



# Prematurity Campaign 2011 Progress Report

This report provides an update on progress made in the Prematurity Campaign, with special emphasis on results achieved in 2011.

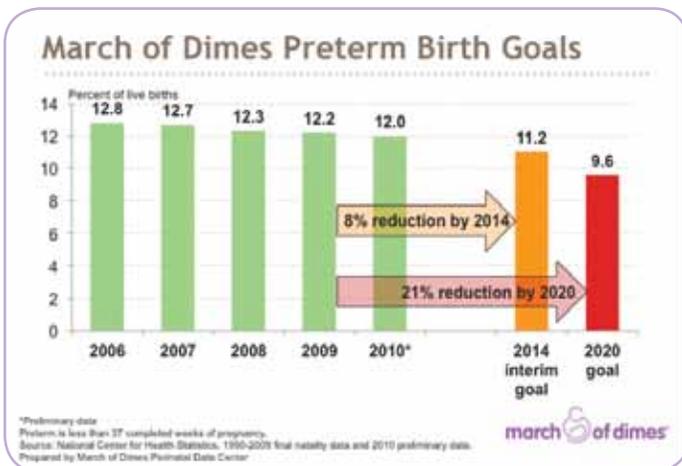
march  of dimes®  
working together for stronger, healthier babies



## A Letter from the President

2011 was a banner year for the March of Dimes Prematurity Campaign. The drop in the preterm birth rate continued for its fourth consecutive year. New partners rallied to the cause, taking on the challenge of addressing preventable premature birth with new tools, including new quality improvement and education initiatives focused on reducing elective deliveries prior to 39 weeks gestation.

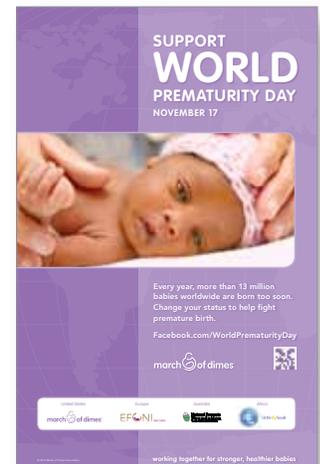
The preterm birth rate stands now at 12.0 percent, down from its peak in 2006 of 12.8 percent. Despite our progress and new advances, we are still a long way from the March of Dimes target of a 9.6 percent preterm birth rate by 2020. We have joined with national and local partners to take on the challenge of an 8 percent reduction in the preterm birth rate by 2014 as an interim goal, focusing on state and region-specific plans to prevent preventable premature birth.



Our work to apply existing knowledge and interventions is essential, but in order to bring about further progress, research must continue to address the unanswered questions and the intractable problem of very preterm birth. In March, the March of Dimes took a major step forward to accelerate the pace of prematurity research, launching the nation's first transdisciplinary research center dedicated to identifying the causes of premature birth, at the Stanford University School of Medicine. In addition,

\$2.7 million was awarded in Prematurity Research Initiative grants as of March 1.

After 7 years of increasing the nation's focus on prematurity during Prematurity Awareness Month® in November, the March of Dimes raised the profile of prematurity worldwide and domestically by organizing the first ever World Prematurity Day on November 17, 2011. The broader scope of World Prematurity Day attracted the attention of hundreds of thousands of people through a new Facebook page, global media coverage and the outreach of parent groups in other countries that are now global Campaign Alliances.



Attention in the United States during November focused on the fourth annual Premature Birth Report Card, with most states using the Report Card to highlight the improvement in their preterm birth rate and interventions undertaken locally. U.S. Surgeon General Dr. Regina Benjamin joined me for the second year to emphasize the serious consequences of preterm birth and promising interventions and initiatives supported by the March of Dimes.

Let me highlight a few of those initiatives, which are described in more detail in this report:

- A consortium of five states (representing the greatest number of births in the United States) completed their pilot project involving hospital implementation of the *Elimination of Non-medically Indicated (Elective) Deliveries Before 39 Weeks Gestational Age Toolkit*. A 39+ Weeks Quality Improvement Service Package was developed and offered. The Service Package encourages use of the toolkit, data portal and other March of Dimes resources and tools in hospitals across the country.

