



Prematurity Campaign 2008 Progress Report

A Letter from the President

In late 2001, the March of Dimes identified premature birth as the single most important issue negatively impacting the health of newborns, and determined to launch a major campaign to re-energize interest, research and progress in the field. After an 18-month planning process in consultation with the Board of Trustees, the March of Dimes launched its national Prematurity Campaign at the National Press Club in Washington, D.C., on January 30, 2003.

The Campaign began with two goals. First, recognizing that public support is necessary to drive political change and financial support, the March of Dimes set a goal to raise public awareness that premature birth is a serious public health problem. This goal would need to be achieved first and relatively quickly in order to help mobilize policymakers, researchers, volunteers and others behind the second goal of reducing the nation's prematurity rate. This second goal would require sustained progress in the research lab and in health care settings nationwide. It would clearly be the more difficult goal and would take longer to achieve.

A strategic review of Phase I of the Campaign was developed and completed during the first quarter of 2008. The "Prematurity Campaign Report and Future Recommendations" is a 5-year retrospective on the



Campaign and a set of recommendations for its near-term and long-term future. The recommendations were ratified unanimously by the national Board of Trustees.

Our Trustees have extended the Prematurity Campaign to 2020, and asked that we continue to search for the causes of preterm birth and the means to prevent it. Until we are successful, more than 500,000 babies each year will continue to be born too soon with risk of lifelong health and developmental problems. My profound thanks to each of you for your commitment to reaching the day when all babies are born full term and healthy.

A handwritten signature in black ink that reads "Jennifer L. Howse". The signature is written in a cursive style.

Dr. Jennifer L. Howse
President

BOARD RESOLUTION

RESOLVED, To declare "Prematurity Prevention" a global Campaign and extend the Campaign to 2020; to retain the goals of 15 percent reduction in rate and increased awareness for the United States; to set global targets by 2010; *and be it further*

RESOLVED, To assume a more outspoken public stance on issues directly related to prematurity prevention; *and be it further*

RESOLVED, To focus on three critical investment opportunities and intervention targets with a three-year horizon:

- Accelerate research funding in the United States and globally
- Expand direct service to NICU affected families
- Develop and fund Community Intervention Programs based on *Healthy Babies Are Worth the Wait®* with particular attention to the challenges posed by late-preterm deliveries.

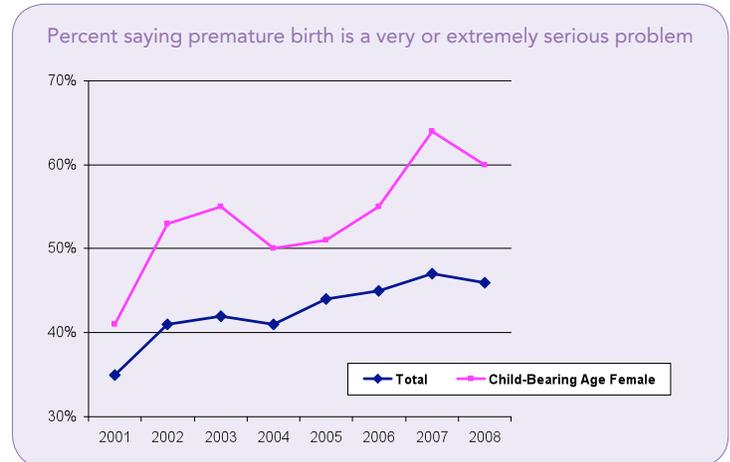
(Board Resolution 3.28.08)

This 2008 report provides an update on progress made in the Prematurity Campaign, with special emphasis on results achieved in 2008.

Progress in Meeting Campaign Goals

Goal 1: Raise public awareness of the problems of prematurity.

Since 2001, awareness that prematurity is a very serious problem has increased from 41 percent to 60 percent among women of childbearing age, and from 35 percent to 46 percent among the public as a whole. This growth was achieved through public service advertising, media relations activities, online marketing, advocacy and chapter events. The annual Prematurity Awareness Month® and Day, conducted over the past 6 years, has been a key driver.



