



# Prematurity Campaign 2010 Progress Report

This report provides an update on progress made in the Prematurity Campaign, with special emphasis on results achieved in 2010.

**march of dimes**<sup>®</sup>  
working together for stronger, healthier babies

## A Letter from the President

For the first time since the March of Dimes launched its national Prematurity Campaign in 2003, I am able to report that we have a trend in the right direction: down. The premature birth rate has dropped for a third consecutive year to 12.2 percent in 2009. The trend, while modest, is encouraging.

### Preterm Birth Rate



Data shown is percent of live births

Preliminary

Source: National Center for Health Statistics, final natality data, 2009 preliminary natality data.

This is more than a statistic; it means that thousands of families were spared the grief and challenges of watching their babies struggle in newborn intensive care units (NICU). It also is validation that the work the March of Dimes has undertaken — from raising maternal awareness to improving the quality of perinatal care to launching bold interventions — is making a difference.

As you will read on the following pages, the initiatives undertaken in 2010 to identify preventable causes of premature birth and catalyze the delivery of evidence-based interventions hold tremendous promise to ensure that fewer babies will be born for no medical reasons before 39 weeks gestation. Briefly, let me highlight three:

- A consortium of California March of Dimes leaders, hospitals and clinicians released the toolkit *Elimination of Non-medically Indicated (Elective) Deliveries Before 39 Weeks Gestational Age (Less Than 39 Weeks Toolkit)*. The toolkit, which is available from our website,

offers information for clinicians and patients to better understand the consequences of early elective delivery and the importance of the last weeks of pregnancy. It includes case studies that can serve as models, from leading health care institutions nationwide that implemented policies and practices successfully.

- Working with the Johnson & Johnson Pediatric Institute and the Kentucky Department for Public Health, the March of Dimes successfully concluded the pilot project Healthy Babies are Worth the Wait®. Through a combination of consumer awareness and education, screenings and referrals for women for treatable or preventable conditions, prenatal care and appropriate care between pregnancies, and professional education, this new model of collaboration with hospitals and outreach to patients reduced the rate of premature birth in Kentucky.
- We have expanded premature birth prevention initiatives, such as CenteringPregnancy®, in order to increase access to and utilization of prenatal care services in Connecticut, Colorado, Georgia, Indiana, Kentucky, Maine, Missouri, Nevada, New Hampshire, New York, Ohio, Virginia and Wisconsin.

While we are making significant progress in putting programs in place to raise awareness and offer education, especially concerning early elective delivery, too many questions about what causes premature birth remain unanswered. From publishing data and commentary in today's leading journals to convening top scientists, practitioners and researchers, the March of Dimes commitment to research remains as strong as ever. In 2010, the Foundation awarded \$2.7 million to support the work of six scientists for the next 3 years as they study the causes of premature birth. These grants brought the 6-year total of the March of Dimes Prematurity Research Initiative grants program to more than \$15 million.

Our third annual Premature Birth Report Card emphasized two messages, the first being the overall decline in the rate of premature birth. Most states saw improvement in at least one of the three contributing factors the March of Dimes tracks.

- Twenty-eight states and Puerto Rico reduced the percentage of women of childbearing age who smoke.
- Seventeen states and the District of Columbia reduced the percentage of uninsured women of childbearing age.
- Thirty-seven states and Puerto Rico lowered the late preterm birth rate (infants born between 34 and 36 weeks gestation).

The second message came through loud and clear on Prematurity Awareness Day® when the March of Dimes was joined by U.S. Surgeon General Dr. Regina M. Benjamin: as a nation, we must do better. Despite the progress, with more than half a million babies born preterm each year, the United States has one of the highest rates of premature birth in the world. Prematurity costs our country more than \$26 billion annually, according to the Institute of Medicine. It also is the leading cause of newborn death.

Babies who survive an early birth often face the risk of lifetime challenges, such as breathing problems, cerebral palsy and intellectual disabilities.



*Dr. Jennifer L. Howse and U.S. Surgeon General Dr. Regina M. Benjamin*

The March of Dimes is indebted to our Prematurity Campaign partners — the American College of Obstetricians and Gynecologists, the American Academy of Pediatrics and the Association of Women’s Health, Obstetric and Neonatal Nurses — and to our corporate Prematurity Awareness Day sponsors — CIGNA, FedEx, Destination Maternity and Hologic — for helping us achieve measurable success in 2010.

Together, we laid the groundwork for an even stronger 2011:

- We named Mr. Ed Hanway as the National Chair, March of Dimes Prematurity Campaign. Mr. Hanway, a member of the Board of Trustees and former chairman and CEO of CIGNA, is serving as official spokesperson and volunteer representative of the campaign.
- We released *Toward Improving the Outcomes of Pregnancy III*, the third installment of a March of Dimes-led series of publications aimed at improving perinatal care in the United States.
- We engaged with international organizations in preparation for the first-ever World Prematurity Day on November 17, 2011.

