning our first Virtual Lobby Day in 2011, we have also written several entries in ACNM's blog, Midwife Connection, *Quickening* and Quick eNews and launched a Facebook causes page called "Optimize Maternal Health." We are currently involved in planning for the Annual Meeting in San Antonio where we will offer a free half-day legislative workshop, a State and Federal Update Education Session, and are co-hosting the Midwives-PAC Rally.

We have achieved these accomplishments through many hours of dedicated work, monthly conference calls, regular GAC/PAC student conference calls, constant contact with ACNM members, students, patients and legislators, letter writing, Web updates, coalition building, and lots of strategizing. Thank you for responding to our requests for action and for securing equitable reimbursement under Medicare in 2010 so that we are finally able, after 20 years, to move on to so many other new and exciting legislative priorities.

**Members:**

Kathryn Kravetz Carr, CNM (Chair, Region I)  
Brielle Stoyke, CNM (Vice-Chair, Region V)  
Susan Jacoby, CNM (Region I)

Anne Londergan, CNM (Region II)  
Kerry-Ann Dacosta, CNM (Region II)  
Corinne Audette, CNM (Region III)  
Cathy Rudolph, CNM (Region III)  
Karen King, CNM (Region IV)  
Laura Jenson, CNM (Region IV)  
Jeni Poell, CNM (Region IV)  
Karol Krakauer, CNM (Region V)  
Lynneece Rooney, CNM (Region V)  
Laura Migliaccio, CNM (Region V)  
Jennifer Jagger, CNM (Region VI)  
Cynthia Liu (Region VI)  
Heather Cates, SNM (GAC/PAC Student Representative)  
Kristin Chapman, SNM (GAC/PAC Student Representative)  
Heather Bradford, CNM, ARNP (Ex-Officio, Region VI)  
Katy Dawley, CNM, Midwives-PAC Chair  
Heather Swanson, CNM (Board of Directors Liaison)  
Patrick Cooney, Federal Lobbyist  
Joanna King, JD, Director, ACNM Government Relations

## **Midwives of Color Committee (MOCC)**

by Maria Valentin-Welch, CNM, MPH, Chair, Midwives of Color Committee (MOCC)

In 2010, the MOCC participated in the following activities:

- Conducted two business meetings at the 2010 ACNM 55th Annual Meeting in Washington, DC
- A MOCC Standing Rules of Procedure (SROPs) subcommittee was formed in DC; SROPs were worked on and submitted to the bylaws committee
- An Excel MOCC Membership Roster has been created and kept up to date
- Conducted one webinar, and over 10 MOCC meetings associated with present projects
- Distributed over 15 informational emails to members, i.e. project updates, meeting minutes, job announcements, etc.
- MOCC had their yearly social Midwives of Color-Watson Scholarship fundraising event at the 2010 ACNM 55<sup>th</sup> Annual Meeting in Washington DC, where \$2776 was raised, plus funds submitted directly to A.C.N.M. Foundation at their booth specifically for MOCC. At Seattle in 2009, \$4896 was raised at the social event, plus what was collected at the Foundation booth. The A.C.N.M. Foundation reports that at the end of August, 2010 MOC-Watson Scholarship fund was at \$106,031.