Source: Gallup Consulting 2008 March of Dimes Brand Study

Goal 2: Decrease the rate of preterm birth in the United States.

Over the past decade, the preterm birth rate in the United States has increased 15 percent, from 11 percent to 12.8 percent in 2006. This trend, and the dynamics underlying it — which are described in the 2008 Prematurity Campaign Report — underscores the critical importance and timeliness of the March of Dimes Prematurity Campaign. A small but statistically significant decrease occurred in the 2007 preliminary data, to 12.7 percent.



Source: National Center for Health Statistics

Progress in Mobilizing Public Support and Action

An important early milestone in the Prematurity Campaign was the publication in 2005 of the Institute of Medicine report titled *Preterm Birth: Causes, Consequences, and Prevention*. Funded in part by the March of Dimes, this report thoroughly documented the impact of premature birth on families, the health care system and business, and provided the first cost estimate. The report also laid out an agenda for research and action for health care providers, researchers and government.

In order to further galvanize action in the field, the March of Dimes secured introduction in Congress of the “Prematurity Research Expansion and Education for Mothers who deliver Infants Early” (PREEMIE) Act in 2005. Through March of Dimes advocacy efforts, this act became law in 2006, leading to the first Surgeon General’s Conference on the Prevention of Preterm Birth in June 2008.

Held June 16-17 in Rockville, Maryland, the conference brought together experts from the public and private sectors. March of Dimes staff and volunteers were key participants in each of the six work groups that developed goals for an action plan. The work

“The annual societal economic burden associated with preterm birth in the United States was at least \$26.2 billion in 2005, or \$51,600 per infant born preterm.”

— from *Preterm Birth: Causes, Consequences, and Prevention*

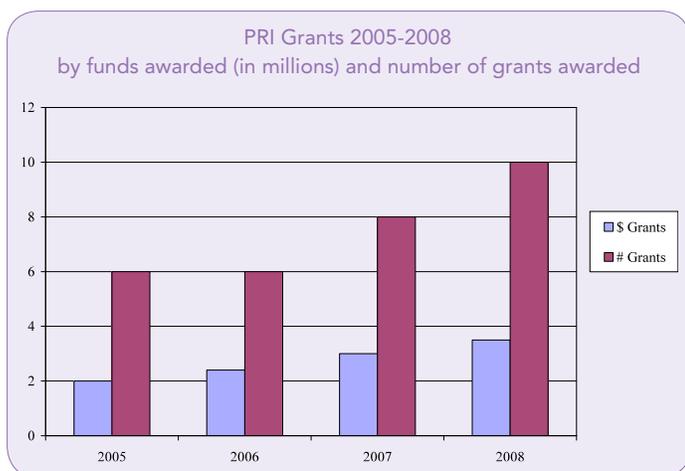
groups were: Biomedical Research; Epidemiological Research; Psychosocial and Behavioral Factors in Preterm Birth; Professional Education and Training; Communication and Outreach; and Quality of Care and Health Services. Several cross-cutting issues were identified among the six work groups as well. The goals were presented to the Surgeon General at the conclusion of the conference. Achieving the goals of this plan will require both private and public resources for broad-based research, capacity building, data systems, creation of interventions, quality initiatives and a comprehensive communications strategy. After the conference, the March of Dimes prepared its own action agenda consistent with the key findings. The Foundation also played a key role in disseminating the key findings of the conference, through online efforts, publicity and preparation of a journal article published in 2009 (*Obstetrics and Gynecology*, April 2009).