Finally, after much discussion, we have set a goal of 9.6 percent for the United States premature birth rate to be achieved by 2020. This goal provides an evidence-based, achievable and motivational target for the country as a whole, and connects us with a global target.

This past year was one of measurable success, and I have every confidence that our concerted efforts will continue to be evident as we work together for stronger, healthier babies.

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*<sup>®</sup> with particular attention to the challenges posed by late-preterm deliveries.

(Board Resolution 3.28.08)

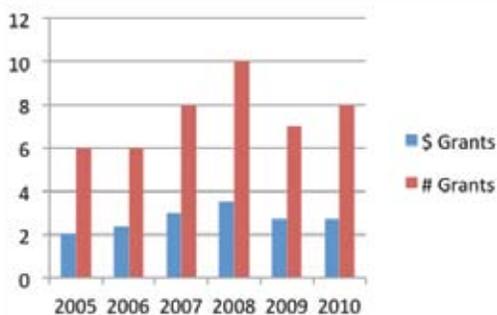


## Progress in Medical and Epidemiological Research

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 \$17.4 million has been awarded to 55 grantees over the past 6 years, including the sixth round effective March 2010, totaling \$2.7 million to eight grantees.

In addition, the March of Dimes continues to fund grants related to prematurity as part of our national research program. Approximately 25 percent of those grants pertain to prematurity.

PRI Grants 2005 to 2010  
By funds awarded (in millions) and number of grants awarded



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. (2006)
- Dr. Louis Muglia reported on the first mouse model for spontaneous preterm delivery. (2007)

In 2010, the March of Dimes proceeded with plans to launch Transdisciplinary Research Centers dedicated to prematurity research. These efforts will culminate in an announcement in the spring of 2011. The purpose of the Transdisciplinary Research Centers is to enhance the understanding of the etiology of premature 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.

At the 30th annual Society for Maternal-Fetal Medicine (SMFM) meeting, the 7th annual March of Dimes award for innovative research focused on preventing premature birth was presented to Roberto Romero, MD. Dr. Romero led a team of physicians and scientists studying a large number of genes involved in the control of labor that could help explain the complex process that triggers premature birth. The study, *Identification of Fetal and Maternal Single Nucleotide Polymorphisms in Candidate Genes that Predispose to Spontaneous Preterm Labor with Intact Membranes*, found DNA variants in genes involved in fighting infection in pregnant women and fetuses. Fetuses that carried an SNP gene variation in IL6R, which influences inflammation, had twice the risk of being born prematurely. DNA variants in maternal genes also increased the risk of premature birth. Together, these factors provide new evidence that genetic predisposition to premature birth can depend on the DNA of both mother and fetus and how the two interact.

The March of Dimes and the Burroughs Wellcome Fund co-sponsored the 3rd Biennial Symposium on *Preventing Prematurity: Establishing a Network for Innovation and Discovery* in December. This meeting brought together 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.

# Rethinking the Definition of "Term Pregnancy"

Alan R. Fleischman, MD, Motoko Okamoto, BA, and Steven L. Clark, MD

Term births (37–41 weeks of gestation) have previously been considered a homogeneous group to which risks associated with preterm (less than 37 weeks of gestation) and postterm (more than 42 weeks of gestation) and beyond are compared. Births 142 weeks of gestation and beyond are considered as an extension of the longer gestation period. However, there is a growing body of evidence suggesting that there is a significant difference in the outcomes of infants delivered within this 5-week interval. We focus attention on a subcategory of term births called "early term" from 37 0/7 to 38 6/7 weeks of gestation. Because there are increasing data that this birth has increased mortality and morbidity, especially as compared with term births, we would like to propose a redefinition of "early term" births. We focus attention on a subcategory of term births called "early term" from 37 0/7 to 38 6/7 weeks of gestation. Because there are increasing data that this birth has increased mortality and morbidity, especially as compared with term births, we would like to propose a redefinition of "early term" births. We focus attention on a subcategory of term births called "early term" from 37 0/7 to 38 6/7 weeks of gestation. Because there are increasing data that this birth has increased mortality and morbidity, especially as compared with term births, we would like to propose a redefinition of "early term" births.

