



2012 ANNUAL REPORT

OUR MOMENT OF TRUTH



AMERICAN COLLEGE
of NURSE-MIDWIVES

With women, for a lifetime®



About ACNM

OUR VISION

Advancing the health and well-being of women and newborns by setting the standard for midwifery excellence.

OUR MISSION

ACNM works to establish midwifery as the standard of care for women. We lead the profession through education, clinical practice, research, and advocacy.

OUR CORE VALUES

Excellence

Evidence-Based Care

Formal Education

Inclusiveness

Woman-Centered Care

Primary Care

Partnership

Advocacy

Global Outreach

The American College of Nurse-Midwives (ACNM) is the professional association that represents certified nurse-midwives (CNMs) and certified midwives (CMs) in the United States. With roots dating to 1929, ACNM sets the standard for excellence in midwifery education and practice in the United States and strengthens the capacity of midwives in developing countries. Our members are primary care providers for women throughout the lifespan, with a special emphasis on pregnancy, childbirth, and gynecologic and reproductive health. ACNM reviews research, administers and promotes continuing education programs, and works with organizations, state and federal agencies, and members of Congress to advance the well-being of women and infants through the practice of midwifery.



AMERICAN COLLEGE
of NURSE-MIDWIVES

With women, for a lifetime®

Standing, left to right: Kate McHugh, CNM, MS, MPH, FACNM, Region II Representative; Michelle Grandy, CNM, MN, Region VI Representative; Linda Nanni, CNM, MSN, Region I Representative; Mairi Breen Rothman, CNM, MSN, Region IV Representative; Tanya Tanner, CNM, PhD, MS, MBA, Treasurer; Lynne Himmelreich, CNM, MPH, FACNM, Region V Representative; Sarah Taylor, SNM, Student Representative. Seated left to right: Michael McCann, CNM, Region III Representative; Lorrie Kline Kaplan, CAE, Chief Executive Officer; Holly Powell Kennedy, CNM, PhD, FACNM, FAAN, President; Ginger Breedlove, CNM, PhD, APRN, FACNM, President-elect; Cathy Collins-Fulea, CNM, FACNM, Vice President; Kate Harrod, CNM, MS, MPH, FACNM, Secretary.



Holly Powell Kennedy, CNM, PhD, FACNM, FAAN, President



Lorrie Kline Kaplan, CAE Executive Director

2012 WAS OUR MOMENT OF TRUTH—

both for midwives and the women and newborns we serve. As our community turned inward to define the unifying vision, mission, and core values of the College, we embarked on an ambitious, forward-facing initiative asking women to consider their often overlooked care choices at critical reproductive health milestones—from a first pelvic exam or positive pregnancy test to the onset of menopause.

We explored the potential for development of a unified vision for midwifery in the United States within the framework of the international standards set forth by the International Confederation of Midwives. Engaging in a facilitative process with the Midwives Alliance of North America and the National Association of Certified Professional Midwives, we developed a national consensus statement defining normal physiologic birth—the outcome that all midwives strive to facilitate and protect for their clients.

We continued to advocate for effective collaboration between midwives and physicians, which studies show improve outcomes for moms and babies. Nine papers describing models of successful collaborative practice between obstetrician-gynecologists and CNMs/CMs were published in *OBGYN Clinics of North America*. Working with the multi-stakeholder National Priorities Partnership Maternity Care Action Team, ACNM called for greater attention to quality in maternity care and a return to normal physiologic birth. Our Department of Global Outreach experienced unprecedented growth as public and private funders recognized ACNM's leadership and deep expertise in developing and implementing strategies to improve maternity care and midwifery practice in developing country settings.

We invite you to join in celebrating the many successes of 2012 as you read through our continued work on 6 strategic goals and acknowledging our shared goal of supporting and protecting women through normal life processes.

Create strategic communications detailing

ACNM MEMBERS ARE REGULARLY FEATURED in national and local media outlets for their numerous accomplishments and expertise. In 2012, midwives graced the pages of *Consumer Reports*, the *Kansas City Star*, TIME Healthland, and *The Wall Street Journal* as well as the airwaves of National Public Radio, the Public Broadcasting Station, and San Francisco CBS News. People are talking about midwives, as evidenced by the continued growth and activity among ACNM's more than 7500 Facebook likes, 4000 Twitter followers, and 45,000 monthly visitors to Midwife.org. The ACNM community must continue to pursue an aggressive public relations and social media presence if we are to ensure that every woman in the United States learns the truth about midwives and the value of the care they provide.

REAL MOMENTS OF TRUTH



"I believe in the power of women, in their bodies, in their choices, and in their ability to do incredible feats. I believe that birth is beautiful, each and every time. I believe that all women, regardless of language or economy or geographic location, deserve the highest levels of respect and care and love. Midwives encompass all of these components, and many more, including evidence-based practice, high-level research, political advocacy, and unparalleled passion for the work."

Members, midwives, and consumers are sharing their stories at www.ourmomentoftruth.com.

LISTENING TO WOMEN

ACNM's research suggests the time is right to start a meaningful conversation with consumers. An August 2012 survey commissioned by ACNM and conducted by Lightspeed Research found that the majority of women are looking for more out of their care and are not having the important conversations they need to have with their health care providers. Women also revealed that they are looking for a range of pain management options during childbirth, a choice of birth setting, and more information about taking care of themselves and their families. These are the very services that midwives provide every day in hospitals, birth centers, and homes across the United States to women of all ages and in all phases of life.

REINTRODUCING MIDWIVES TO THE PUBLIC

Building on our newly articulated vision, mission, and core values, ACNM launched a major, multi-year, comprehensive public awareness initiative—*Our Moment of Truth™: A New Understanding of Midwifery Care*. The initiative aims to improve women's health and maternity care in the United States by re-introducing midwives and midwifery care as important options that should be the norm for women's health care services. *Our Moment of Truth™* challenges women to become active participants in their care and to discover the full range of options available to meet their women's health care needs.