- The March of Dimes launched the Healthy Babies are Worth the Wait™ education and awareness campaign in June, conducting an event in New York City that generated extensive media coverage. The campaign involves advertising, social media, publicity, search engine marketing and extensive materials to help change norms about non-medically indicated deliveries prior to 39 weeks. March of Dimes chapters extended quality improvement and awareness efforts in their states in creative ways, including efforts in Arizona, Colorado, Florida, Georgia, Hawaii, New York, Oregon, Texas and others.
- The Healthy Babies are Worth the Wait® Community Program grew beyond its initial successful demonstration in Kentucky. Texas and New Jersey began implementation, selecting program sites and initiating activities. New Jersey secured a corporate contribution from Johnson and Johnson to support the program.
- The March of Dimes identified the need for information sharing about resources and programs to prevent prematurity, and launched the Prematurity Prevention Resource Center, an online resource for professionals. In 2012, this effort will expand, with a national symposium in January to encourage a network of programs to share promising practices, ideas and resources.
- The NICU Family Support® Program, which provides support, information and risk-reduction education to families with a baby in a neonatal intensive care unit (NICU), was sustained and enhanced in 114 sites across the country, exceeding the 2011 goal of 112 sites.

The March of Dimes is indebted to our Prematurity Campaign partners — the American Congress of Obstetricians and Gynecologists, the American Academy of Pediatrics and the Association of Women’s Health, Obstetric and Neonatal Nurses — and to our corporate sponsors — Destination Maternity, Hologic and WellPoint — for helping us achieve measurable success in 2011.

With the help of stakeholders, alliances and volunteers across the country, we laid the groundwork for further progress in 2012, including:

- Expansion of transdisciplinary research
- Reauthorization of the PREEMIE Act
- Expansion of interventions, including hospital 39+ Weeks quality improvement initiatives, the consumer awareness campaign and state-based initiatives related to an 8-percent reduction in preterm birth by 2014
- Release of *BORN TOO SOON: A Global Action Report on Preterm Birth* in May, including country-level data, in collaboration with new partners

I am proud of the growing number of organizations, leaders and families who have taken on our cause as their own. With the help of many, I know we will continue to build our Prematurity Campaign in 2012, working towards the day when many more babies are born strong and healthy.



Dr. Jennifer L. Howse  
President

## Progress in Medical and Epidemiological Research

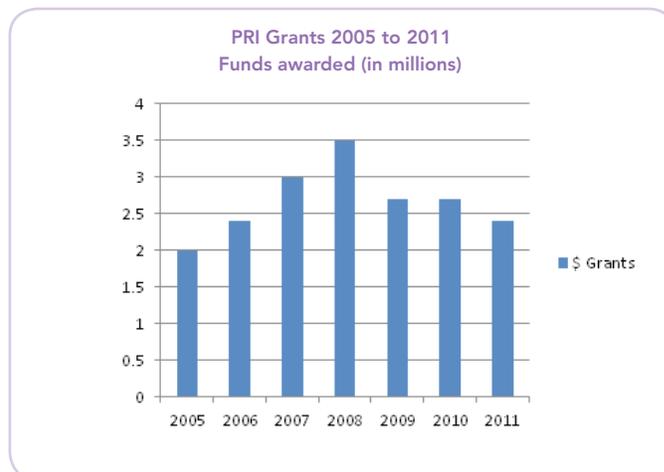
In March, the March of Dimes and Stanford University School of Medicine launched the nation's first transdisciplinary research center dedicated to identifying the causes of premature birth. The March of Dimes Prematurity Research Center brings together specialists in disciplines ranging from neonatology and genetics to computer science and artificial intelligence. This unique transdisciplinary team will be the first group of experts from diverse fields to work together so closely to study prematurity. The March of Dimes intends to provide support for the project through 2020. A March of Dimes scientific review committee will evaluate the research progress annually and help shape its direction. The Center aims to accelerate research in the following areas:

- **Pattern recognition:** Analyze statewide and national databases to identify premature birth patterns in relation to seasonal, weather, geographical and regional health risks and other factors using artificial intelligence theory
- **Maternal genetic biomarkers:** Identify potential maternal genes and protein biomarkers that may be indicators of premature birth
- **Infection and inflammation:** Explore the impact of the mother's health and immune response during pregnancy as a contributor to premature birth
- **Placental characteristics:** Study the effect of placental genetics, implantation and function on premature birth

In addition, the March of Dimes expanded its Prematurity Research Initiative (PRI), which funds promising, innovative research into the causes of prematurity. Nearly \$22.1 million has been awarded to 64 grantees over the past 7 years, including the seventh round effective March 2011, totaling \$2.7 million to five grantees. Among other things, the 2011 grantees will work to identify genes that play a role in the timing of both full-term and

preterm labor and delivery; examine how microRNAs involved in inflammation affect the timing and start of labor; and explore what causes the fetal membranes — the bag of waters — to weaken and rupture.