### HISTORICAL PERSPECTIVES

Over 100 years ago, J. Whitworth Williams wrote in the first edition of what was to become the classic text, *Williams Obstetrics*. "We possess an reliable method of estimating the exact date of confinement, but are obliged to content ourselves with the method that is proposed by Naegele, which is based upon the belief that labor occurs two hundred eighty days from the last labor of the last menstrual period." It was not until 50 years later, in 1946, that the World Health Organization adopted an international definition of a preterm birth as a gestational age of less than 37 completed weeks. Our "Year Book of Obstetrics" by the U.S. National Center for Health Statistics of the Centers for Disease Control and Prevention was revised to national standardize the length of pregnancy in weeks and one seventh (37/7) to specify the reporting of "completed weeks" of gestation. In 1951, a report by the

before this interval (less than 37 completed weeks of pregnancy) are classified as preterm, whereas those delivered beyond this interval (42 weeks and beyond) are designated "postterm." Although the potential for both preterm and postterm fetal anomalies has been long recognized, little attention has been given to the differential mortality experienced by neonates born within the preterm category of term gestation. Term births has previously been considered a homogeneous group to which risks associated with preterm and postterm births are compared, but there is a growing body of data that suggests that significant differences exist in the outcomes of infants delivered within this 5-week interval. Because the designation "early term" with a significant clinical application with respect to the management of pregnancy outcomes as well as the timing of fetal delivery and cesarean section, we would like to propose a redefinition of "early term" births. We focus attention on a subcategory of term births called "early term" from 37 0/7 to 38 6/7 weeks of gestation. Because there are increasing data that this birth has increased mortality and morbidity, especially as compared with term births, we would like to propose a redefinition of "early term" births.

### OBSTETRICS & GYNECOLOGY

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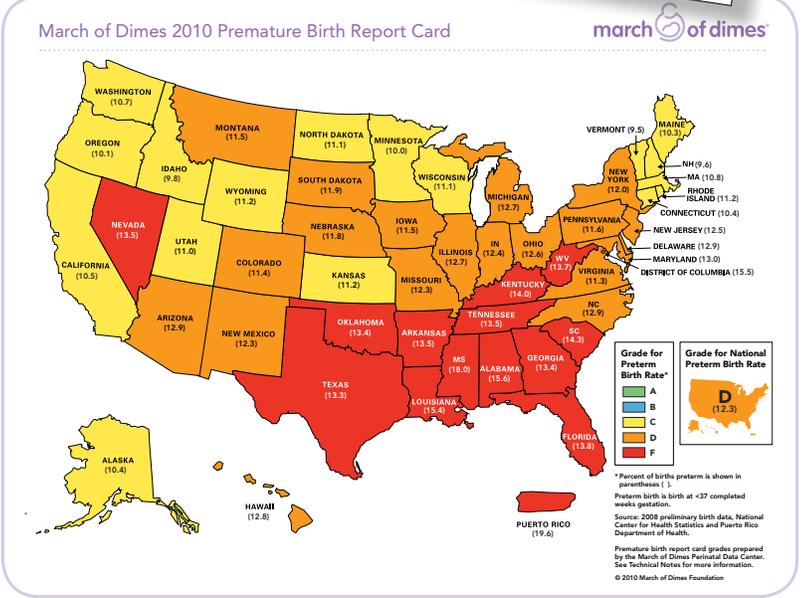
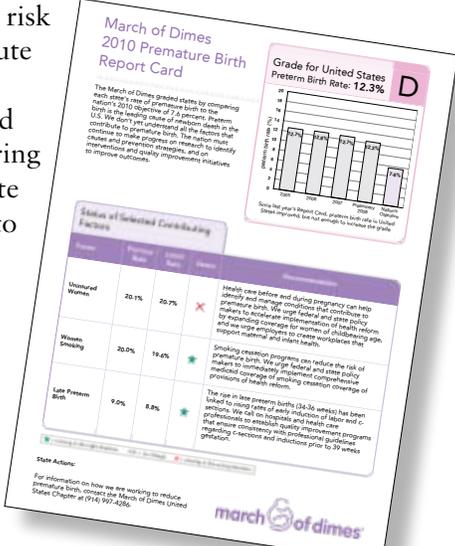
The March of Dimes continued to call attention to the issue of babies delivered prior to 39 weeks completed gestation with no medical indication. In July, March of Dimes Medical Director Dr. Alan Fleischman and colleagues published "Rethinking the Definition of

"Term Pregnancy" in *Obstetrics and Gynecology*. This commentary examined the history behind the definition of term birth (37 to 41 weeks) and focused attention on a subcategory of "early term" for babies born from 37 0/7 to 38 6/7 weeks gestation. The paper highlighted the building evidence "that these births have increased mortality and neonatal morbidity as compared with neonates born later," and "called for epidemiologists, clinicians, and researchers to collect data specific to the varying intervals of term birth to provide new insights and strategies for improving birth outcomes." (*Obstet Gynecol. 2010 Jul; 116(1):136–9*)

A December 2010 publication in *Current Opinion in Obstetrics and Gynecology*, by Dr. Diane Ashton, Deputy Medical Director of the March of Dimes, looks at the prevalence of preterm deliveries without medical or obstetrical indications. "Elective delivery at less than 39 weeks," urges "the adoption of quality improvement processes involving education, tracking of data, and strict enforcement of clinical practice policies." (*Curr Opin Obstet Gynecol. 2010 Dec; 22(6): 506-10*)

# Progress in Raising Public Awareness

Premature Birth Report Card On Tuesday, November 17, the March of Dimes marked Prematurity Awareness Day by releasing its 3rd annual national and state-by-state Premature Birth Report Cards. As in 2009, the report cards put a spotlight on the incidence of prematurity by providing a letter grade for the nation and for each state. Overall, the United States received a "D," when national preterm birth rates were measured against the *Healthy People 2010* goal. Seven states improved their rate of premature birth over the previous year by one letter grade. The report cards also noted three selected risk factors that contribute to premature 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 star was awarded to a state for improvements in each of these areas over the last year.