March of Dimes Action Agenda: Surgeon General’s Conference

- Advocate for funding and/or authority for National Center for Health Statistics (NCHS) to implement changes in state and national vital statistics regarding prematurity.
- Enhance accuracy of gestational dating through implementing Institute of Medicine (IOM) recommendation for routine first trimester ultrasound.
- Develop blueprint and cost estimate for inter (trans) disciplinary research centers to address novel approaches to prevention of preterm birth and to explore potential clinical and translational aspects.
- Create Quality Improvement Initiative to decrease inductions and c-sections:
 - Catalyze local hospital, health system and regional programs
 - Develop a 2009 National Symposium on Quality Improvement to Prevent Prematurity
- Pursue advocacy agenda:
 - New funding for inter (trans) disciplinary centers
 - Fund PREEMIE Act and other federal programs
 - Advocate to re-establish Interagency Council on Low Birthweight and Preterm Birth.

Progress in Medical and Epidemiological Research

The March of Dimes continued to expand funding for the Prematurity Research Initiative, which funds promising, innovative research into the causes of prematurity. The goal is to translate research findings into actions that will help prevent early births. Nearly \$11 million has been awarded to 30 grantees over the past four years, including the fourth round awarded in February 2008, totaling \$3.5 million to 10 grantees. In addition, the March of Dimes continues to fund grants related to prematurity as part of our national research program. About 25 percent of those grants pertain to prematurity.



March of Dimes research funding has already resulted in promising discoveries:

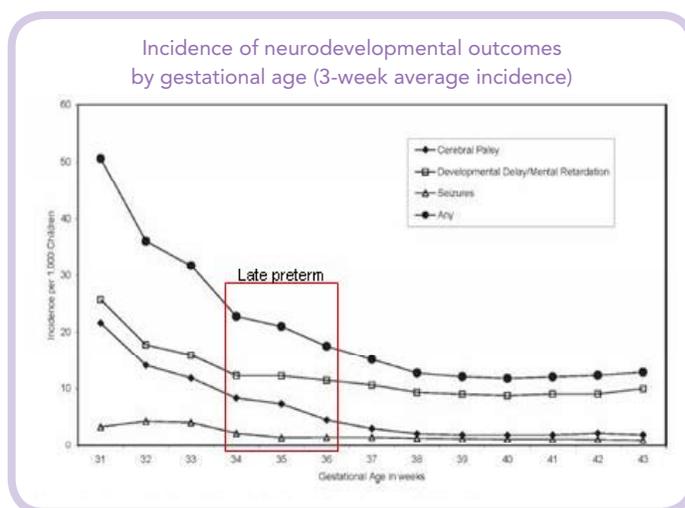
- March of Dimes-funded research was reported in the journal *Nature Medicine*, demonstrating an important pathway of preeclampsia as well as a potential new approach to diagnosis and treatment. (2008)
- Dr. Jerome Strauss identified a gene variant related to increased risk of premature rupture of the fetal membranes, a common cause of premature birth. The gene variant is much more common among African-American women. (2006)
- Dr. Xiaobin Wang found a genetic variant associated with preeclampsia, another cause of premature birth. (2006)
- Dr. Louis Muglia reported on the first mouse model for spontaneous preterm delivery. (2007)
- Dr. Jeff Murray found a link between prematurity and places on the human gene that are involved in cholesterol metabolism. (2007)



In December 2008, the March of Dimes and the Burroughs Wellcome Fund co-sponsored “Preventing Prematurity: Establishing a Network for Innovation and Discovery,” a meeting that brought together about 200 researchers from around the world to establish new partnerships on the problem of preterm birth and inspire other scientists to pursue studies in this area.