The March of Dimes continues to fund research grants related to prematurity as part of our national research program. About 25 percent of those grants pertain to prematurity.



**March of Dimes award** At the 31st Annual Society for Maternal-Fetal Medicine (SMFM) meeting, the eighth annual March of Dimes award for innovative research focused on preventing premature birth was presented to Errol R. Norwitz, MD, PhD, Ob/Gyn-in-Chief at Tufts Medical Center and chairman of Obstetrics/Gynecology at Tufts University School of Medicine. Dr. Norwitz's research found that three proteins known as XIAP, BID and Bcl-2 are responsible, in part, for the success of progesterone treatment in preventing preterm labor. They also may play an important role in triggering normal labor. The proteins prevent preterm birth by hindering apoptosis — the normal, orderly death of cells — in the fetal membranes. Stronger, thicker fetal membranes are less likely to rupture prematurely and lead to premature birth. The study, *Progesterone Inhibits Basal Apoptosis in Fetal Membranes By Altering Expression of Both Pro- and Anti-apoptotic Proteins*, was supported in part by a March of Dimes grant.

**Epidemiological research** A study published in June found that adding just a few more weeks at

the end of pregnancy can cut a newborn's risk of death in half — providing more evidence that continuing a pregnancy to at least 39 weeks is crucial to a baby's health. A team of investigators from the March of Dimes, the National Institutes of Health and the U.S. Food and Drug Administration found that while the overall risk of death is small, it more than doubles for infants born at 37 weeks of pregnancy, when compared to babies born at 40 weeks, for all races and ethnicities. Neonatal infant mortality rates were highest for infants born at 37 weeks of pregnancy, and declined for each additional week until 40 weeks, the point at which the lowest neonatal death rates occur. The trend was the same for all races and ethnicities. However, of all the infants in the study, non-Hispanic black infants had the highest infant mortality rates and the smallest declines at 37 and 38 weeks.

## Progress in Raising Public Awareness

**World Prematurity Day** The Campaign engages a broad range of stakeholders to spur action around the problem of prematurity in the United States and globally. These include international and national health policy-makers, provider groups, researchers and funding organizations, news media, businesses, women of childbearing age and affected families. This effort took a big step forward when the March of Dimes organized the first annual World Prematurity Day on November 17, 2011.

The March of Dimes and its founding Prematurity Campaign Global Alliances on four continents (Africa, Australia, Europe and North America) used social media to share international voices and grow awareness for the problem of premature birth around the world.

The virtual community grew to 24 participating countries, including, Argentina, Brazil, India, Mexico, Macedonia, South Africa and Uganda. Health care practitioners and parents around the world who experienced premature birth firsthand visited the newly created [facebook.com/WorldPrematurityDay](https://www.facebook.com/WorldPrematurityDay) to interact and post stories.

On World Prematurity Day, posts appeared constantly around the world, creating more than 716,000 impressions and thousands of virtual interactions. Nearly 90 percent of the community shared inspiring photos of their family members. Many posts described a woman's hardship accessing proper care for herself and her premature baby. Nearly 98 percent of the posts were from parents who shared their premature birth experiences or their child's outcome, as well as a call for action for medical interventions needed for the 12 million babies born prematurely worldwide and the 1 million who do not survive.



All of our founding Global Alliances and their parent groups and partners hosted events in their countries, including our newest alliance representing the continent of Asia in Beijing, China, Home for Premature Babies.

World Prematurity Day garnered international media coverage in Africa, Europe, Latin America and China, including a BBC Radio interview that had 70 million impressions.

At a news conference with United Nations Secretary-General Ban-Ki Moon on September 20, the March of Dimes announced its commitment to the U.N.'s *Every Woman Every Child* program with a new global advocacy and awareness campaign on the tragic toll of death and disability caused by premature birth. In May 2012, the March of Dimes will publish the report, *BORN TOO SOON: A Global Action Report on Preterm Birth*, containing the first-ever estimates of preterm birth rates for 193 countries around the world. The report is co-funded by the Partnership for Maternal, Newborn and Child Health, the Government of Norway, WHO and Save the Children and has the partnership of more than 15 additional organizations. The report will detail the global toll of preterm birth. It will offer action steps for policy, program and research building on existing programs. It will leverage platforms like the "Packages of Essential Interventions on Maternal, Newborn and Child