**Prematurity Awareness Day** On Prematurity Awareness Day, the U.S. Surgeon General, Dr. Regina Benjamin, joined March of Dimes President Dr. Jennifer L. Howse in a television satellite media tour, followed by a news conference at Children’s National Medical Center (CNMC) in Washington, D.C. Dr. Benjamin unveiled a new public service announcement on premature birth to an audience of reporters, health care providers and families whose babies had been patients of the hospital’s NICU. Among the other speakers at the event were Dr. Billie Short, CNMC’s chief of Neonatology, and celebrity chef and March of Dimes volunteer Chef Rahman “Rock” Harper.

The nationwide media efforts on November 17 included a radio media tour in Spanish featuring Dr. José F. Cordero, dean of the Graduate School of Public Health at the University of Puerto Rico and a member of the Board of Trustees. The radio media tour had 16 airings, reaching more than 16.2 million listeners. A distributed package of video/sound bites received 544 airings, reaching more than 26.3 million viewers. Total broadcast media outreach was 599 airings on 359 outlets with an audience of more than 48 million people.

The 2010 Premature Birth Report Cards generated more than 680 news stories, surpassing last year’s 606 and representing coverage in every state in the United States, plus the District of Columbia and Puerto Rico. Stories often included prominent mention of program and policy actions needed to help fight the serious 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. Overall media impressions for Prematurity Awareness Month® totaled an impressive 1.67 billion.

In 2010, concern about premature birth as a major public health problem declined, as measured in a Gallup survey, reflecting the public’s continued focus on the economy and jobs as top issues requiring government action. However, understanding that premature birth represents a serious threat to the health of an individual baby increased. Among mothers — a key target audience

— the proportion saying prematurity is “a very serious threat” increased from 60 percent to 70 percent.

### Global Alliances

- In 2010, March of Dimes Global Prematurity Campaign Alliances marked Prematurity Awareness Day in Africa, Australia and Europe. March of Dimes President, Dr. Jennifer L. Howse, taped a video message on the importance of the collective global outreach that each of the alliances aired at their constituent meetings and formal gatherings.
- In July, the March of Dimes met with the European Foundation for the Care of Newborn Infants (EFCNI) and Africa’s Little Big Souls to discuss future initiatives and awareness efforts.
- EFCNI published a policy benchmarking report in January 2010 highlighting the European data on preterm births and invited March of Dimes Vice President for Global Programs, Dr. Chris Howson, to address the European Union Parliament in Brussels on the topic. Twenty-two European parent organizations hosted awareness events, some using a common awareness symbol with the March of Dimes.
- In November, the National Premmie Foundation hosted National Premmie Week in Australia with their parent organizations. The theme was “Kangaroo Care.”
- In Africa, Little Big Souls conducted several events to train and educate health professionals.



*Leaders from EFCNI and Little Big Souls meet with March of Dimes President Dr. Jennifer L. Howse on their visit to the March of Dimes national office.*

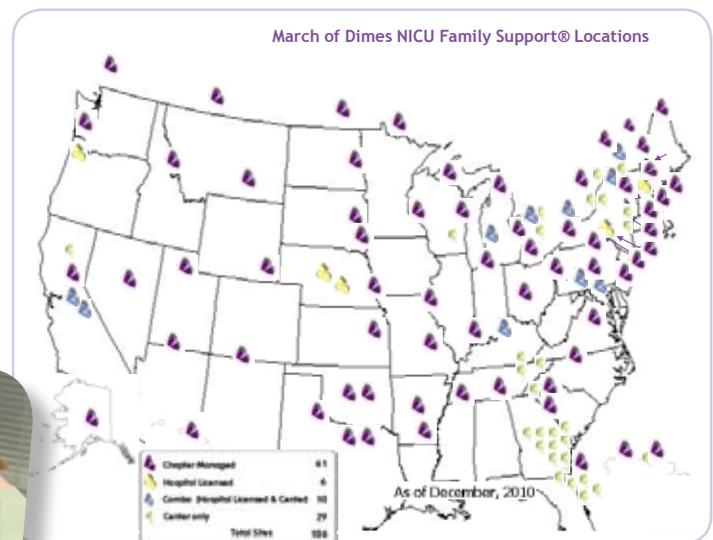
## Progress in Serving Families Affected by Prematurity

In 2010, the March of Dimes expanded NICU Family Support® to more than 100 hospitals. Through these sites, the Foundation now offers its support services to 80,000 families each year. This expansion was achieved in large part through the implementation of Hospital Licensing, NICU Family Support Center kiosks and combination programs. These programs include an on-site NICU Family Support Specialist and/or a free-standing kiosk that offers continuous online information and parent-to-parent support to families, as well as a full set of educational and supportive materials that help families cope with the NICU experience.