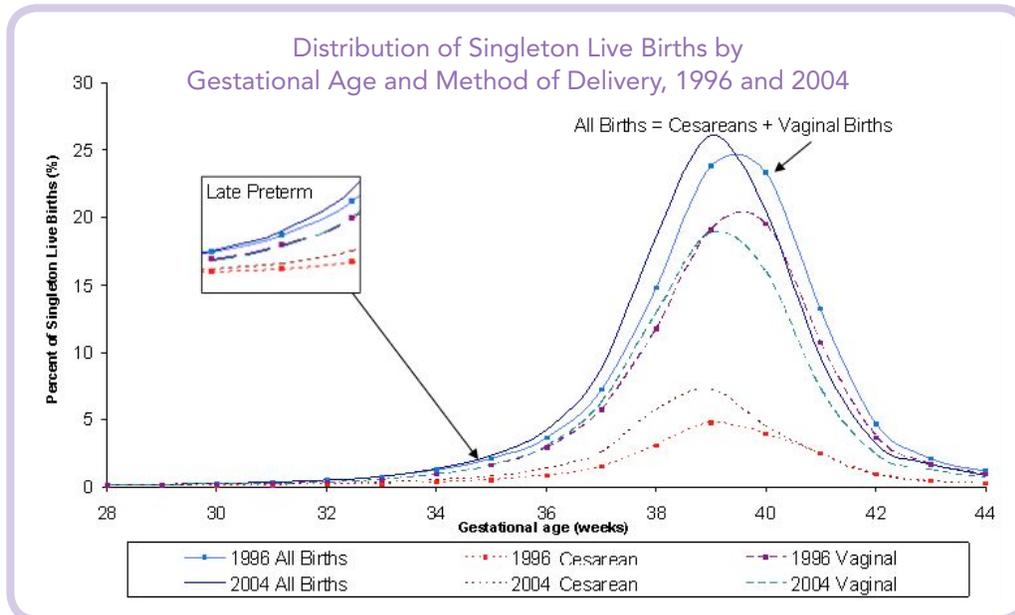
In addition to funding laboratory research, the March of Dimes Perinatal Data Center works collaboratively with health professional colleagues to conduct epidemiologic analyses and to translate findings into new insights. Key findings from Perinatal Data Center studies published in 2008 include the following:

- *Increased Risk Of Adverse Neurological Development For Late Preterm Infants.* *Journal of Pediatrics*, February 2008. This analysis of hospitalization and outpatient databases from the Northern California Kaiser Permanente Medical Care Program found that prematurity is associated with long-term neurodevelopmental consequences, with risks increasing as gestation decreases, even in infants born at 34 to 36 weeks. This research adds urgency to the need to reduce the number of infants born just a few weeks early.



Source: Perinatal Data Center

- *The Relationship Between Cesarean Delivery and Gestational Age Among U.S. Singleton Births*, in *Clinics in Perinatology*, 2008, found that cesarean sections account for nearly all of the increase in U.S. singleton preterm births between 1996 and 2004.



Source: Perinatal Data Center

This research suggests the need for increased scrutiny of cesarean sections to ensure that they are medically indicated. C-sections performed before 39 weeks for the convenience of the mother or the physician do not comply with guidance published by the American College of Obstetricians and Gynecologists (ACOG) and may be a significant contributor to the growth of premature birth in the United States. Based on these findings, the March of Dimes has called for hospitals and providers to voluntarily assess c-sections performed before 39 weeks to ensure that professional guidelines are being followed. This message supports the quality improvement initiatives now under way in many hospitals, and holds the potential to positively impact the prematurity rate as more institutions and providers focus on quality in the delivery of perinatal care.



Photo courtesy of *Healthy Babies are Worth the Wait®*

Progress in Serving Families

NICU Family Support®

In 2008, the March of Dimes expanded NICU Family Support to 84 hospital newborn intensive care units. The Foundation now reaches more than 50,000 families annually through these sites. This expansion was achieved in part through the development of new methods of reaching NICU families, including licensing the program to hospitals and providing freestanding NICU Family Support Centers to offer continuous information access.



Healthy Babies Are Worth the Wait

Healthy Babies Are Worth the Wait is a 3-year, multi-faceted initiative to prevent “preventable” preterm births. Evidence-based interventions are delivered at three Kentucky hospital sites, with the goal of demonstrating a 15 percent reduction in singleton preterm births delivered there. The project is jointly funded and implemented by the March of Dimes and Johnson & Johnson.

In 2008, new consumer information and incentives were launched, including an online interactive patient diary, an enhanced Web site, and materials and giveaways to drive traffic. Program information was shared at the Surgeon General’s Conference on the

Prevention of Preterm Birth, the American Public Health Association and others. Evaluation activities began, including preparations for the final round of consumer and professional surveys to be administered in April 2009.

