



Prematurity Campaign 2009 Progress Report

This 2009 report provides an update on progress made in the Prematurity Campaign, with special emphasis on results achieved in 2009.



A Letter from the President

In 2009, the March of Dimes realized significant progress in our fight against prematurity. We took measurable steps in three areas directed by a unanimous resolution of the Board of Trustees in March 2008.

Extending the Campaign Globally In October 2009, the March of Dimes released its White Paper, *The Global and Regional Toll of Preterm Birth*, containing the first global estimates of preterm birth. An estimated 13 million babies are born preterm each year (9.6 percent of births worldwide), with over 1 million of those dying in the first year of life. The White Paper, developed in collaboration with the World Health Organization, generated widespread interest through television, radio, print and digital media, with a reach of more than 600 million people. The White Paper was announced at the *4th International Conference on Birth Defects and Disabilities in the Developing World*, held in New Delhi, India, where more than 300 delegates from 40 countries were on hand.

We also made significant contacts with groups in other countries who are interested in collaborating on increasing worldwide awareness of preterm birth. The groundwork was laid to institute a uniform Prematurity Awareness Day® — November 17 — in order to coordinate awareness events throughout the world.

Assuming a More Outspoken Public Stance For the second consecutive year, the March of Dimes issued the Premature Birth Report Card for the nation as well as individual states. The nation, once again, earned a grade of “D”; however, there were bright spots to share in three modifiable contributing factors to preterm birth that were highlighted on the report cards:

- In 33 states and the District of Columbia, the percentage of women of childbearing age who smoke decreased.
- In 21 states and the District of Columbia, the percentage of uninsured women of childbearing age decreased.
- In 2 states the District of Columbia and Puerto Rico, the late preterm birth rate decreased.



Media coverage of the report cards was again extensive.

More than 5,000 stories appeared during October and November in almost every state (compared to 3,043 in 2008), helping to generate 389 million media impressions (362 million in 2008).

Focusing on Critical Interventions As an outcome of the Surgeon General’s Conference on the Prevention of Preterm Birth in 2008, the March of Dimes Symposium for Quality Improvement to Prevent Prematurity was held October 8 and 9, 2009. More than 250 people attended. The emphasis was on systems-level quality improvement opportunities, highlighting successful models throughout the country.

Among the conclusions and action steps identified were the need for more evidence-based measures of perinatal quality and the need to replicate successful hospital and regional evidence-based projects.

Healthy Babies are Worth the Wait®, a collaborative project of the March of Dimes, Johnson & Johnson Pediatric Institute and the Kentucky Department for Public Health, began its final pilot year. It is anticipated that March of Dimes will soon have best practices to share with chapters, states, health systems and other stakeholders on reducing preventable preterm births.

Year seven of our national Prematurity Campaign brought increased understanding of the global picture, keeping the topic of prematurity in the public’s eye, and furthering advances in community interventions. Much work remains, however, to realize our Campaign goal of decreasing the rate of prematurity in the United States, but I am confident that we will succeed.

Dr. Jennifer L. Howse
President

We gratefully acknowledge the guidance and wisdom of our national steering committee members:

American College of Obstetricians and Gynecologists

American Academy of Pediatrics

Association of Women's Health, Obstetric and Neonatal Nurses

We offer our heartfelt thanks to our donors and corporate sponsors:



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.

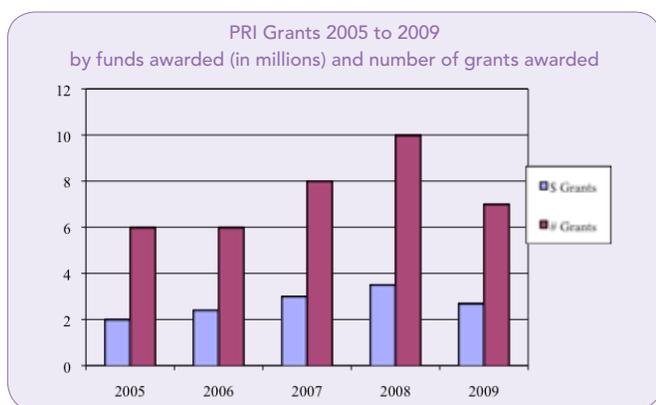
(Board Resolution 3.28.08)



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 \$14 million has been awarded to 37 grantees over the past 5 years, including the fifth round effective March 2009, totaling \$2.7 million to seven grantees.