Early in 2010, the March of Dimes collaborated on the 23rd Annual Gravens Conference on the Physical and Developmental Environment of the High Risk Infant, serving on the planning committee and faculty and bringing together more than 50 NICU Family Support Specialists from hospital sites across the country. March of Dimes President Dr. Jennifer L. Howse presented the Foundation's first annual NICU Family Support Project of the Year Award to the Maryland-National Capital Area Chapter's site at Children's National Medical Center for its outstanding work in serving families and in involving families in educating health care providers in the NICU.



*Share Your Story*, the March of Dimes online community for NICU families, served 36,500 members and welcomed almost 500,000 unique visitors from around the world, seeking and providing support through thousands of blogs and discussion forums. Twelve thousand members were active in posting comments, stories and questions to the community in 2010.



# Progress in Educating Key Target Audiences

The Prematurity Campaign disseminated key prematurity prevention messages to women through print materials; the web, including new online videos; social media; and personalized e-mail responses to questions by health information specialists. This messaging targets the following key priority audiences:

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

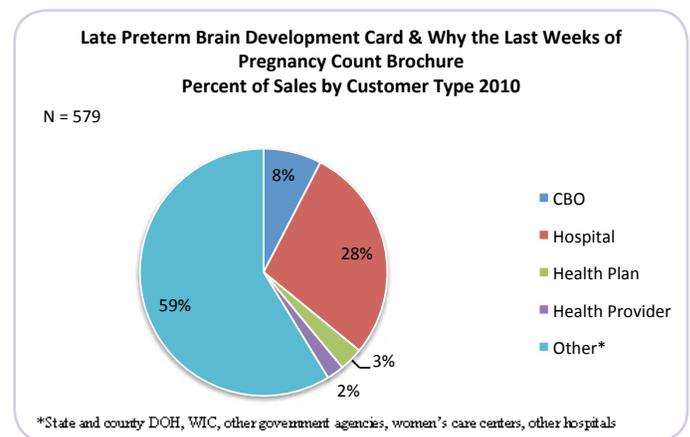


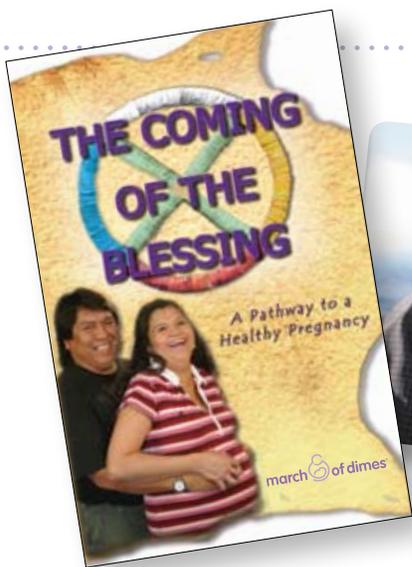
Messaging on elective c-sections or inductions prior to 39 weeks of pregnancy continued to be a key priority, both to pregnant women and third parties, including hospitals, insurers, providers and the media. The continued growth in interest was due in part to the availability of the new *Less Than 39 Weeks Toolkit*. The subject became a media focus during Prematurity Awareness Month in November. Materials highlighting the comparison of a baby's brain at 35 and 39 to 40 weeks continued to be in demand, and new ones were developed. A two-sided consumer flyer

served as a brief companion piece to the *Late Preterm Brain Development Card*, which professionals use with consumers as a teaching tool, and the longer *Why the Last Weeks of Pregnancy Count* consumer brochure. Finally, due to strong demand by providers and other stakeholders, the brain comparison also was made available in the form of a poster.



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.





*The Coming of the Blessing*<sup>®</sup> is a March of Dimes initiative for American Indian and Alaska Native families. Chapters worked with 60 health professionals and community health workers to offer culturally relevant prenatal education for American Indian families. Training was provided to tribes and tribal partners in the following locations: Arizona, New Mexico, North Dakota, South Dakota, Montana, Wisconsin and Wyoming. Stipends were awarded to provide prenatal education to American Indian women through *The Coming of the Blessing* and the CenteringPregnancy model of group prenatal care. Prenatal education messages were promoted on local radio programs and garnered three nationally coveted awards: the 2009 National Perinatal Association Transcultural Award for enhancing awareness of diversity in the United States; the 2010 National Indian Health Board Regional Impact Award for demonstrating a positive impact on the health of Native families through *The Coming of the Blessing*; and the 2010 National Indian Health Board Local Impact Award presented to Denise Aragon, Vice Chair of AI/AN Women's Committee, for work on the Wind River Reservation in Wyoming.