Since its launch in September 2012, *Our Moment of Truth™* has been featured in important media outlets, including Advance for Nurses, Babble, BlogHer, Giving Birth With Confidence, HealthyWomen.org, Nurse.com, TIME Healthland, and Yahoo! Shine. *Our Moment of Truth™* has also gained significant exposure through ads sponsored by ACNM, ACNM affiliates, and midwifery education programs during episodes of the popular BBC television series *Call the Midwife*. In 2012 the campaign achieved more than 56 million media impressions, meaning more than 56 million women may have seen and interacted with the campaign.

the value of midwifery care

Women are settling for health care that is not what they're looking for because they either don't know they have a choice or don't fully understand the issues facing them.

Journal of Midwifery & Women's Health

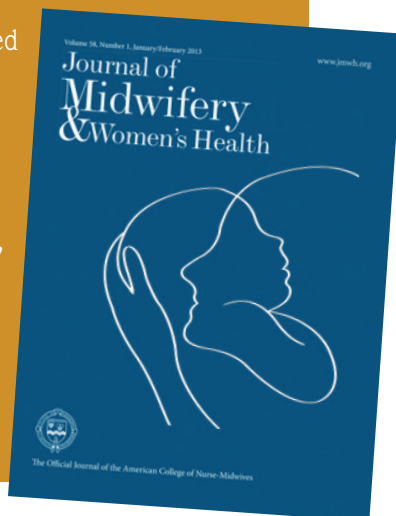
ACNM's peer-reviewed *Journal of Midwifery & Women's Health* is the second most valued benefit of ACNM membership, according to the most recent ACNM member survey. With a focus on evidence-based practice, *JMWH* presents new research and current knowledge across a broad range of clinical and interdisciplinary topics including maternity care, gynecology, primary care for women and newborns, public health, health care policy, and global health.

In 2012, the *JMWH* impact factor—one measure of the importance of a journal within its field—increased to 1.163, a record high. In the past 5 years the *Journal's* impact factor has increased more than 50%.

The *Journal* also saw unprecedented media coverage around a July/August article by Eugene Declercq, PhD, on the record proportion of midwife-attended births in the United States. Notable coverage included Babble.com, CBS San Francisco, Discovery News, Live Science, Mothering.com, Parents.com, and TIME Healthland.

Comment taken from the 2012 *JMWH* Reader Survey

"I always look forward to getting the Journal sent to me. It has been a great resource for me during both my education and career as a midwife."



MEASURING 2012
CONSUMER PARTICIPATION

Your Health Promise pledges signed: **643**

My Moment of Truth stories shared: **91**

8,664
Unique *Ourmomentoftruth.com* visits

Media impressions: **56 million**

*Take the pledge, share your story, and get involved at **Ourmomentoftruth.com**.*

In 2012, ACNM's grassroots consumer group Team Midwife became the advocacy arm of *Our Moment of Truth*™

TEAMMidwife™

Promoting Awareness & Access for All

Special thanks to the American Midwifery Certification Board (AMCB) for their generous contribution of \$25,000 toward the launch of ACNM's Our Moment of Truth™: A New Understanding of Midwifery Care.

Achieve full autonomy in practice and equi

ADVOCACY ON BEHALF of the midwifery profession is the top-valued benefit of ACNM membership, according to a 2012 ACNM survey. We strive for all CNMs and CMs to be recognized as licensed, independent providers, free from requirements for physician supervision and written collaborative agreements, and reimbursed on par with physicians and other health care providers.

FEDERAL AND STATE ADVOCACY

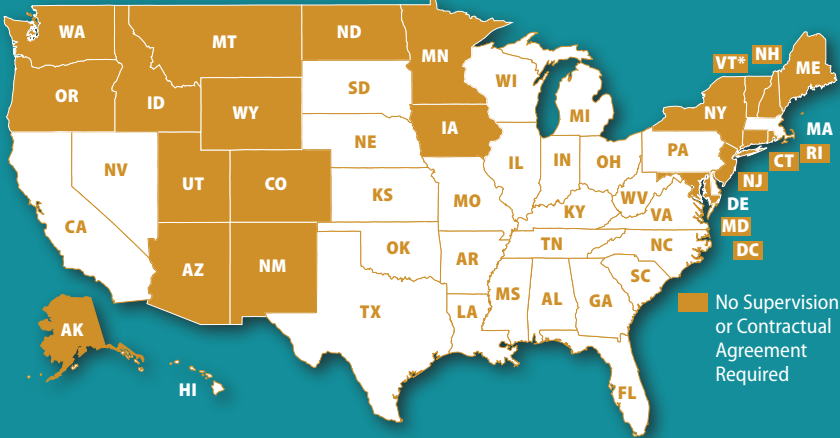
With the rollout of the Affordable Care Act (ACA), ACNM has placed a high priority on ensuring midwives and the women they serve are visible. We prepared members with issue briefs on specific provisions of the ACA directly related to midwifery care, including equitable reimbursement, the annual wellness visit, and freestanding birth centers. We stand ready with guidance and new resources to help midwives respond to the ACA in 2013 and beyond.

ACNM increased its presence on the state level by completing the formation of ACNM affiliate organizations in every state. ACNM supports our affiliates on legislative and regulatory priorities, partnering on specific issues upon request. Of particular importance, we published a vast array of online maps and analyses describing midwifery law and regulation and other resources to assist state advocacy work.