In addition, the March of Dimes continues to fund grants related to prematurity as part of a national research program. About 25 percent of these 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 early 2009, the March of Dimes finalized a proposal and justification for the creation of a new set of NIH-funded Transdisciplinary Research Centers dedicated to prematurity research. The purpose of the Transdisciplinary Research Centers is to enhance the understanding of the etiology of preterm birth through a new collaborative approach among researchers from many disciplines, including basic sciences (such as genetics, genomics, molecular biology and developmental biology), clinical sciences, social sciences and other fields such as epidemiology, engineering, computer sciences and bioinformatics.

In February 2009, the sixth annual March of Dimes award was given at the Society for Maternal Fetal Medicine's annual meeting for innovative research focused on preventing preterm birth. The *Relationship Between Polymorphisms in the Human Progesterone Receptor and Clinical Response to 17 Alpha-Hydroxyprogesterone Caproate for the Prevention of Recurrent Spontaneous Preterm Birth* found that the effectiveness of progesterone (17P) in reducing preterm birth may be altered by a genetic predisposition. We also continue to educate professionals and consumers about the importance of 17P, which is available to eligible women while awaiting Food and Drug Administration (FDA) approval.

The March of Dimes Perinatal Data Center works collaboratively with health professionals to conduct epidemiologic analyses and translate findings into new insights. One key study involving the Perinatal Data Center was published in the October, 2009 edition of the *American Journal of Epidemiology: Estimation of the Contribution of Non-Assisted Reproductive Technology Ovulation Stimulation Fertility Treatments to US Singleton and Multiple Births*.

This study found that the widespread use of fertility drugs, not just high-tech laboratory procedures, likely plays a larger role than previously realized in the growing problem of premature birth in the United States, because these drugs cause a high percentage of multiple births. The study found that 4.6 percent of live births in 2005 resulted from fertility drug use, a figure 4 times higher than the 1.2 percent of births resulting from assisted reproductive technology. A total of 22.8 percent of babies born as multiples were conceived using fertility drugs alone. The Campaign continues to educate professionals and consumers about the risks of fertility treatment, including multiple births and prematurity.

Progress in Raising Public Awareness

Global White Paper March of Dimes media relations efforts ensured that the March of Dimes White Paper on *The Global and Regional Toll of Preterm Birth* reached an audience of more than 600 million people worldwide via broadcast and print stories. More than 140 million people heard the story on the radio from the BBC World Service, Voice of America, ABC Radio Network and CBS Radio. Eleven worldwide wire services and 13 national and regional wire services carried the story. In the United States alone, 31 major newspapers and more than 210 individual television stations covered the story. The report also earned a strong endorsement in an editorial from *The Lancet*, a British-based medical journal with a worldwide audience of influential international and national policy-makers, researchers and

medical care providers working in both industrialized and developing countries. Release of the report launched 2 months of prematurity awareness publicity events and activities.



Premature Birth Report Card On Tuesday, November 17, the March of Dimes marked Prematurity Awareness Day by releasing its second annual national and state-by-state Premature Birth Report Cards. As in 2008, the report cards put a spotlight on the incidence of prematurity by providing a letter grade for the nation and for each state. In 2009, seven states improved their preterm birth rates over the previous year by one letter

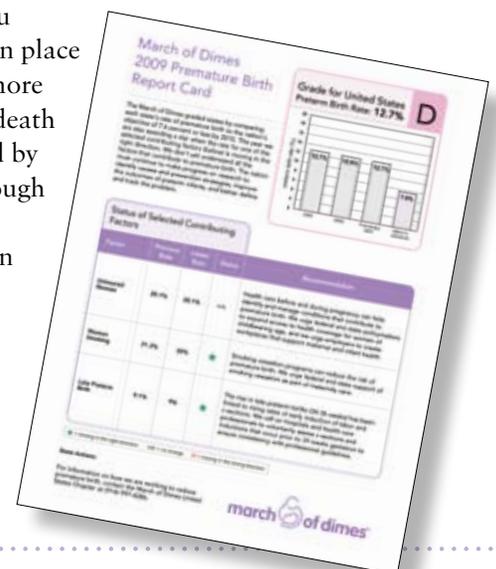
grade, and two fared worse. The report cards also note three selected risk factors that contribute to preterm birth: the rate of uninsured women of childbearing age, the smoking rate for women ages 18 to 44, and the rate of late preterm birth. A new feature in 2009 was a “star” awarded to a state for improvements in the rates of these risk factors over last year.