- A proposal was written and submitted to BOD and the Foundation for an archive project titled: *The Origins of the ACNM Midwives of Color Committee and the A.C.N.M. Foundation Midwives of Color-Watson Scholarship Fund*. This project has been approved and is up and running.
- A national Midwives of Color Mentoring Program has been created, which involved the following activities:
  - Letters to all CNM/CM program directors
  - Creation of a student flyer, which was distributed by the midwifery programs
  - Development of a mentor and mentee application
  - Preparation of an Excel mentor and mentee Roster
  - Personal phone calls to MOCC members for mentoring recruitment purposes
  - **Results thus far:** Recruitment of 40 mentors, and all 26 students requesting mentors have been paired.
- Two ACNM abstracts have been submitted, one was accepted
- An abstract has been submitted and accepted at the National Black Nursing Association; this is a recruitment intervention; two members have also joined diverse nursing associations also as recruitment interventions
- Two MOCC members are running for the Nominating Committee (Nivia Fisch and Pamela Reis)
- Heather Clarke, a SUNY Downstate faculty and MOCC member, volunteered and assisted ACNM in being ACNM's spokes person for the National Advisory Council on Nurse Education and Practice. The topic was, "Addressing Diversity in Nursing Education."
- Partnership Formations: Per ACNM leadership request, MOCC has partner with International Center for Traditional Childbearing (ICTC), and MANA's MOCC. In regards to our mentoring program, we have partnered with Frontier School of Midwifery and Family Nursing (FSMFN) PRIDE Program, and ECU's mentoring program (consultation role)

## **Midwives Political Action Committee (Midwives-PAC)**

by Katy Dawley, PhD, CNM, FACNM, Chair, Midwives-PAC

The number of donors and amount of donations to the Midwives-PAC decreased in our 2010 campaign compared with previous years. Several factors were involved. First, the economy may have affected our members' ability to give; second, ACNM's success in achieving Medicare reimbursement equity may have eased the urgency of donating; and third, our telemarketing service failed to manage an effective campaign. Because of their poor management, we stopped all telemarketing services on November 4, 2010, and discontinued our contract with them on December 15, 2010.

In 2010, there were a total of 818 member pledges to the PAC, which is 12% of ACNM's 6444 potential member contributors. Total donations were \$56,915 and total expenses were \$88,259 (showing a net loss). We made \$13,000 in contributions to legislators key to health care reform which gave us Medicare equity. This \$52,474 collected does not compare well to our best year, 2004, when \$98,903 was contributed. The average donation in 2010 was \$69.

We received donations through various methods of solicitation. Of the 787 contributors, 178 (23%), donated in person at the 2010 ACNM 55<sup>th</sup> Annual Meeting. In addition, members purchased tickets worth \$15,445 at the PAC reception during the Annual Meeting, most of which paid for the costs of the reception (with a net profit of \$1308.00). The PAC Reception was a very successful event. It was a late afternoon reception at Johnny's Half Shell Restaurant very close to Capitol Hill. We gave out ACNM Public Service Awards to 10 members of Congress (several of which attended in person), raised awareness with several hundred members about the importance of the Midwives-PAC, and celebrated equitable reimbursement under Medicare.

Other methods of solicitation included a series of five email blasts (sent via our telemarketing company), US mail, and direct phone calls. The email blasts generated \$4890 but the charge for sending them was \$2655.80. Total net revenue for phone calls was \$31,114 or 60% of the total donated.

On December 8, the Midwives-PAC received a memo from the ACNM BOD titled, "Recommendations for Improvements to Midwives-PAC" which included 13 specific recommendations for restructuring the PAC. We met on December 9 and strategized about how to achieve these recommendations, and submitted action plan to the ACNM BOD on December 19. This plan has many steps designed to decrease costs and increase available revenue to increase midwifery's presence in Washington. Look for positive changes in the Midwives-PAC in 2011

It is now time for me to say good-bye as Chair of the Midwives-Pac as my second term draws to an end and to welcome Heather Bradford as the new Chair. You have known her in the past as Chair of the Government Affairs Committee and you will get to know her better as the woman who asks for money as she energizes the Midwives-PAC to give more and larger donations to legislators who help us grow midwifery and improve maternal child health.