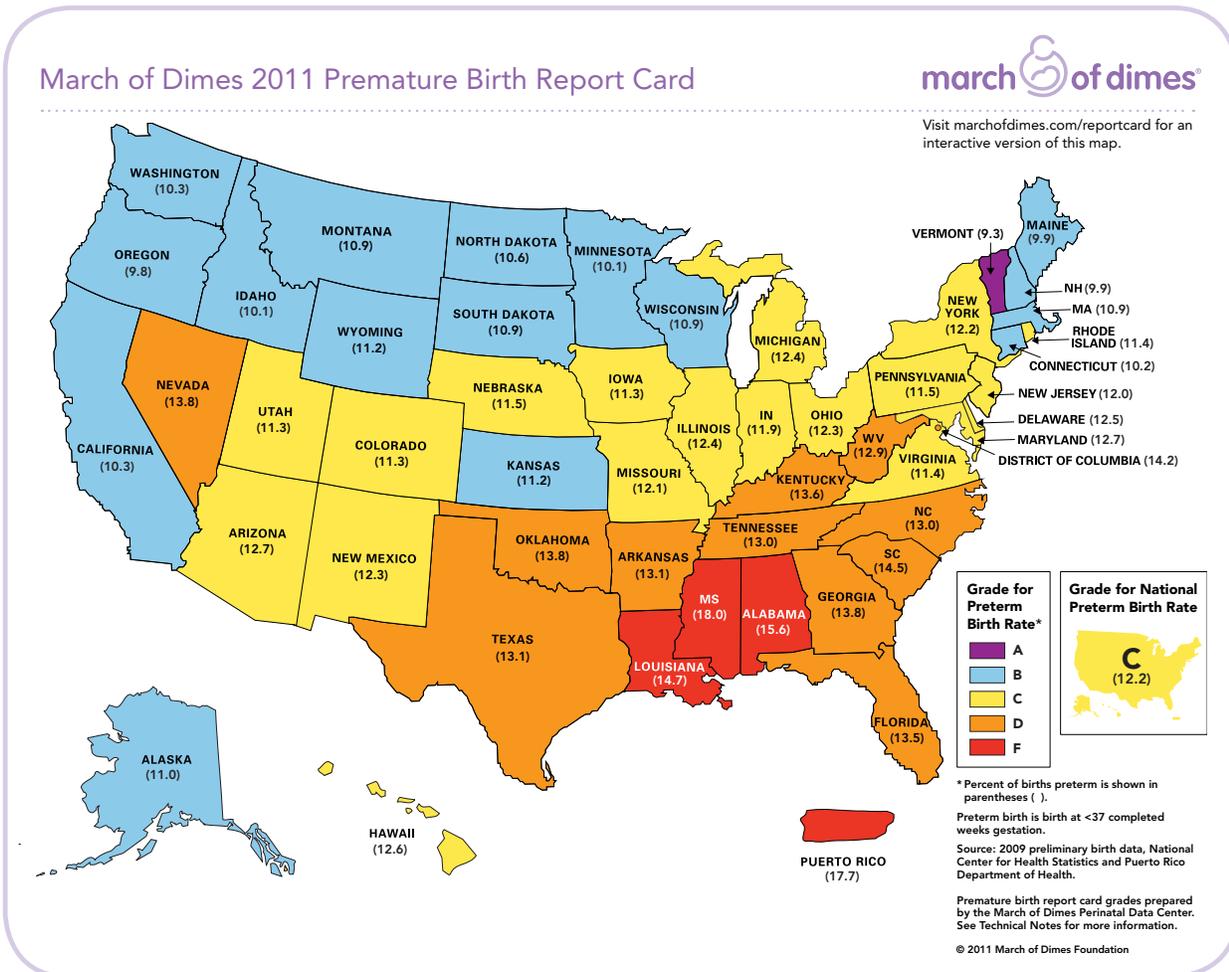
Care” issued by WHO late last year. It will also set a 2020 target for mortality reduction and provide a framework for setting a single global target by 2013.

And in the United States, the March of Dimes and its volunteers showcased our efforts to prevent prematurity, including consumer education, and worked to renew the federal PREEMIE Act. The Empire State Building in New York City and other buildings across the country were lit up in purple during November to symbolize hope for a healthy start for more babies.

**Premature Birth Report Card** On November 1, the March of Dimes kicked off Prematurity Awareness Month by releasing its fourth annual national and state Premature Birth Report Cards. As in past years, 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 “C,” based on the

distance of the 2009 preliminary preterm birth rate from the March of Dimes 2020 goal of 9.6 percent. Preterm birth rates improved in almost every state between 2006 and 2009, and in several states the change was more than 10 percent. 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.