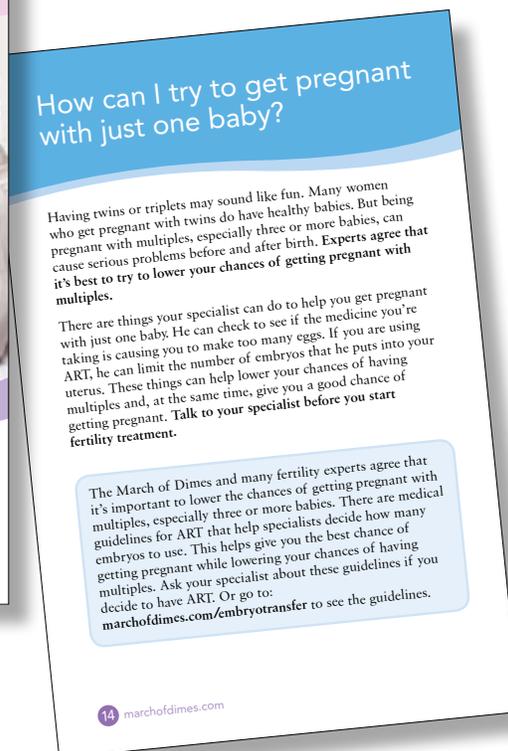
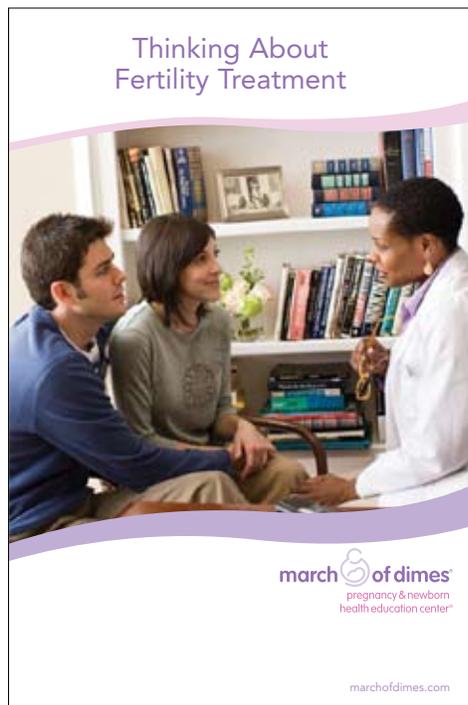
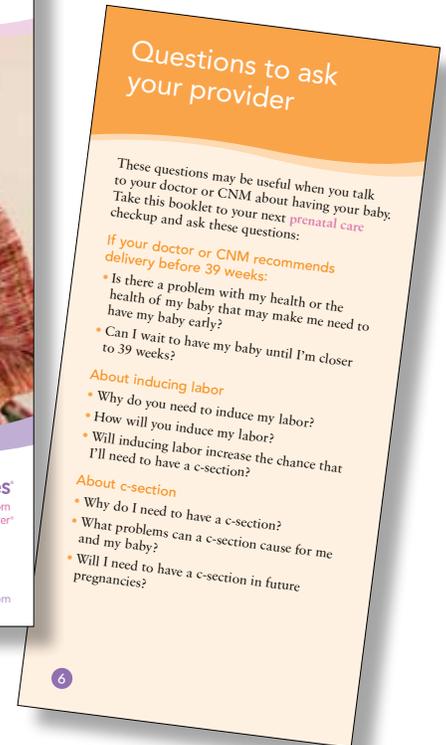
If successful in preventing preterm birth, the March of Dimes intends to expand this approach to additional states.



Progress in Educating Key Target Audiences

The March of Dimes completed and disseminated two new consumer booklets. *Why the Last Weeks of Pregnancy Count* includes questions for women to ask providers about labor induction and c-sections, as well as information about late-preterm birth and the developing baby's brain.