**Committee members:**

Heather Bradford, CNM, Chair  
Katy Dawley, CNM, Former Chair  
Susan Jacoby, CNM, Region I  
Kerry-Ann Dacosta, CNM, Region II  
Jennifer Jagger, CNM, Region II  
Jeni Poell, CNM, Region IV  
Heather Bradford, CNM, Region VI  
Michelle Harris, CNM, Treasurer, Region VI  
Nora Lewis, CNM, Region VI  
Kristin Chapman, SNM, Student Representative  
Heather Cates, SNM, Student Representative  
Kathryn Kravetz Carr, CNM, ACNM GAC Chair  
Kate Harrod, CNM, ACNM BOD Liaison  
Kathryn Osborne, CNM, ACNM BOD Liaison  
Patrick Cooney, Federal Lobbyist  
Joanna King, JD, ACNM Director of Government Relations

**Program Committee**

by Martha Hoffman Goedert, CNM, FNP, PhD, FACNM

**Program Committee Members:**

Shauna Applin

Joyce Brewer (CEU DOE chair)  
Carla Burdock (Chair-elect)  
Dawn Durain (BOD liaison)  
Martha Goedert (Chair)  
Ruth Keen  
Judy Lazarus  
Debby MacMillan  
Kathleen Menasche  
Anne Marie Mitchell  
Christian Ornburn, SNM  
Tish Sullivan

**Local Committee co-chairs**

Margaret McGill  
Amy Gillespie

**Headquarters staff advisors and support:**

Kathy Przybylski  
Eileen Beard  
Katrina Nardini  
Melissa Garvey  
Melinda Bush  
Tina Johnson  
Lisa Hanson (DOR liaison)  
Joani Slager (SROP liaison)  
John Juchniewicz (grant-writing efforts for Primary Care Bootcamp and industry funding)  
Lorrie Kaplan (Executive Director)

**Activities**

Standing Rules of Procedure (SROPs) for the Program Committee were rewritten and sent to the board for approval in August, 2010.

Five conference calls were held for annual meeting planning in advance of the Program Committee Abstract Selection weekend. Detailed agendas were developed before each conference call. All Division and Section chairs were given the opportunity to participate in the calls. Local program committee co-chairs were included in the calls, and those interested in special assignments from the Texas local committee were added to the call roster.

After the finalization of premiere speakers, another conference call was held to ensure full disclosure and agreement on topics, bios, and continuing education unit (CEU) approval status updates on all invited and keynote speakers.

Conference calls involving ACNM President Holly Powell Kennedy, ACNM Executive Director Lorrie Kaplan, and Martha Goedert were conducted to finalize the smooth transition with premiere speakers.

Conference calls with ACNM Executive Director Lorrie Kaplan, Martha Goedert, and consultant John Juchniewicz were conducted to finalize topics to promote with industry in search of financial support for our Annual Meeting. Grantwriting responsibilities by John Juchniewicz, in his consultative role, were augmented by Goedert's writing of basic support documents for Primary Care Bootcamp, including current topic review of the literature (fibromyalgia, vaginitis/vaginosis, metabolic syndrome, and

diabetes, asthma, permanent birth control methods, osteoporosis, breast cancer surveillance, and diagnosis). Eileen Beard did background research preparing information for grant application concerning head and neck cancers.

A planning meeting was held at the Marriott Riverwalk, San Antonio, Oct16-17, 2010.

Focus of the 2011 Meeting: A Call for Midwives to Respond; Increasing Numbers of Midwives, Improving Primary Care Skills, Adopting Electronic Health Record, Networking Across National Organizations (ACOG, AAP, AAFP, SOGC, ICM, ICEA, Southern Poverty Law).

The abstract submission site was reformulated to be organized in clinical tracks: Clinical, Research, Education, Matters of Midwifery, International, and Hot Topics categories. This division of topics helped ease the review process, and also provided track chairs who could easily be “expert” consultants for each track specialty. Threads were woven across all clinical tracts, including social justice, service, vulnerable populations, access to care, and public perception.

A new poster category was added to augment the research-based poster presentations. This category of topics was to target presentations on educational capstones, international activities, academic service-learning, clinical topics which present new practice guidelines or updated ways of proceeding, and topics of general interest to the membership.