In 2012, after more than 15 years of work, Massachusetts midwives achieved expanded practice autonomy through MA H.3815, which eliminated physician supervision and set the stage for independent midwifery practice. Other affiliates worked on similar bills to reduce requirements for supervision and collaborative agreements, in part through implementation of the Licensure, Accreditation, Certification, and Education (LACE) Consensus Model for Advanced Practice Registered Nurse (APRN) Regulation. Complete adoption of the model would mean independent practice for CNMs. ACNM also developed new resources to promote recognition of the CM credential in all states. ACNM continues to enhance communication between affiliate leaders to share resources among those with similar legislative initiatives, road blocks, and successes.

MIDWIFERY AUTONOMY

Jurisdictions that do not Require Physician Supervision or Contractual Practice Agreements for CNMs



AMPLIFYING THE VOICE OF MEMBERS

For the second consecutive year, ACNM and the Government Affairs Committee organized Virtual Lobby Week, an opportunity for midwives to advocate for the profession with just 15 minutes out of their day. Held in the week leading up to International Day of the Midwife, ACNM's 2012 Virtual Lobby Week spurred midwives to place 160 calls to 79 congressional offices. Members later built on these relationships by visiting in person with their legislators in their home states during Midwifery Advocacy Month in August.

itable reimbursement

Midwives Deliver a Strong Start for Mothers and Newborns

ACNM partnered with 19 midwifery practices to apply for the Center for Medicare and Medicaid Innovation's Strong Start for Mothers and Newborns funding opportunity in 2012. Funded by the Affordable Care Act, the initiative aims to study strategies to reduce preterm birth rates among at-risk Medicaid beneficiaries.

While ACNM's covener application was not funded, we are pleased to report that 85% of funded sites have CNMs or CMs on staff. We are excited about the visibility that the Strong Start campaign has brought to maternal-newborn health and midwifery care, and we will continue to build on this interest to highlight the outstanding work of midwifery practices in improving outcomes.

The practices participating in ACNM's application have provided innovative care to marginalized communities for an average of 18 years. Their excellent outcomes and leadership were identified through their participation in the ACNM Benchmarking Project (see page 9). Collectively, our 19 practice partners demonstrated a preterm birth rate of 6%—half the national average—as well as lower rates of induction of labor (20%) and cesarean birth rates (17%), and higher breastfeeding initiation rates (83%) than national averages. These midwife-led maternity care homes improve maternal and newborn outcomes, representing significant savings for state Medicaid programs and other payers.

Midwifery Works! 2012

BUSINESS EDUCATION & NETWORKING

Experts in the business of midwifery convened in New York City to share advice and success stories on starting a practice, marketing, getting paid, and translating outcomes into savings for third-party payers. With more than 100 attendees, Midwifery Works! is destined to grow in future years. Midwifery Works! 2013 will take place in Tampa, FL, October 3-6.



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Midwives-Political Action Committee (PAC) Hits a Record High

Donating to the Midwives-PAC is one of the easiest, most effective ways to be politically active in the midwifery profession. In 2012, ACNM members donated a generous \$87,446—a record-breaking total exceeding our goal of \$75,000. We distributed \$70,000 in funds over 2 years during the 112th Congress—more than double our previous record high.

From 2011 to 2012, the Midwives-PAC Donor Club grew from 125 to 183 members. Of the 13 ACNM affiliates that donated to Midwives-PAC, Oregon won the Affiliate Challenge for most dollars raised and highest percentage of members who gave. We thank all of our generous donors. To see a complete list of campaign contributions made possible by ACNM members, visit www.midwife.org/midwives-pac.



Nancy Kraus, CNM, meets with Representative Eliot Engel (D-NY)

1000 newly certified midwives per year



The University of Washington midwifery education program successfully averted closure after threatened budget cuts thanks to an uprising of community and online support, including a letter from ACNM President Holly Powell Kennedy and the Washington State Nurses Association.

THE ACNM COMMUNITY is committed to producing graduates prepared to serve as highly educated, quality health care professionals; formal education is one of ACNM’s 9 core values. Our educational standards surpass those of the International Confederation of Midwives (ICM). We promote certification of midwives based on completion of nationally recognized, accredited midwifery education programs that, at a minimum, are in accordance with the ICM global standards for education.

UNPRECEDENTED GROWTH

We are pleased to report that in 2012, the number of newly certified midwives continued to grow. According to the American Midwifery Certification Board (AMCB), which certifies CNMs and CMs in the United States, 474 midwives passed the certification exam in 2012. This represents a nearly 19% increase over 2011 and the fifth consecutive year of increase in the number of new CNMs and CMs.

The Accreditation Commission for Midwifery Education (ACME), the accrediting agency for midwifery education programs, reports that the number of midwifery education programs has remained stable at 39 since 2007. However, the number of spaces for midwifery students has increased with the expansion of distance-based options.

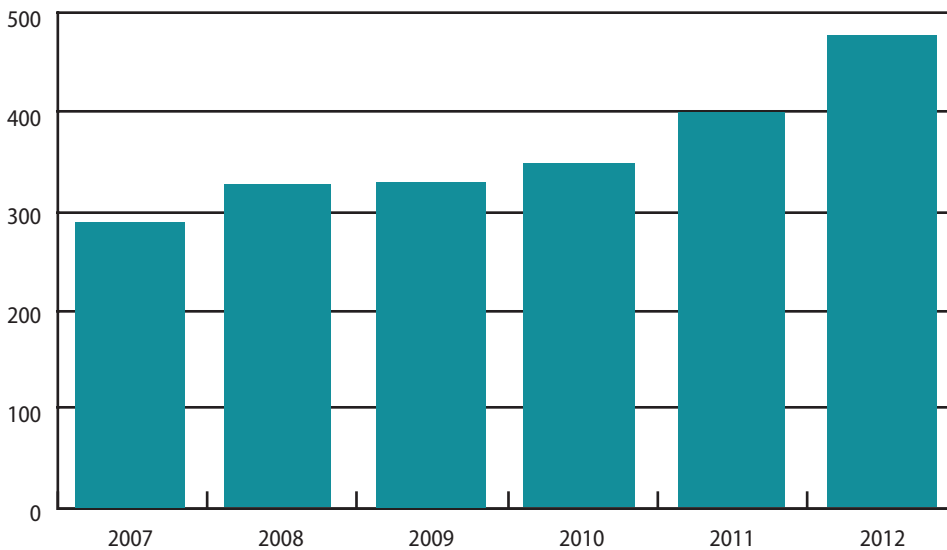
BOLSTERING PRECEPTORS AND CLINICAL SITES