## Progress in Professional Education

During 2010 the Prematurity Campaign funded 96 continuing professional education activities focused on quality improvement, prematurity prevention and management of the consequences of prematurity.

Continuing professional education efforts took place in 32 states, Puerto Rico and the District of Columbia and in 75 different cities touching urban, suburban and rural populations. The events were attended by approximately 8,000 professionals, with a reach of hundreds of thousands of patient contacts. Seventy-five percent of session topics focused on prematurity prevention and intervention, and 25 percent focused on managing the consequences of premature birth. These included traditional grand rounds in hospital and health care settings, educational conferences, symposia and webinars. Topics included evidence-based clinical interventions to help prevent premature births, the management and treatment of complications associated with prematurity, quality indicators and quality improvement. Funding from Hologic, Inc., at \$150,000 and an additional gift of \$100,000 from an anonymous donor supported these efforts.



*Dr. Scott Berns moderating a grand rounds panel at the 2010 March of Dimes Conference for Health Professionals in Irvine, Calif.*

## Quality Improvement and Delivering Prevention Services

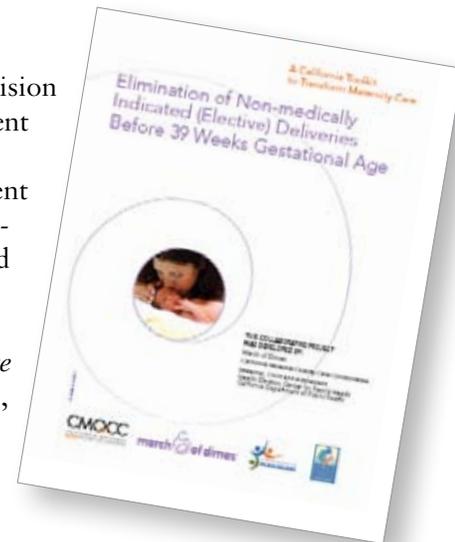
*Toward Improving the Outcome of Pregnancy: Enhancing Perinatal Health Through Quality, Safety and Performance Initiatives (TIOP III)* was released in December. This report explores the elements that are essential to improving quality, safety and performance across the continuum of perinatal care: consistent data collection and measurement; evidence-based initiatives; adherence to clinical practice guidelines; a life-course perspective; care that is patient- and family-centered, culturally sensitive and linguistically appropriate; policies that support high-quality perinatal care; and systems change.

Each chapter illustrates specific strategies and interventions that incorporate robust process and systems change, including the power of statewide quality improvement collaboratives.

Dr. Scott Berns, Senior Vice President, Chapter Programs, at the March of Dimes, and actress, comedian and March of Dimes mom Nicole Sullivan of the CBS television series *\$#! My Dad Says* conducted a satellite media tour to promote the findings of the report. Speaking with 24 different media outlets, Dr. Berns stressed that delivering babies before 39 weeks for convenience rather than medical reasons is dangerous. Nicole Sullivan empowered moms to take charge of their pregnancy and health. To date, the tour has seen 43 airings on 42 outlets with an audience of 1,681,187, with the latest hit a feature on [celebritybabyscoop.com](http://celebritybabyscoop.com).

**Less Than 39 Weeks Toolkit** In 2010, the Joint Commission established a new set of perinatal quality measures that include the number of elective deliveries (both vaginal and cesarean) performed before 39 completed weeks gestation. In order to eliminate non-medically indicated early deliveries in California hospitals, the March of Dimes, California Maternal Quality Care Collaborative (CMQCC) and the California Maternal

Child and Adolescent Division within the state Department of Health formed the <39 Weeks Toolkit Development Taskforce. The quality improvement toolkit, entitled *The Elimination of Non-medically Indicated (Elective) Deliveries Before 39 Weeks Gestational Age*, was released in September 2010.



In 2010-2011, “proof of concept” testing of the toolkit is taking place through the efforts of the Big 5 Chapters (CA, FL, IL, NY, TX) with 25 hospitals implementing key components of the toolkit with the aim of eliminating elective deliveries prior to 39 weeks gestation. A data portal was developed by our Perinatal Data Center to monitor scheduled deliveries among participating hospitals. Information regarding scheduled deliveries is entered in a Web-based data entry form that is similar to the scheduling form found in the toolkit. Access to the data entry website requires a username and password. Data is centrally warehoused and encrypted during Internet transfer for additional security. Process and outcomes measures during the implementation phase of the project are tracked and reported to the hospitals on a monthly and quarterly basis.