The 2011 Premature Birth Report Cards generated an impressive 2,100 media placements, with 112 million impressions and circulation of 45 million, representing stories in every state in the United States, the District of Columbia and Puerto Rico. Satellite TV and radio media tours starring Dr. Jennifer L. Howse, U.S. Surgeon General Dr. Regina Benjamin, and Board of Trustees member Dr. Jose Cordero had 668 story airings in



464 outlets, with an audience of more than 61.5 million, surpassing last year's totals. Print public service ads appeared in 25 magazines for an estimated \$1.4 million in ad equivalency, exceeding our goal for 2011. Our TV/cable/local radio public service announcements (PSAs) have so far achieved more than \$14 million in ad equivalency. We increased the number of participating radio networks in our CEO radio PSA campaign to 18 and also increased the length of the campaign.

## Progress in Serving Families Affected by Prematurity



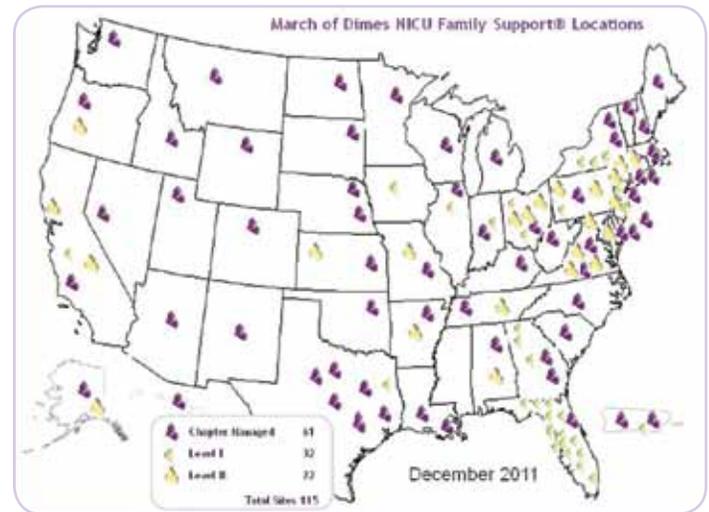
In 2011, the March of Dimes expanded NICU Family Support to 114 hospitals. Through these sites and our online community, the Foundation now offers its support services to 80,000 families each year. This expansion was achieved in large part through the implementation of Hospital

Licensing and NICU Family Support Center programs. These programs include an on-site NICU Family Support Specialist and/or a web-based interface that offers easily accessible 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 2011, the March of Dimes collaborated on the 24th 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 60 NICU Family Support Specialists from hospital sites across the country. March of Dimes President Dr. Jennifer L. Howse presented the Foundation's second annual NICU Family Support Project of the Year Award to the North Carolina Chapter site at University of North Carolina

Health Care System for its outstanding work in serving families and implementing systems-wide changes in family-centered care.

*Share-Your-Story*, the March of Dimes online community for NICU families, served 39,000 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 2011.



## Interventions and Education to Prevent Premature birth

2011 witnessed a major increase in activity at the state and local levels to address preventable premature birth. States and national organizations took on the challenge, drawing attention to the opportunity to reduce rates and developing their own initiatives. For example, the Association of State and Territorial Health Officials (ASTHO) President Dr. David Lakey announced a focus on improving birth outcomes, reducing infant mortality and reducing prematurity, pledging to work with state health officials across the country.

**Healthy Babies are Worth the Wait** Efforts to reduce the number of elective deliveries prior to 39 weeks grew on many fronts in 2011. As a result, the March of Dimes centralized all its

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efforts related to this subject under the name Healthy Babies are Worth the Wait™ and launched a consumer education and awareness campaign in June to help change norms regarding elective early delivery. Highlights for each of the areas of the Healthy Babies are Worth the Wait (HBWW) initiative are detailed below.

- *Quality improvement:* In 2010, the March of Dimes began nationwide distribution of a toolkit developed with the California Maternal Quality Care Collaborative (CMQCC) and the California Maternal Child and Adolescent Division within the state Department of Public Health. The toolkit is titled the *Elimination of Non-medically Indicated (Elective) Deliveries Before 39 Weeks Gestational Age*. “Proof of concept” testing of the toolkit began in 2010 and continued throughout 2011, through the efforts of the Big 5 Chapters (California, Florida, Illinois, New York, Texas) in 25 hospitals. Analysis and publication of the findings from this project is scheduled to occur in 2012.