Thinking About Fertility Treatment includes information on risks of premature birth and multiples in both ovulation induction and Assisted Reproductive Technology.



Progress in Delivering Prevention Services

March of Dimes chapters conducted a wide array of **program activities** aimed at women with modifiable risk factors. Chapter community grants fund the majority of these activities; 659 grants totaling \$7.7 million were funded in 2008. These efforts included the following:

- **CenteringPregnancy®**, a group model of prenatal care: 34 chapters supported 80 CenteringPregnancy sites, totaling \$1.36 million. This included project funding, training and technical assistance. Interest in this model has grown due to a randomized, controlled trial reported in 2007 in the journal *Obstetrics & Gynecology*, which found that women who participated in CenteringPregnancy were less likely to have preterm births than women who received standard prenatal care. The March of Dimes also supports this model nationally, and in 2008 continued an assessment (to be completed in 2009) with an outside evaluator to guide future investment and develop evaluation tools.



- **Smoking cessation:** 30 chapter community grants supported smoking cessation training for more than 1,900 health care professionals and/or smoking cessation intervention services, reaching more than 7,700 pregnant women who smoke.



- **Preconception/interconception education:** 86 chapter grants provided consumer or professional education related to preconception/interconception care.
- **Disparities in preterm birth:** March of Dimes chapters continued their efforts to address disparities in preterm birth in their communities. Fifty chapters provide grant funds to local projects that target racial and ethnic disparities. The March of Dimes cooperative agreement to address disparities in preterm birth with the Centers for Disease Control continued. Projects were supported in four states (Illinois, Georgia, North Carolina, Florida) related to group prenatal care and interconception care for high-risk women.
- **Quality improvement:** The March of Dimes national office provided funding and assistance to chapter efforts to catalyze local hospital quality improvement programs related to ACOG's 39-week guideline. Ten chapter initiatives were approved for funding in 2008.

Progress in Professional Education

Continuing education efforts took place in 30 states and 44 cities, touching urban, suburban and rural populations. These included traditional grand rounds in hospital and health care settings, educational conferences, symposia, webinars and podcasts. Topics included evidence-based clinical interventions to help prevent preterm births, the management of and treatment of complications associated with prematurity, quality indicators and quality improvement. During 2008, 61 sessions took place, attended by approximately 7,600 professionals, with a possible reach of hundreds of thousands of patient contacts. Seventy-eight percent of session topics focused on preterm prevention and intervention and 22 percent of session topics focused on managing the consequences of preterm birth. New funding from Hologic, Inc., and an anonymous donor supported these efforts.

In addition, the March of Dimes developed a booking/scheduling tool for hospital use, to assess for appropriate indications when scheduling inductions and c-sections.

Progress in Protecting and Expanding Public Programs

Chapters successfully advocated for improved access to health coverage (16 chapters), new funding for smoking prevention and cessation (10 chapters), expanded birth defects surveillance (6 chapters) and tax-exempt (non-profit) organization issues (1 chapter). For example, chapters led or “carved out a highly visible role” within a collaborative effort to prevent budget cuts to Medicaid coverage for pregnant women.

In Federal Affairs, the March of Dimes successfully advocated to impose a moratorium on a Medicaid Targeted Case Management (TCM) regulation that, had it gone into effect, would have narrowed care coordination services for women with high-risk pregnancies and special needs infants/children.



Educational material on display.



An attendee at a Nebraska Chapter Grand Rounds.



Chapter volunteers meet with legislators.



Lobby Day in Sacramento, Calif.

Progress in Raising Public Awareness

In 2008, the March of Dimes was determined to create a more powerful and engaging Prematurity Awareness Month in November. This was especially challenging in the context of the national election campaign and the economic collapse during the fourth quarter.