**Other Quality Improvement Initiatives Conducted by Chapters** In 2010, all chapters were expected to continue existing quality improvement initiatives or to begin planning new ones. In 2010, 24 chapters continued quality improvement initiatives that were started prior to January 2010. Most existing initiatives focused on reducing the rates of elective c-sections and inductions of labor prior to 39 weeks gestation. Many chapters played a leadership role in local or statewide collaboratives designed to encourage hospitals and health care providers to assess their rates of elective c-sections and inductions and to implement policies consistent with American College of Obstetricians and Gynecologists (ACOG) guidelines. Forty-one chapters started the plan-

ning process for new quality improvement initiatives. Planning activities may include convening an initial meeting or grand rounds to engage key stakeholders in the process and developing written quality improvement plans.

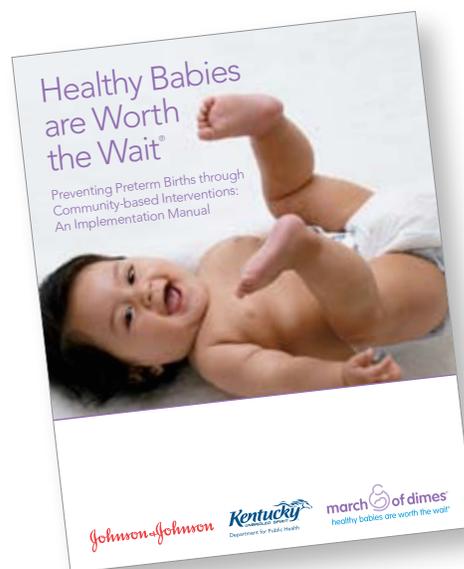
Twenty-eight chapters received funding for their quality improvement activities, through the Prematurity Campaign's Continuing Professional Education/Quality Improvement programs, and funding from Hologic, Inc. and an anonymous donor.

One example of an initiative is an Ohio-based project funded with a March of Dimes grant to the Ohio Perinatal Quality Collaborative (OPQC) to spread the work and outcomes of the 39 Week Scheduled Delivery Project in 20 participating hospitals to interested non-OPQC maternity hospitals in the state. In each of the six perinatal regions, a 4-hour face-to-face training session was held for interested non-OPQC maternity hospitals. The project was led by regional perinatal coordinators/directors who helped with the logistics and arrangements for the training sessions. Sixty-five of the 100 non-OPQC maternity hospitals participated.

Healthy Babies Are Worth the Wait (HBWW), a prematurity prevention initiative, was implemented in Kentucky over a 3-year period (2007 to 2009). This multifaceted project used evidence-based clinical and public health interventions to reduce preventable preterm and late preterm births. The interventions were implemented at three Kentucky hospital sites in partnership with their local health departments. The project was jointly funded and implemented by the March of Dimes and Johnson & Johnson. In 2010, HBWW added one new intervention site.

Evaluation activities included a second round of consumer and provider surveys to assess change in consumers' and providers' knowledge, attitudes and behaviors over time. The analyses have been completed, and findings strongly suggest that HBWW had a positive impact on consumer knowledge and attitudes and on providers' provision of messages and information to patients

about services and behaviors that could help to reduce premature birth in the intervention site catchment areas. Additional analysis of Kentucky birth records and hospital discharge data that assesses the program's impact on a variety of maternal and neonatal outcomes continues. Preliminary findings show a 9.4 percent decrease in the preterm birth rate and a 10.1 percent decrease in the late preterm birth rate in Kentucky from baseline (July 2005 to June 2006) to the period from July to December 2009. Premature births have decreased by 8.9 percent in the intervention sites and by 9 percent in the comparison sites during the intervention period.



The *Healthy Babies are Worth the Wait®: Preventing Preterm Births through Community-based Interventions: An Implementation Manual* was completed and posted on the March of Dimes website in December 2010. Starting in 2011, the HBWW program in Kentucky will be funded and enhanced over a 3-year period through the leadership of the Kentucky Chapter and in partnership with the Kentucky Department for Public Health. New sites will be implemented in Texas and New Jersey. In New Jersey, HBWW will be piloted with an urban African-American community.

**Other Chapter Activities** 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; 494 grants were funded in 2010. Chapters awarded \$5 million in prematurity-related grants. This represents 81 percent of the total chapter grants budget for 2010. These efforts included the following:

- **CenteringPregnancy, a group model of prenatal care:** Twenty-nine chapters supported CenteringPregnancy sites, totaling \$1.2 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 *American Journal of 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. In 2010, 14 chapters supported training for health care professionals in the CenteringPregnancy model of prenatal care, and 23 chapters supported implementation of the model, providing prenatal care for more than 3,400 pregnant women.