The nationwide media efforts on November 17 included a satellite TV media tour and a radio media tour in Spanish. The total broadcast media outreach was 647 live or taped airings on 461 outlets, reaching an audience of 44 million people.

The 2009 report cards generated a total of 820 news stories, representing coverage in every state, which often included prominent mention of program and public affairs actions needed to help fight the growing problem of prematurity. March of Dimes chapters reported positive benefits from their local advocacy efforts, as well as engagement of volunteers, the public and community stakeholders.

Media efforts for March of Dimes Prematurity Awareness Month® 2009 generated 5,061 media placements, surpassing last year’s record of 3,043. Media impressions totaled an impressive 389 million compared to 362 million in 2008.

Despite substantial growth in media impressions in 2009, public perception of premature birth as a very serious problem declined from 60 percent to 49 percent. This decline is very likely driven by a vast increase in concern about other issues, principally the severe economic recession and growing fear about a swine flu epidemic. Plans are in place to make the public more aware of the toll of death and disability caused by premature birth through new advertising and stronger messaging in earned media.



The March of Dimes White Paper on the Global and Regional Toll of Preterm Birth — Key Findings

- The global toll of preterm birth is severe.
 - Approximately 13 million babies are born too soon every year, yielding a global prevalence of preterm birth of 9.6 percent.
 - Nearly one-third of the estimated 4 million annual neonatal deaths are due to preterm birth.
- With respect to the absolute number of preterm births, the regional toll is most severe in Africa and Asia, where more than 85 percent of all preterm births occur.
- A rate comparison yields a different picture, however, with the highest rate of preterm birth by United Nations (UN) region being in Africa (11.9 percent), followed by North America (Canada and the United States combined — 10.6 percent), and Asia (9.1 percent).
- The specific reasons for the high rates in North America and Africa are unclear, but contributing factors in North America include a greater usage of assisted reproductive techniques, which increase the rates of multiple gestations; a rise in the proportion of births to women over 35 years of age; and a rise in the number of late preterm births. Contributing factors in Africa and other low-income regions include many of those associated with poverty and weak health care systems: the poor overall health and nutritional status of women; a high burden of infectious diseases; lack of provision of family planning allowing a woman to decide when to start and end having children, and how to space her children; and the lack of good prenatal care programs that might identify problems early in a pregnancy.
- Available trend data demonstrate that rates of preterm birth are increasing in rich countries. Whether the rate also is increasing in middle- and low-income countries remains unknown.

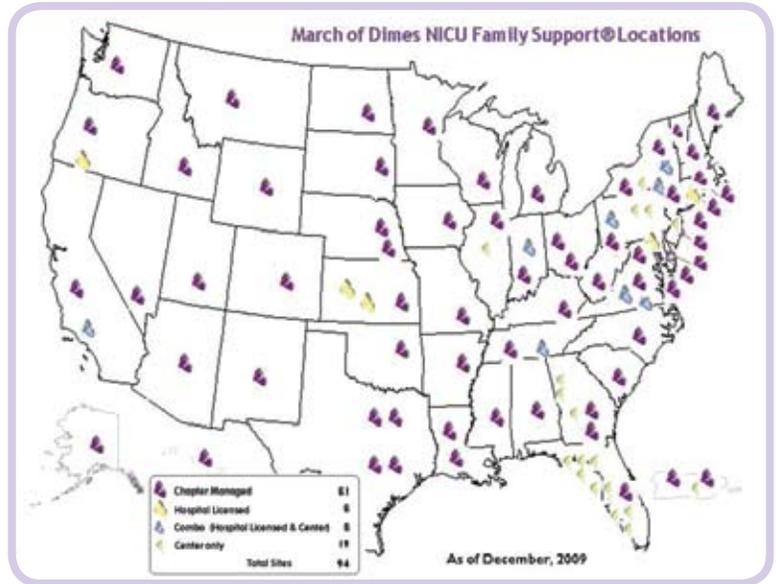
The numbers and rates of preterm birth by UN region are summarized below.