The most significant barrier to increasing the number of midwives continues to be a shortage of clinical sites and midwives serving as clinical preceptors. ACNM continues to highlight this issue as a policy priority and develop resources to support and encourage precepting. In 2012, ACNM launched an online preceptor handbook with practical tools for seasoned and beginning midwifery preceptors at www.midwife.org/preceptors.

ACNM also developed a preceptor database for use by education program directors.

ACNM conducted a survey to better understand the barriers and enabling factors preventing or allowing midwives to serve as preceptors. Results show that there are midwives serving as preceptors in every state except Wyoming. The primary motivating factor for midwives to serve as preceptors was a commitment to supporting the profession, and the most commonly reported barrier (7% of respondents) was that students prevented them from meeting patient volume requirements. A full publication of findings is planned for 2013.

NEWLY CERTIFIED CNMs/CMs, 2007–2012



Source: American Midwifery Certification Board, Total Number of Certificants 1971–Present

Support high quality maternity care and women’s health services

THE WOMAN IS AT THE CORE OF MIDWIFERY, and ACNM is at the forefront of high quality health services for women and their families. A record number of midwifery practices participated in the ACNM Benchmarking Project—a unique ACNM member benefit that tracks outcomes of midwifery care and allows members to benchmark their practices. In 2012, 203 practices submitted valid data for the 2011 reporting cycle—a 48% increase in participation from the previous year. The aggregate data reported included a total of 83,400 births and the work of nearly 900 CNMs and CMs. As maternity care quality improvement enters the national spotlight, these results demonstrate that midwives are leaders in achieving optimal outcomes for American women and their newborns.

LEADERS IN QUALITY CARE

The College is represented on a wide range of national quality initiatives, focusing generally on health care transformation, women’s health, primary care, and maternity care. In 2012, these included:

- The National Priorities Partnership Maternity Action Team, aimed at developing national strategies to reduce elective deliveries before 39 weeks and the cesarean birth rate in low-risk women to 15%;
- The multi-stakeholder reVITALize initiative, aimed at developing standardized obstetric data definitions;
- The Council for Patient Safety in Women’s Health Care, focused on multi-stakeholder initiatives to maximize care processes and support healthy, physiologic birth; and
- The Institute of Medicine (IOM) Evidence Communication Innovation Collaborative and Best Practices Innovation Collaborative which explored opportunities to advance tools and messages that accelerate shared decision making backed by the best available evidence.

SETTING THE STAGE FOR PHYSIOLOGIC BIRTH

In 2012, ACNM provided new tools to help our members change the culture of hospital birth. We released a fully updated, customizable version of Pearls of Midwifery: Evidence-based Practice—a grand rounds style presentation and printable checklist emphasizing

ACNM BENCHMARKING PROJECT: SELECTED CLINICAL MEASURES

Metric Reported	Mean	Median	Range
Total Rate of Vaginal Birth	86.5%	87.2%	40.8%–100.0%
Rate of Spontaneous Vaginal Birth	83.5%	84.0%	40.1%–100.0%
Total Cesarean Rate	13.5%	12.7%	0%–59.2%
Primary Cesarean Rate	9.4%	9.2%	0%–42.2%
VBAC Success Rate	78.5%	79.1%	0%–100.0%
Intact Perineum Rate	53.7%	50.7%	10.9%–100.0%
Episiotomy Rate	2.7%	1.9%	0%–23.4%
Preterm Birth Rate (<37wks)	3.1%	3.1%	0%–10.6%
Rate of Low Birthweight Infant (<2500 gms)	2.4%	1.9%	0%–18.2%
Rate of NICU Admissions	3.5%	2.7%	0%–16.4%
Breastfeeding Initiation Rate (exclusive breastmilk for first 48 hours of life)	86.8%	91.6%	34.7%–100.0%
Breastfeeding Continuation Rate (any breastmilk at 6 weeks postpartum)	96.9%	86.1%	51.0%–100.0%
Total Induction Rate	16.2%	17.3%	0%–45.1%
Less than 41 week Induction Rate	59.9%	34.2%	0%–100%
Epidural Rate	30.6%	34.2%	0%–76.2%
Births per CNM/CM	70.6	66.5	1.0 – 244.0

Continued on next page

the proven benefits of normal, physiologic labor and childbirth for mothers and their newborns. Working with the Midwives Alliance of North America and the National Association of Certified Professional Midwives, we released a historic national consensus statement on the benefits of normal physiologic childbirth. A consumer-friendly companion statement will be released in 2013.

KEEPING UP WITH THE EVIDENCE

Every year, the ACNM Annual Meeting is the premier professional development activity where midwives and other women's health care providers polish clinical skills and learn the latest breakthroughs in best practices and evidence-based research. In 2012, we utilized a blinded abstract review process to ensure the highest quality speakers and relevant topics. The ACNM 57th Annual Meeting in Long Beach, CA, drew more than 1500 attendees and was headlined by some of the most prominent thought leaders in midwifery and women's health, including International Confederation of Midwives President Frances Day-Stirk, Childbirth Connection Executive Director Maureen Corry, The Joint Commission's Ann Scott Blouin, the California Maternal Quality Care Collaborative's James D. Byrne, and chair of the UK Royal College of Midwives Campaign for Normal Birth Steering Committee Soo Downe.