All presenters are required to go through the abstract process. For invited and premiere speakers, the abstract process may be negotiated by the inviting program committee member or the invited professional. CEUs are awarded by the Division of Education (DOE) chair and her designees for the year. Joyce Brewer was in charge of awarding CEUs and past program committee chair, Kate Fouquier, was involved in the process to help with the workload.

Orientation of Chair-elect Carla Burdock is ongoing in an effort to have a well-defined process of annual meeting. Carla will be well-qualified to take over the chair position. The checklist approach has been recorded by Goedert to make the proceedings of the program committee a well-documented, efficient, and transparent process. Lists of responsibilities along a timeline for Annual Meeting preparations are now available for anyone interested in learning about the responsibilities of this committee and its members.

### **Summary of Activities**

The template for the 2011 ACNM 56<sup>th</sup> Annual Meeting was submitted for review and will be reviewed by National Program Committee and Local Program Committee members as Annual Meeting roles are being delegated by March 15, 2011. A detailed summary of action items was compiled and disseminated to the conference call participants. Contracting for days of service necessary for each National Program Committee member will be finalized at that time. The majority of the student work-study contracts for program committee responsibilities will be managed by Anne Marie Mitchell. Ms. Mitchell will have students well-prepared in advance for their work responsibilities with the Program Committee, including paging sessions. Ms. Mitchell will also be in charge of the newcomers session.

Kathy Pryzbylski will be in charge of delegating other student work-study fulfillment for full completion of their financial credit for meeting expenses. A call for student work studies will be under the coordination of ACNM national headquarters and Courtesy Associates for their assigned tasks with registration, stuffing welcome bags, attending booths, etc.

### **Future Activities**

Continue to streamline the abstract submission site. Reduce submission time for all submissions,

concurrently: education sessions, premieres, and invited speakers and posters. This is in an effort to reduce our costs.

Continue to develop national partnerships of cross-training, cross-disciplinary educational events to widen our catchment for participants, presenters, and attendees.

Keep our committee in a year-long active role of recruiting and enlisting the interest and support of recognized and available speakers.

## **Medical Education Caucus of ACNM**

Current membership: 160

Our accomplishments this year include:

1. Officially organizing and becoming the first caucus in ACNM.
2. Continuing to host a meeting at the Annual Meeting where CNMs from across the nation gather to share insights re: work in medical education. In 2010, we had 31 in attendance (up from 11 the previous year).
3. Submitted and approved for a workshop at the 2011 Annual Meeting dedicated to midwives in medical education.
4. Worked with Patrick Cooney re: MOMS 21 bill submitted in 2010.
5. Working with ACNM national office staff to create a webpage on the ACNM Web site dedicated to posting member list and contact info and sharing resources: lectures, program ideas, etc.

Goals for 2011:

1. Continue to support the MOMS 21 bill.
2. Continue work on a Web page with ACNM national office staff.
3. Pursue dedication to annually creating a workshop for midwives in medical education at the annual meeting.

## **Nominating Committee**

by Tom Chappell, CNM, Chair

Committee Activities:

- Successfully presented a slate of candidates for the 2010 election.
- Revised Nominating Committee Standing Rules of Procedure (SRoPs) were approved.
- Effectively conducted business through teleconference and one formal meeting at the 2010 ACNM 55<sup>th</sup> Annual Meeting.
- Instituted the use of Doodle.com to improve ease of scheduling teleconference times.
- Recommended the format for presenting the Nominating Committee candidates in *Quickening* be more visible and include candidate bio information as these are member elected positions and this information may benefit the membership in the voting process.
- Prepared a highly qualified slate of candidates for the 2011 election.

Current Nominating Committee Members

Tom Chappell, CNM (2008-2011)

Fran Ventre, CNM (2008-2011)

Mavis Schorn, CNM (2009-2012)

Diana Jolles, CNM (2009-2012)

Amy Levi, CNM (2010-2013)

Kim Shaughnessy, CNM (2010-2013)