Almost 13 Million Preterm Births Worldwide		
	Number of Preterm Births	Preterm Birth Rates
World Total	12,870,000	9.6
Africa	4,047,000	11.9
North America (US & Canada)	480,000	10.6
Asia	6,907,000	9.1
Latin America & the Caribbean	933,000	8.1
Oceania (Australia/New Zealand)	20,000	6.4
Europe	466,000	6.2

Progress in Serving Families Affected by Prematurity

In 2009, the March of Dimes expanded NICU Family Support[®] to 94 hospitals. The Foundation now offers its support services to more than 63,000 families annually through these sites. This expansion was achieved in large part through the implementation of the Hospital Licensing, NICU Family Support Center kiosk and combination programs. These programs include an on-site NICU Family Support Specialist and/or a freestanding kiosk that offers continuous online information and parent-to-parent support to families.

Share Your Story, the Foundation's online community for NICU families, served 12,000 active members from around the world, seeking and providing support through thousands of blogs and discussion forums.

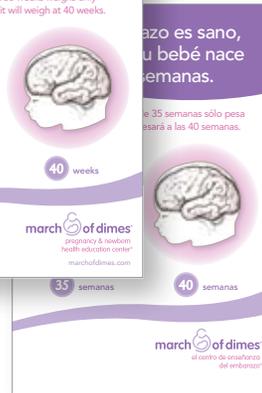
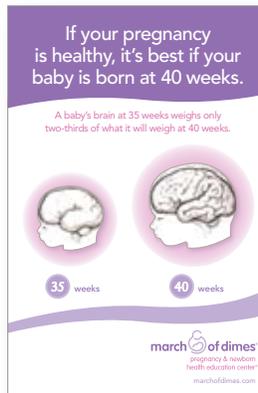


Progress in Educating Key Target Audiences

Key prematurity prevention messages reached women through print products; the Web, including new online videos; social networking; and personalized e-mail responses from health information specialists to consumer questions. Materials in print and on the Web have been developed for each of these priority target audiences:

- Women who have experienced a prior preterm birth
- Women considering fertility treatment
- Women of childbearing age with modifiable risk factors
- Women considering elective c-section or induction of labor prior to 39 weeks gestation in a healthy pregnancy
- Women from racial and ethnic groups with increased incidence of prematurity

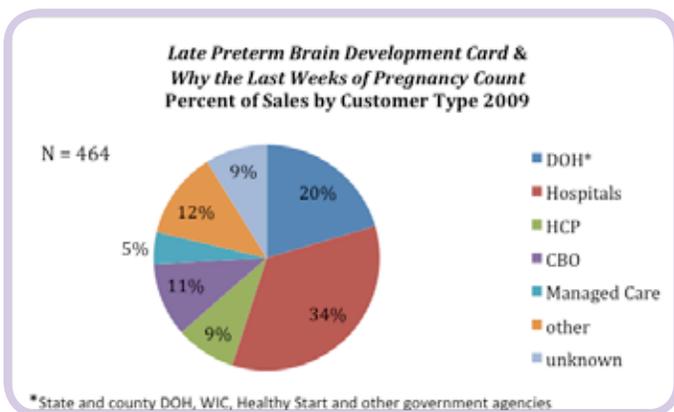
In 2009, Campaign messages related to late preterm birth and elective c-section or induction prior to 39 weeks of pregnancy were heavily requested and utilized. Print products on these subjects, *Why the Last Weeks of Pregnancy Count* (for consumers; bilingual, easy-to-read) and the *Late Preterm Brain Development Card* (for professionals to use with consumers as a teaching tool; in English and Spanish), were used by media outlets as well as hospitals, health care providers, government agencies and other third parties (see chart below).



A new consumer booklet was released on interconception health, titled *Your Mommy Years: Living Healthy, Living Smart*. This easy-to-read, bilingual booklet contains information on pregnancy spacing, unintended pregnancy and birth control, and the importance of keeping healthy after having a baby.