The ACNM 57th Annual Meeting & Exposition reached record heights in both attendance and revenue. As the meeting continues to deliver new levels of professional rigor and quality, we are attracting more people and getting more corporate support.

Ensure the effective

2012 MARKED COMPLETION of ACNM affiliate formation in all 50 states, the District of Columbia, and for midwives practicing in uniformed services or Indian Health Service/Tribal health settings. This goal was realized thanks to countless hours of effort from volunteer leaders as well as ongoing guidance and support from the national organization. Official ACNM affiliates help raise the visibility of midwives at the state level in a time period when critical issues are on the table, including scope of practice and autonomy issues, state insurance exchanges and Medicaid expansion, and state workforce analyses. ACNM is committed to supporting affiliates to become stronger and reach their goals. In addition to providing state government affairs and advocacy support, ACNM is creating an additional full-time position in 2013 to work with affiliate leaders on organizational development.

At the national level, ACNM is responding to the needs and priorities of our members. In 2012, we implemented new surveys of current and former members to gather their views of ACNM benefits, programs, and activities. ACNM uses this feedback to develop and refine ACNM member services. In accordance with member demand, we launched *Our Moment of Truth*[™] (see page 4) and devoted more resources to state and federal advocacy (see page 6).

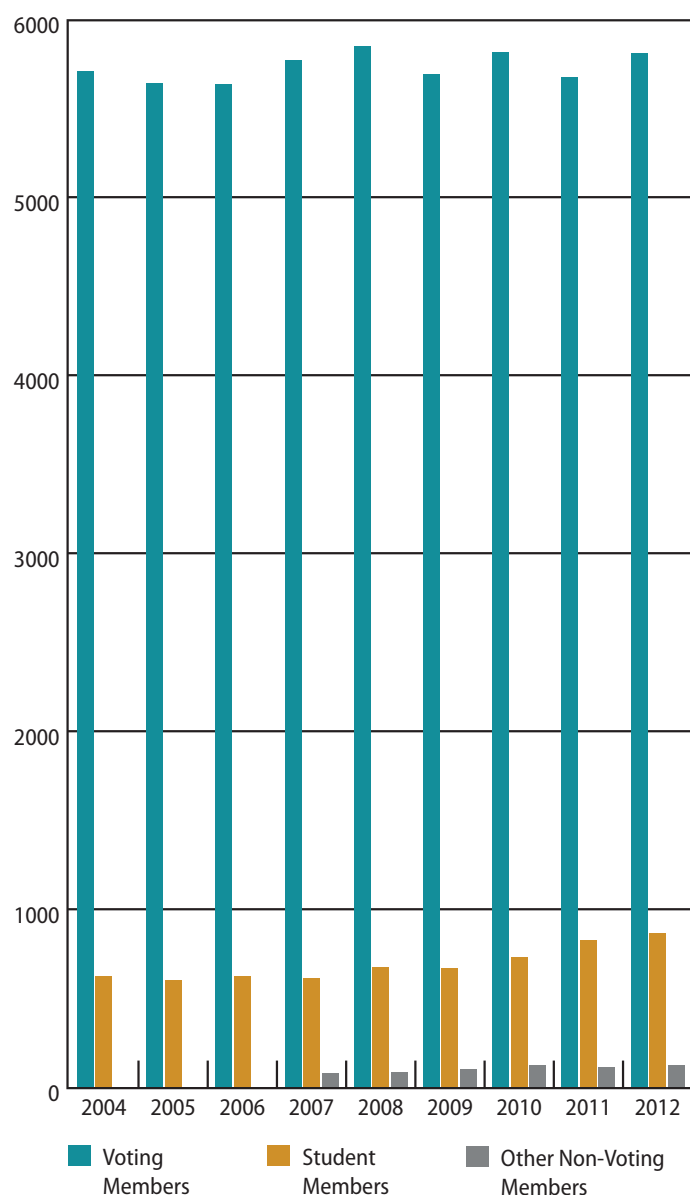
TOP 5 VALUED ACNM PROGRAMS, BENEFITS, AND ACTIVITIES

1. Advocacy to Congress and federal agencies
2. ACNM's peer-reviewed *Journal of Midwifery & Women's Health*
3. Advocacy to state legislatures and agencies
4. Encouraging public awareness of midwifery
5. Maintaining standards of practice

ness and efficiency of ACNM

65% of women would like guidance and information on birth control or family planning options following a previous birth, yet 87% of women have not discussed this with their provider.

ACNM MEMBERSHIP, 2004–2012



REAL MOMENTS OF TRUTH



“...when a year passed and I needed an annual well woman exam I couldn’t bring myself to go to a [physician], even though it’s what I’d done my whole life. I had come to expect the kind and gentle appointments with my midwives, who really took the time to care for my health. Thankfully, I had learned that midwives can do all the tests, exams, and prescriptions that a [physician] can do when it comes to well woman care....It was at that first non-pregnant meeting with my CNM that I knew I would forever choose this route for my future health care.”

Members, midwives, and consumers are sharing their stories at www.ourmomentoftruth.com.

Global Health

MIDWIVES AROUND THE GLOBE play a crucial role in reducing maternal and infant mortality. 2012 marked the thirtieth anniversary of the ACNM Department of Global Outreach (DGO), which is the grant-funded department housed in the ACNM national office. For the past 3 decades and in nearly 40 countries, DGO has supported competency-based midwifery education to improve the health and well-being of women and infants worldwide. At the same time, ACNM has been responding to our members' interest in global health by expanding member resources and opportunities through both DGO and the Division of Global Health, the volunteer counterpart to the national office department.