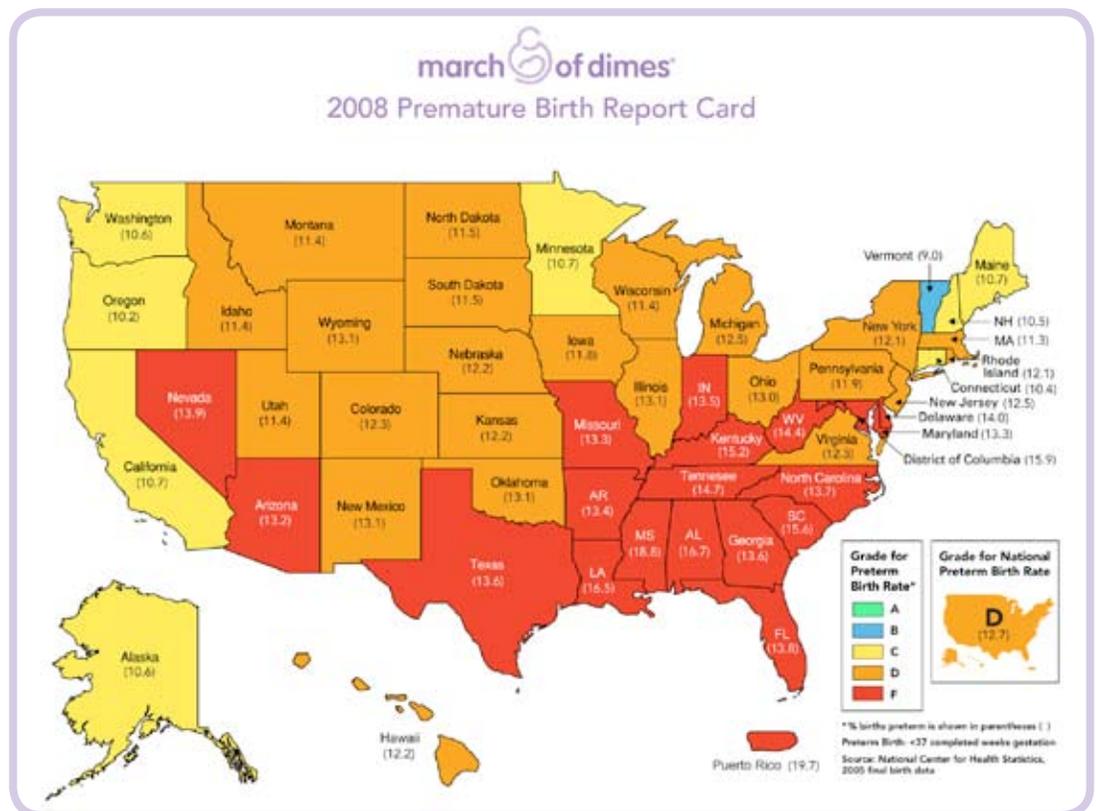
In 2008, **Premature Birth Report Cards** were developed for every state and the nation to put a spotlight on the incidence of prematurity in individual states, specific contributing factors and opportunities for action. Report cards generated positive news stories in every state, Washington, D.C., and Puerto Rico. Almost all stories included prominent mention of program and public affairs actions needed to address the problem.

Report cards generated more than 1,500 stories nationwide, more than twice as many as 2007. March of Dimes chapters also reported positive benefits for

local advocacy efforts, as well as engagement of volunteers, the public and community stakeholders.

An ongoing Petition for Premies was offered as an engagement tool for consumers throughout the fourth quarter. The petition called for expanded federal funding for prematurity research, increased access to health care and smoking cessation programs for pregnant women, voluntary assessment of early c-sections by hospitals, and enhanced support for healthy pregnancies in the workplace.

More than 119,000 people signed the petition, with about two-thirds being new constituents for the March of Dimes. These new customers were later invited by e-mail to participate in advocacy activities and form March for Babies® teams.