Prematurity Campaign Alliance members played a key role in outreach to consumers and professionals related to all Campaign priority messages, particularly those targeting women from racial and ethnic groups with increased incidence.

One example is *The Coming of the Blessing*, which began in the March of Dimes West Region with support from the Campaign. The initiative addresses high rates of infant death and premature birth among American Indian and Alaska Native babies. In 2009, the initiative grew beyond the original consumer messages and booklet to include a poster, trainings for health care providers, development of evaluation tools, and development of content on culturally appropriate adaptation of the March of Dimes prenatal curriculum. The National Indian Health Board, a Campaign Alliance member, assisted with dissemination and feedback about these materials.



Progress in Quality Improvement and Prevention Activities

Healthy Babies Are Worth the Wait® is a 3-year, multifaceted, “real world” ecological “study” that uses evidence-based clinical and public health interventions to avoid preventable preterm and late preterm births. The interventions were implemented at three Kentucky hospital sites in partnership with their local health departments, with the goal of demonstrating a 15 percent reduction in singleton preterm births at the intervention sites. The project is jointly funded and implemented by the March of Dimes and the Johnson & Johnson Pediatric Institute.

Implementation of the interventions continued throughout 2009, with emphasis on quality improvement to prevent elective deliveries from occurring prior to 39 weeks gestation, and community engagement to further increase awareness of the program. Evaluation activities included pre- and post-surveys to assess change in consumer and provider knowledge, attitudes and behaviors over time. The survey findings will be compared between the intervention and comparison sites. Additional analysis of the Kentucky birth records and hospital discharge data is underway to assess the program impact on a variety of maternal and neonatal outcomes.



Symposium on Quality Improvement to Prevent Prematurity The March of Dimes organized this Symposium, held in October, in collaboration with the American College of Obstetricians and Gynecologists (ACOG), American Academy of Pediatrics (AAP), Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN), and the American College of Nurse-Midwives (ACNM). The Symposium brought together a multidisciplinary group of health care practitioners, health insurers, policy-makers and concerned citizens to discuss quality improvement, safety and performance initiatives as important methods to prevent prematurity, promote health and save costs. The Symposium served as a forum where experts and stakeholders shared ideas, described successful programs and proposed new interventions.

The Symposium is being summarized in two articles submitted to journals for publication and it also is serving as the basis for the March of Dimes initiative *Toward Improving the Outcome of Pregnancy: Enhancing Perinatal Health Through Quality, Safety, and Performance Initiatives*. Key recommendations are listed below.

Symposium on Quality Improvement to Prevent Prematurity

Conclusions, Action Steps and Future Directions:

- There is a need for better science and more evidence-based measures of perinatal quality.
- There are hospital and regional evidence-based projects that work and need to be replicated.
- There needs to be a re-look at the definition of “term” as 37 to 42 weeks.
- Compensation needs to be for “healthy outcomes,” not only “illness treatment.”
- Preconception care is critical to risk reduction and prevention activities.
- Real impact will require systems change.
- Changing the culture of medicine is daunting but critical to the success of health care reform.

Quality Improvement Activities Conducted by Chapters With funding from the Campaign, many March of Dimes chapters are supporting and catalyzing local quality improvement activities.

Chapters in nine states convened stakeholders to lay the groundwork for perinatal quality improvement efforts to address unnecessary inductions and c-sections before 39 weeks. Chapters in seven states undertook larger initiatives related to this subject. One example is in North Carolina, where the March of Dimes chapter is working with the Perinatal Quality Collaborative of North Carolina on an initiative to eliminate elective deliveries at a gestational age less than 39 weeks. Forty hospitals have agreed to participate. The initiative involves:

- Retrospective data collection
- Formation and training of teams in each hospital that review the retrospective data analysis and develop an implementation plan and site-specific goal for elective deliveries before 39 weeks
- Implementation and data collection on every planned delivery, submitted monthly to the collaborative
- Quarterly reporting of data to evaluate and test changes in policy and practice
- Preparation of a final report and manuscript for publication

In addition to chapter-based activities, the March of Dimes developed a booking/scheduling tool for hospital use, to assess for appropriate indications when scheduling inductions and c-sections. This form is scheduled to be pilot tested in hospitals in 2010.