In 2012 ACNM clarified the strategic position of global health initiatives within our organization. ACNM's strategic goal in global health is to "provide effective leadership to reduce infant and maternal mortality and improve women's health globally."



IMPROVING QUALITY OF CARE IN DEVELOPING COUNTRIES

International donors, agencies, and governments recognize that midwives often are the backbone of a health system. In order to strengthen care, midwives must be educated in an environment that supports and regulates a scope of practice that enables them to provide life-saving care. Midwifery professional associations also play a critical role in civil society, strengthening midwives' voices in advocacy for their communities and in policy making for their country.

In 2012, ACNM partnered with the United States Agency for International Development (USAID) and 5 other leading maternal and child health organizations in a historic global development alliance announced by Secretary of State Hillary Rodham Clinton. *Survive and Thrive: Professional Associations, Private Sector, and Global Health Scholars Saving Mothers, Newborns, and Children* aims to mobilize US professional associations with USAID, the private sector, and civil society organizations to reduce preventable maternal and child deaths in developing countries.

"None of us wants to live in a world where a child's life comes down to luck of the draw. Survive and Thrive will connect health care professionals with their counterparts in low- and middle-income countries so they can share insights and strengthen their skills in caring for mothers, newborns, and young children."

Hillary Rodham Clinton,
former US Secretary of State



Frances and Toby Thacher celebrating the endowment of the Frances T. Thacher Midwifery Leadership Fund at an October 2012 reception in New York City.

THE A.C.N.M. FOUNDATION, INC.

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The A.C.N.M. Foundation

THE A.C.N.M. FOUNDATION, a 501(c)(3) organization, works to promote excellence in health care for women, infants, and families worldwide through the support of midwifery. For more than 40 years, the Foundation has worked with donors to establish funds that support leadership development, educational grants, research, community projects, policy development, and international experiences.

2012 award highlights include:

- The Dorothea M. Lang Pioneer Award went to Frances Ganges, CNM, MPH, RM, of the White Ribbon Alliance and Debrah Lewis, CNM, MS, LM, vice-president of the International Confederation of Midwives (ICM).
- We hosted Ms. Genevieve Musokwa, the first president of the Midwives Association of Zambia, at the ACNM 57th Annual Meeting as the Bonnie Westenberg Pedersen awardee.
- Dr. Darrell Martin, MD, won the Louis M. Hellman Midwifery Partnership Award for his courageous work with and advocacy for the first private midwifery practice in Nashville.
- Four midwives were funded to attend Midwifery Works! 2012 with funding from the Frances T. Thacher Midwifery Leadership Endowment matched by the Midwifery Business Network.
- Thacher funding also supported a Community Grant Award to Birthmark Doula Collective to develop the Greater New Orleans Women's Perinatal Resource Guide.
- The W. Newton Long Award was awarded to Priscilla Hall, CNM, MS, of Atlanta to attend the Summer Institute in Qualitative Analysis at the University of North Carolina.
- Four basic midwifery education scholarships were awarded, including 2 Midwives of Color-Watson Scholarships.
- Three midwifery students were awarded for work with the Ongoing Group for conducting oral histories in recognition of senior midwives.
- Recognition of midwives who are leading the way to the future through their educational and clinical efforts continued with the Excellence in Teaching Awards and Clinical Stars Awards.

2012 donation highlights include:

- The Charles Engelhard Foundation renewed their decade-long commitment with another 3-year award directed to the Foundation's Frances T. Thacher Midwifery Leadership Endowment.
- An unrestricted education grant from Hologic, Inc. was received to advance our prevention of preterm labor initiatives.
- The UMA Foundation and Catherine Walker, CNM, MPH, made a second sizable donation to the Midwives of Color-Watson Scholarship Fund and related projects, including support for the MOCC Archives Project.
- Donations were received from the estates of 2 beloved midwifery colleagues, both members of the Midwifery Legacy Circle, inspiring others to do the same.

The Board of Trustees recognizes and thanks our donors for their generosity. To make a donation or learn more about our programs, contact the Foundation at fdn@acnm.org.

MARY BRECKENRIDGE DONORS

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Financial Report

REAL MOMENTS OF TRUTH



“My moment of truth happened 31 years ago. Pregnant with our second child, we knew we wanted a midwife. The birth was amazing, and we subsequently had a midwife for our third child. After our children were a bit older, I returned to school to pursue a career in midwifery. Graduation arrived and...after nearly a year of searching from coast to coast I found a position—not just any position, but a partner in a practice at the very place I gave birth with my first midwife. Full circle and ready to bring midwifery to the next generation.”

Members, midwives, and consumers are sharing their stories at www.ourmomentoftruth.com.

As more women learn about the high-quality care midwives provide, more women are turning to midwives as partners in their care.

2012 WAS A DYNAMIC YEAR in the United States, dominated by presidential election politics and legislative showdowns, ongoing concerns about federal spending and a sluggish economy, and the beginning of implementation of the Affordable Care Act, which will have profound effects on health care professions and organizations, including midwives and their employers. ACNM’s board of directors and senior management took strategic decisions to respond to the times and position the organization and the profession for the future, resulting in a planned operating loss. We are pleased to report that we were able to achieve our goals and are poised to continue elevating the voice of the midwifery profession in the United States.

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

As a result of moderate earning in our investment accounts in 2012, ACNM ended the year with a net investment gain of \$418,279—a 13% gain versus a 2011 loss of -2%. ACNM remains committed to safeguarding the investments of the College by adhering to financial policies designed to maximize returns over the long-term.

Unrestricted operating revenues in 2012 were up 11% compared to 2011. However, total combined (temporarily restricted and unrestricted) revenues decreased by \$1.5 million (62%) as work was completed on the private foundation grant to the ACNM Department of Global Outreach.