- **Smoking cessation:** Twenty community grants supported smoking cessation training for approximately 400 health care professionals and/or smoking cessation intervention services, reaching more than 1,000 pregnant women who smoke.
- **Preconception/Interconception education:** Fifty-seven chapter community grants provided education related to preconception/interconception care, reaching more than 7,800 health care providers and 7,700 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-three percent of grants funded programs for African-American women and babies, and 16 percent funded programs for Hispanic women and babies. Disparities-related grants totaled a little more than half of the national chapter community grants budget. More than 40,000 individuals were reached.

Source for above activities: Electronic Program Information Center; all numbers are preliminary, pending completion of final 2010 year-end reporting.



*Women at a CenteringPregnancy group at Greenville Hospital, Greenville, S.C.*

## Progress in Public Policies to Improve the Health of Women, Infants and Children

In states across the country, chapters were successful in expanding access to health coverage (30 wins), enhancing support for smoking prevention and cessation programs serving pregnant women (16 wins), strengthening birth defects surveillance and treatment systems (15 wins) and improving the environment for nonprofit organizations (5 wins). Among the 2010 wins were important new legislative and regulatory initiatives, but the list also includes successful chapter efforts to deflect program terminations and budget cuts that would have been particularly harmful to women, infants and children.

In Washington, D.C., the March of Dimes worked with members of Congress and the administration to secure enactment of key health reform provisions designed to improve access to quality affordable care for women, infants and children and to make long-overdue investments in preventive services and public health. In addition, the Foundation worked with United States Senators Lamar Alexander (R-TN) and Chris Dodd (D-CT) to craft and introduce the PREEMIE Reauthorization Act (S. 3906) to expand prematurity-related research, education and to test promising strategies for preventing premature birth.



## Plans for 2011

- Prevent preventable preterm birth
  - Disseminate Less Than 39 Weeks Toolkit, complete proof of concept at 25 hospital sites and offer fee-for-service package.
  - Expand consumer education about the importance of at least 39 weeks in a healthy pregnancy.
  - Expand Healthy Babies are Worth the Wait in New Jersey, Texas and Kentucky.
  - Launch the Prematurity Prevention Resource Center, a Web-based repository of information and resources for professionals.
- Expand transdisciplinary research.
- Release the fourth annual Premature Birth Report Card and launch World Prematurity Day.
- Expand global prematurity initiatives.
- Provide direct service to NICU families.
- Reauthorize the PREEMIE Act.



## Appendix, Direct Investments 2010

Prematurity Campaign Direct Investments 2010	
Research Grants <sup>1</sup>	\$ 4,800,000
Prematurity Research Initiative <sup>2</sup>	\$ 2,700,000
Chapter Grants <sup>3</sup>	\$ 4,968,000
NICU Family Support <sup>4</sup>	\$ 4,181,000
Professional Education <sup>5</sup>	\$ 360,000
Consumer Education <sup>6</sup>	\$ 360,000
Healthy Babies are Worth the Wait <sup>7</sup>	\$ 346,000
<b>Total</b>	<b>\$17,715,000</b>

### Notes

<sup>1</sup> In 2010, the March of Dimes Office of Research approved \$4.8 million in prematurity-related grants to be paid out over 3 years. These include research related to prematurity and preterm delivery as well as its consequences for premature infants.

<sup>2</sup> The 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 also are addressed. In the fiscal year 2010, eight new PRI grants were approved. Each is funded for a 3-year period.

<sup>3</sup> Chapters awarded just under \$5 million in prematurity-related grants. This represents 81.4 percent of the total chapter grants awarded (\$6.1million) for 2010.

<sup>4</sup> Includes 2010 national, regional and chapter expenses.

<sup>5</sup> Includes 2010 national office expenses for grand rounds programs, quality improvement initiatives and other professional education activities.

<sup>6</sup> Includes 2010 national office expenses for development, printing and distribution of consumer education material and public awareness activities.

<sup>7</sup> The Healthy Babies are Worth the Wait project has been funded equally by the March of Dimes and Johnson & Johnson Pediatric Institute from July 2006 to December 2010 with a budget of \$1.8 million. This does not include the in-kind contributions of either foundation.

# Appendix, Prematurity Campaign Alliances

## National Campaign Partners

American Academy of Pediatrics  
American College of Obstetricians  
and Gynecologists  
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 Infants' Specialty Hospitals  
First Candle/SIDS Alliance  
International Childbirth Education Association  
League of Black Women  
National Alliance for Hispanic Health  
National Association of Children's Hospitals  
and 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  
National Coalition of Ethnic Minority Nurses  
Association  
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 (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

## Global Alliances

European Foundation for the Care  
of Newborn Infants (EFCNI)  
Little Big Souls  
National Premmie Foundation

## Prematurity Campaign Sponsors

### National Sponsors

CIGNA  
FedEx  
Hologic  
Johnson & Johnson  
Destination Maternity

### NICU Family Support®

### National Sponsors and Supporters

Engle Family Foundation  
Farmers Insurance Group  
PerkinElmer  
Scholastic, Inc.  
Ther-Rx Corporation