Prevention Activities Conducted by Chapters

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. Prematurity-related grants totaling \$5.3 million were funded in 2009. These efforts included the following:

- **CenteringPregnancy®**, a group model of prenatal care: Thirty-one chapters supported CenteringPregnancy sites, totaling \$1.27 million. This included project funding, training, site approval 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 2009 completed an assessment with an outside evaluator to help guide future investment. In collaboration with the evaluator, the national office developed new CenteringPregnancy evaluation tools that are currently being piloted at several chapters.

- **Smoking cessation:** Twenty-four chapter community grants supported smoking cessation training for more than 500 health care professionals and/or smoking cessation intervention services, reaching more than 7,700 pregnant women who smoke.
- **Preconception/Interconception education:** Forty chapter community grants provided education related to preconception/interconception care, reaching 4,000 health care providers and 8,000 consumers.
- **Disparities in preterm birth:** March of Dimes chapters continued their efforts to address disparities in preterm birth in their communities. Nearly every chapter provided grant funds to local projects that target racial and ethnic disparities. Twenty-five percent of grants funded programs for African-American women and babies, and 23 percent for Hispanic women and babies. Disparities-related grants totaled more than half of the \$6 million national budget. The March of Dimes cooperative agreement to address disparities in preterm birth with the Centers for Disease Control and Prevention (CDC) continued. Projects were supported in three states (Georgia, North Carolina, Florida) related to group prenatal care and interconception care for high-risk women.

Source: Electronic Program Information Center; all numbers are preliminary, pending completion of final 2009 year-end reporting.

Progress in Professional Education

Continuing education efforts took place in 38 cities in 34 states, Puerto Rico and the District of Columbia, touching urban, suburban and rural populations. During 2009, 53 sessions took place, attended by approximately 7,000 professionals, with a possible reach of hundreds of thousands of patient contacts. Sessions 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, management and treatment of complications associated with prematurity, quality indicators and quality improvement. Eighty percent of session topics focused on preterm prevention and intervention, and 20 percent of session topics focused on managing the consequences of preterm birth. Funding from Hologic, Inc., and an anonymous donor supported these efforts.



Exhibit at a professional education session.

Progress in Protecting and Expanding Public Programs and Federal Research Dollars

In states across the country, chapters successfully advocated for access to health coverage (33 wins), new funding for smoking prevention and cessation (16 wins), expanded birth defects surveillance (10 wins) and tax-exempt (nonprofit) organization issues (4 wins). While some of the “wins” in 2009 were advancing new legislation and regulations,

many were due to successfully defeating budget cuts that would have directly and negatively impacted women, infants and children.

In Federal Affairs, through visits, e-mails and phone calls, the March of Dimes helped convince Congress to expand the Children’s Health Insurance Program (CHIPRA, P.L. 111-3) containing several Foundation-initiated provisions, including ensuring that more pregnant women and children can get the health care they need. Additionally, the Foundation co-led advocacy efforts to protect — on a temporary basis — state data purchased by the National Center on Health Statistics (NCHS). The March of Dimes also urged Congress to enact the Family Smoking Prevention and Tobacco Control Act (P.L. 111-31), establishing authority for the FDA to regulate tobacco products. This landmark legislation will help reduce exposure to secondhand smoke and encourage more women and children not to take up smoking.

There were substantial increases in funding for federal prematurity-related programs and projects, which the March of Dimes shepherded through two appropriations bills that were enacted in 2009 — Fiscal Years (FY) 2009 and 2010. Key items under the FY09 Omnibus Appropriations bill (P.L. 111-8) were: (1) a new prematurity line item (2) additional funding of \$2 million for prematurity-related research initiated by the Centers for Disease Control (CDC) (provision of the PREEMIE Act, P.L. 109-450) and (3) full funding for the next phase of the National Children’s Study (\$81.4 million increase). For the FY10 Consolidated Appropriations Act (P.L. 111-117), there were modest increases in funding to support the CDC, the National Institutes of Health (NIH), and the Health Resources and Services Administration (HRSA), as well as the National Children’s Study.