Operating expenses similarly rose 17% in 2012 compared to 2011 but exceeded unrestricted revenues, resulting in a planned net operating loss of \$398,948—or 5% of 2012 total expenses. ACNM made a strategic decision to utilize \$343,280 of its operating reserves to support the strategic

ACNM FINANCE AND AUDIT COMMITTEE

Tanya Tanner
(Treasurer)

Ginger Breedlove

Joe Gallagher
(outside investment advisor; non-voting)

Kate Harrod

Lynne Himmelreich

Michael McCann

Joan Slager

communications and branding initiative in fiscal year 2012. These expenditures were absorbed by ACNM's investment gains noted above.

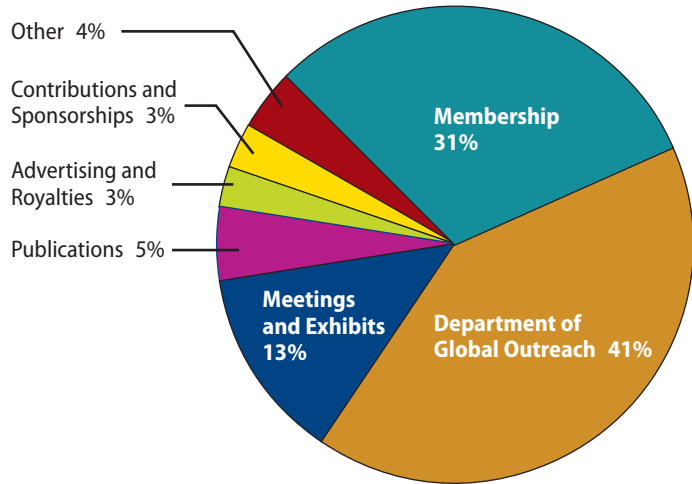
Approximately 60% of total expenses continue to support core member services such as professional practice programs and resources, legislative and regulatory advocacy, promotion of the midwifery profession, and individual member assistance. ACNM also allocated new resources in 2012 toward state advocacy support, replacement of legacy accounting and telephone systems, updating of all ACNM position statements and official documents, instituting a membership survey process, and continuing to improve our information technology infrastructure to better serve our members and improve efficiencies. ACNM strives to provide superior services to our members and exceptional representation for the profession while positioning the organization for continued growth.

ACNM's 2013 \$6.1-million balanced budget includes continued support for these core activities as well as additional resources toward strategic communications and support of ACNM affiliate organizations. We will explore new revenue opportunities consistent with our mission while assuring that our expenditures produce value for the College and our membership. We are financially sound to continue to pursue our mission.

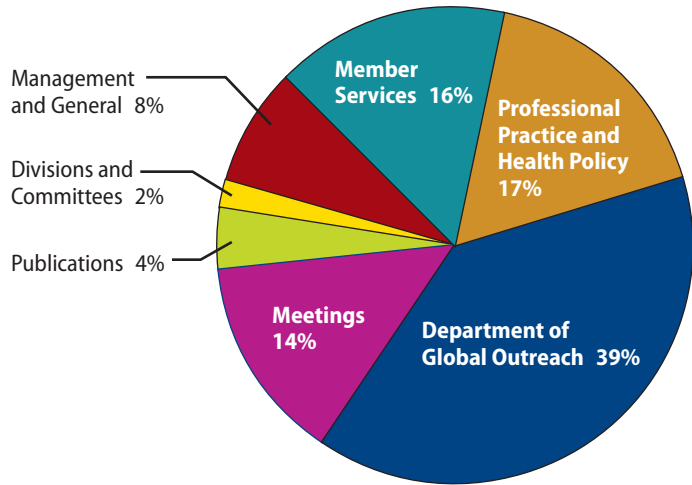
Finally, it must be noted with great appreciation that the financial position of the College is positively impacted by the many dedicated members who serve on divisions, committees, taskforces, and in other volunteer positions within the College. Many members work countless hours without compensation, providing tremendous value not directly reflected in the financial statements. ACNM extends its thanks to its members for their continued commitment to midwifery and to ACNM.

ACNM's audited financial statements for 2012 and previous years are accessible for members only at www.midwife.org/financial-information.

ACNM 2012 OPERATING REVENUES



ACNM 2012 OPERATING EXPENSES



ACNM REVENUE GROWTH, 2005-2012

Year	Unrestricted Revenues	Temporarily Restricted Revenues	Total Revenues
2005	\$4,126,321	—	\$4,126,321
2006	\$4,532,508	—	\$4,532,508
2007	\$4,429,944	—	\$4,429,944
2008	\$4,567,822	—	\$4,567,822
2009	\$5,142,412	—	\$5,142,412
2010	\$5,288,471	\$404,416	\$5,692,887
2011	\$5,403,453	\$2,021,018*	\$7,424,471
2012	\$6,101,760	(\$1,521,572)**	\$4,580,188

* Revenues are temporarily restricted when awarded for project activities that will take place in future years. In 2010 and 2011, ACNM was awarded private foundation grant funding to support midwifery education in Ghana through mid-2013.

**As these restricted revenues are released from restriction, total revenue will show a significant decrease as they were in 2012 and will be again in 2013.

The 2012 ACNM Team

THE SUCCESS AND PROGRESS OF ACNM is largely due to the vision, commitment, and hard work of the ACNM Board of Directors and our dedicated staff and members who serve on divisions, committees, taskforces, as representatives to other organizations and initiatives, and in other volunteer positions within the College. The Board of Directors is featured on page 3; staff and volunteer leadership are listed below.