Vision for the Future

Despite a continued challenging economic environment, the March of Dimes has protected and in some cases expanded investments critical to sustaining progress in the national Prematurity Campaign. Key 2009 initiatives will include:

- Publication of the first global report on premature birth by the March of Dimes and the World Health Organization. The report, which will document rates of premature birth in 190 countries, will be released at an international conference on birth defects and premature birth in New Delhi, India.
- March of Dimes summit on quality improvement will bring together providers and experts to examine approaches to improving the delivery of perinatal care, including the reduction of any unnecessary c-sections as a means to reduce late-preterm birth.
- 7th annual Prematurity Awareness Day® and Month will include the release of 2009 national and state report cards documenting changes in preterm birth rates.
- Expansion of the NICU Family Support program from 74 to 90 sites.
- Continued funding of the Prematurity Research Initiative and development of a blueprint for trans-disciplinary research centers.
- Evaluation and planning for replication of the Healthy Babies Are Worth the Wait pilot project.

The March of Dimes is grateful to the continued and generous support of our volunteers, sponsors and donors, and for the guidance of our Board of Trustees in sustaining progress in this campaign on behalf of families in the United States and around the world.

"I'm not stretching the point even a little when I say that the work of the March of Dimes in overcoming problems related to preterm birth is critical to this endeavor. Which is why CIGNA has been a national sponsor of the organization's annual March for Babies event for the last 15 years. It's also why CIGNA people have raised more than \$20 million for the March of Dimes over the course of our sponsorship. We're engaged at this level not just because we're a good corporate citizen seeking to make a difference through philanthropy, though that's certainly true. We're involved because we must be... There's just too much at stake — for families, for business and for our nation — to sit on the sidelines, especially for a company like my own, which is all about improving health."

— Dr. Jeffrey Kang
Chief Medical Officer
CIGNA



Appendix

Prematurity Campaign Direct Investments 2008

| | |
|-----------------------------------|--------------|
| Research Grants | \$ 4,364,000 |
| Prematurity Research Initiatives | \$ 2,979,000 |
| Chapter Community Grants | \$ 7,704,000 |
| NICU Family Support | \$ 4,350,000 |
| Professional Education | \$ 279,000 |
| Consumer Education | \$ 538,318 |
| Healthy Babies Are Worth the Wait | \$ 415,000 |
| Total | \$20,629,318 |

March of Dimes Prematurity Campaign Partners & Alliances 2008

National Campaign Partners

American College of Obstetricians and Gynecologists
American Academy of Pediatrics
Association of Women's Health, Obstetric and Neonatal Nurses

National Campaign Alliance Members

American Academy of Family Physicians
American Academy of Periodontology
American College of Nurse-Midwives
American College of Osteopathic Obstetricians and Gynecologists
American Dental Association
American Dental Hygienists' Association
American Hospital Association
American Public Health Association
American Society of Reproductive Medicine
Association of Maternal & Child Health Programs
Association of Reproductive Health Professionals

Association of State and Territorial Health Officials
Black Women's Health Imperative
Bright Futures
CityMatCH
Council of Women's and Infant's Specialty Hospitals
FirstCandle/SIDS Alliance
International Childbirth Education Association
League of Black Women
National Alliance for Hispanic Health
National Association of Children's Hospitals & Related Institutions
National Association of County and City Health Officials
National Association of Neonatal Nurses
National Association of Nurse Practitioners in Women's Health
National Association of Pediatric Nurse Practitioners
National Association of Public Hospitals and Health Systems
National Black Nurses Association

(continued)

National Campaign Alliance Members - cont'd.

National Coalition for Ethnic & Minority Nurses
National Birth Defects Prevention Network
National Healthy Mothers, Healthy Babies Coalition
National Healthy Start Association
National Indian Health Board
National Medical Association
National Perinatal Association
National Rural Health Association
National WIC Association
Office of Minority Health (HHS)
Partnership for Prevention
Preeclampsia Foundation
RESOLVE: The National Infertility Association
Sidelines National Support Network
Smoke-Free Families
Society for Gynecologic Investigation
Society for Maternal Fetal Medicine
Society for Public Health Education
Society of Pediatric Nurses
Vermont Oxford Network

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