Plans for the Future

- Issue Global Target for Preterm Birth
- Issue 3rd national Premature Birth Report Card and conduct Prematurity Awareness Day activities on November 17, collaborating with groups in other countries
- Expand NICU Family Support to 110 sites
- Prepare Healthy Babies are Worth the Wait evaluation results, continue program activities in Kentucky, and plan for future dissemination of the model
- Conduct 3rd national Prematurity Research Symposium
- Publish Toward Improving the Outcome of Pregnancy: Enhancing Perinatal Health through Quality, Safety, and Performance Initiatives
- Support chapter-based preterm birth prevention initiatives, especially targeting quality improvement
- Develop and secure introduction of a bipartisan authorization bill designed to strengthen federal support for prematurity-related research and services objectives
- Secure Congressional support for the establishment of Transdisciplinary Research Centers on preterm birth



Appendix, Direct Investments 2009

Prematurity Campaign Direct Investments 2009	
Research Grants ¹	\$ 4,500,000
Prematurity Research Initiative ²	\$ 2,700,000
Chapter Community Grants ³	\$ 5,300,000
NICU Family Support ⁴	\$ 3,996,000
Professional Education ⁵	\$ 338,000
Consumer Education ⁶	\$ 402,000
Healthy Babies are Worth the Wait ⁷	\$ 492,000
Total	\$17,728,000

Notes

¹There were approximately 27 prematurity-related research grants approved in FY09 totaling \$4.5 million to be paid out over 3 years. These include research related to prematurity and preterm delivery, as well as its consequences for premature infants.

²The Prematurity Research Initiative (PRI) is a special research program dedicated to grant support for projects related to causes/mechanisms of prematurity, initiated as part of the March of Dimes Prematurity Campaign. Preterm delivery and its consequences for premature infants are also addressed. In FY09, 7 new PRI grants were approved. Each is funded for a 3-year period. These 2009 grants were reflected as a general ledger expense in December 2008.

³Chapters awarded \$5.3 million in prematurity-related grants. This represents 86.9 percent of the total chapter grants budget (\$6.1 million) for 2009.

⁴Includes 2009 national, regional and chapter expenses.

⁵Includes 2008 national office expenses for grand rounds programs, quality improvement initiatives and other professional education activities.

⁶Includes 2008 national office expenses for development, printing and distribution of consumer education material and awareness activities.

⁷Healthy Babies are Worth the Wait has been funded equally by the March of Dimes and Johnson & Johnson Pediatric Institute from July 2006 to December 2009 with a budget of \$1.6 million. This does not include the in-kind contributions of either foundation.

Appendix, Prematurity Campaign Partners, Alliance Members and Sponsors, 2009

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

Alpha Phi Alpha Fraternity, Inc.
American Academy of Family Physicians
American Academy of Periodontology
American College of Nurse-Midwives
American College of Osteopathic Obstetricians
& 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 & Territorial Health Officials
Black Women's Health Imperative
Bright Futures
CityMatCH
Council of Women's and Infants' Specialty Hospitals
First Candle/SIDS Alliance
Future Business Leaders of America-Phi Beta
Lambda
General Federation of Women's Clubs
International Childbirth Education Association
League of Black Women
National Alliance for Hispanic Health
National Association of County and City
Health Officials
National Association of Neonatal Nurses
National Association of Pediatric Nurse Practitioners
National Association of Public Hospitals and
Health Systems
National Birth Defects Prevention Network
National Black Nurses Association
National Black Women's Health Imperative
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
Nurse Practitioners in Women's Health
Office of Minority Health Resource Center,
U.S. Department of Health and Human Services
Partnership for Prevention
Phi Beta Sigma Fraternity, Inc.
The Preeclampsia Foundation
RESOLVE: The National Infertility Association
Sidelines: National High-Risk Pregnancy
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
Veterans of Foreign Wars Ladies Auxiliary
Zeta Phi Beta Sorority, Inc.

Global Alliance Member

European Foundation for the Care
of Newborn Infants

Prematurity Campaign Sponsors

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Motherhood Maternity

National Media Sponsors

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Working Mother Media
Babytalk

NICU Family Support®

National Sponsors and Supporters

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Farmers Insurance Group
Engle Family Foundation
PerkinElmer
Dey, L.P.