ACNM NATIONAL OFFICE STAFF

Executive Office

Chief Executive Officer
Lorrie Kline Kaplan
Manager, Administration & Meetings
Kathleen Przybylski

IT Manager

Fausto Miranda
Senior Staff Researcher
Kerri Schuiling
Senior Education Policy Advisor
Elaine Germano

Program Coordinator
Melinda Bush

Communications

Communications Manager
Melissa Garvey
Graphic Designer
Rebecca Feldbush
Communications Assistant
Barbra Elenbaas

Finance & Administration

Director
Meredith Graham
Finance Manager
Sandra Gray
Senior Accountant
Holly Burns

Financial Specialist
Sujata Chavan

Global Outreach

Director
Suzanne Stalls
Senior Technical Advisor
Diana Beck
Technical Advisors
Angie Fujioka and Cheryl Jemmott

Program Manager
Kiev Martin

Program Coordinator
Betty Goldblatt

Government Relations

Director
Joanna King
Federal Representative
Patrick Cooney
Health Policy Researcher
Cara Kinzelman

Membership

Director
George Hamilton
Membership & Marketing Coordinator
Judy Barlas
Membership & Data Licensing Coordinator
Robert Burman

Professional Practice and Health Policy

Director
Tina Johnson
Senior Practice Advisor
Eileen Ehudin Beard
Department Coordinator
Monica Greenfield

Journal of Midwifery & Women's Health

Editor-in-Chief
Francie Likis
Deputy Editors
Tekoa King and Patty Aikins Murphy
Managing Editor
Brittany White

Accreditation Commission for Midwifery Education

Administrative Assistant
Jo Ann Burke
Chair: Susan E. Stone

ACNM AFFILIATES

View officers for 50 states, District of Columbia, Puerto Rico, Uniformed Services, and Indian Health Service/Tribal health settings at www.midwife.org/rp/sa_affiliate_map.cfm.

DIVISIONS AND COMMITTEES

Division of Education

Chair: Melissa Willmarth
Vice Chair: Lynnece Rooney
Section Chairs: Joyce Brewer, Jessica Brumley, Heather Clarke, Kim Dau, Judy Lazarus, Lynnece Rooney, Nicole Rouhana

Division of Global Health

Chair: Jody Lori
Section Chairs: Amy Levi, Katrina Nardini, Barbara Reale, Diana Spalding

Division of Research

Chair: Lisa Hanson
Section Chairs: Mary Barger, Robin Jordan, Carrie Klima

Division of Standards and Practice

Chair: Joan Slager
Section Chairs: Andrea Christianson, Maime Guidera, Denise Henning, Diana Jolles, Lisa Kane Low, Karen King, Karen Nguyen

Archives Committee

Chair: Cecilia Jevitt

Awards Committee

Chair: Cathy Collins-Fulea

Bylaws Committee

Chair: Connie Swentek

Committee for the Advancement of Midwifery Practice

Chair: Shawna King

Ethics Committee

Chair: Mary Kaye Collins

Executive Committee

Chair: Holly Powell Kennedy

Government Affairs Committee

Chair: Kathryn Kravetz Carr

Midwives of Color Committee

Chair: Maria Valentin-Welch

Midwives-PAC

Chair: Heather Bradford

Nominating Committee

Chair: Amy Levi

Personnel Committee

Chair: Cathy Collins-Fulea

Program Committee

Chair: Letitia Sullivan

ACNM REPRESENTATIVES TO EXTERNAL ORGANIZATIONS

Melissa Avery, Mary Barger, Diane Bohn, Ginger Breedlove, Barbara Camune, Cathy Collins-Fulea, Sarah Coulter Danner, Leslie Cragin, Kim Dau, Susan DeJoy, Frances Ganges, Carolyn Geger, Mamie Guidera, Barbara Hackley, Carol Hayes, Karen Hays, Cheryl Heitkamp, Denise Henning, Elizabeth Hill-Karbowski, Elisabeth Howard, Katie Huffling, Cecilia Jevitt, Lynn Johnson, Diana Jolles, Deborah Karsnitz, Tekoa King, Carrie Klima, Jan Kriebs, Patricia Loftman, Cydney Afriat Menihan, Tonia Moore-Davis, Cynthia Nypaver,

Katharine O'Dell, Karen Perdion, Marilyn Pierce-Bulger, Robbie Prepas, Nicole Rouhana, Cathy Ruhl, Mavis Schorn, Jenna Shaw-Battista, Joan Slager, Lisa Stephens, Kai Tao, Deborah Walker, Helen Welch

AWARD WINNERS

ACNM Awards

Hattie Hemschmeyer Award:
Mary Brucker

Kitty Ernst Award:
Amy Romano

Louis E. Hellman Midwifery Partnership Award:
W. Darrell Martin

Book of the Year Award:
Kerri Durnell Schuiling and Frances E. Likis

Distinguished Service Awards:
Lonnie Morris, Nancy Moss

2012 Outstanding Preceptor Awards:
Chris Bottoms, Kelly Bruhn, Robyn Carlisle, Jamie George, Rita Ledbetter, Anthonia Obichere, Maria Pederson, Diane Reynolds, Katie Riley, Sherrie St. Clair, Sarah Appleby-Wineberg, Lisa Wimsatt

Public Policy Awards:
Milree Keeling, Linda Siegele

JMWH Awards

Best Research Article of the Year Award:
Cheryl Tatano Beck, Eugene R. Declercq, Carol Sakala, and Robert K. Gable

Best Review Article of the Year Award:
Megan K. Kloetzel, Peter Milgrom, and Colleen E. Huebner

Mary Ann Shah New Author Award:
Annette Manant

Division of Research Awards

Best International Research Forum Presentation:
Carrie Klima

Best Research Podium Presentation:
Julia Phillippi

Best Poster Award:
Julie A. Paul

Best Research Poster Presentation:
Tanya Tanner and Nancy K. Lowe

2012 ACNM Fellows

Mary Kaye Collins, Candace Curlee, Elisabeth D. Howard, Robin G. Jordan, Karol A. Krakauer, Kathryn Osborne, Barbara Reale