To expand these efforts, the March of Dimes packaged its resources and services that support hospital quality improvement initiatives into a 39+ Weeks Quality Improvement Service Package that is available to hospitals nationwide. The March of Dimes began offering services in 2011 in preparation for implementation in early 2012, and the March of Dimes data portal was upgraded for expansion to the service package.

All March of Dimes chapters worked in the quality improvement arena, either by conducting an initiative or by working on professional education and implementation of components of the toolkit with local hospitals.

- *The Healthy Babies are Worth the Wait Community Program* began with a demonstration project in Kentucky from 2007 through 2009. This multifaceted project used evidence-based clinical and public health interventions to reduce preventable preterm and late preterm births. Given the successes in the demonstration project, the collaborations that began in Kentucky have continued and grown, bringing the total number of sites in the state to eight. One new intervention site opened in 2010 and

another in 2011 under the leadership of the Kentucky Chapter and in partnership with the Kentucky Department for Public Health.

In 2011, the March of Dimes took the program to two additional states, Texas and New Jersey, in collaboration with their respective health departments. The Texas Chapter is leading a coalition of enthusiastic partners in the implementation of HBWW in three sites in Houston. In collaboration with multiple dedicated partners, the New Jersey Chapter initiated two sites in Newark. Johnson & Johnson provided generous support to adapt the HBWW model to address the disparities in prematurity in the African-American community in Newark.

Local HBWW Advisory Boards drive the work necessary to establish HBWW in all 13 HBWW sites. In each new site, strengths and needs assessments guide the selection of interventions. With extensive community participation, HBWW programs in Kentucky, Texas and New Jersey will educate providers, patients and the general public as part of their goal to reduce premature birth through specific evidence-based clinical and public health interventions.

- *Public policy:* The March of Dimes works with federal and state policy-makers through regulatory and/or legislative initiatives to promote the development and use of perinatal and pediatric quality measures in Medicaid and the Children’s Health Insurance Program, as well as with private health insurance plans to be offered through health exchanges. In 2011, this effort included addressing policies (incentives and disincentives) to reduce elective deliveries before 39 weeks.

- *Consumer awareness and education campaign:* The March of Dimes is leading efforts to create general consumer awareness of the importance of at least 39 weeks of pregnancy, consistent with ACOG’s clinical guidelines. A national awareness campaign was launched at a national press conference in June 2011. The launch resulted in more than 550 stories, including coverage from Gretchen Carlson on FOX News and Jane Brody in *The New York Times*.

Components of the Healthy Babies are Worth the Wait™ education and awareness campaign include:

- TV and radio PSA featuring Julie Bowen
- Print and web banner PSA advertising in English and Spanish
- Poster for physicians' offices
- Healthy Advice Network (waiting room TV) in physicians' offices
- Digital billboards for transit and outdoor advertising
- Custom-designed T-shirt
- 39+ Weeks button
- Direct URL: [marchofdimes.com/39weeks](http://marchofdimes.com/39weeks)
- QR code on print materials linking to [marchofdimes.com/39weeks](http://marchofdimes.com/39weeks)
- Search engine marketing for terms related to last weeks of pregnancy

This effort builds on patient education materials that have been growing in popularity since their first use in 2007. These include a brain development card for providers to use with consumers, a companion consumer flyer and a more detailed consumer booklet *Why the Last Weeks of Pregnancy Count*.

Many states and chapters extended education and awareness efforts further, by developing media promotions and additional outreach strategies and tools. These efforts took place in Colorado, Florida, Georgia, Hawaii, New York and other locations.



Button and poster for physicians' offices



- *Provider education:* The March of Dimes is a leader in the education of perinatal health professionals through nursing modules, grand rounds, publications, materials and other forums. Growing health care provider awareness of the increased risks associated with birth before 39 weeks gestation is helping to change attitudes and practice around elective birth, and increasing numbers of providers are using March of Dimes education materials and messages with their patients.

**Progesterone and recurrence prevention** 17P, a form of progesterone which can help prevent recurrence for certain women with a previous preterm birth, was approved by the Food and Drug Administration in 2011. The March of Dimes continued to provide education and information to providers and women about progesterone. The NICU Family Support Program educates women who have had premature babies about risk reduction in future pregnancies, including the use of progesterone, and some March of Dimes chapters have developed more extensive efforts focused on recurrence prevention.

**CenteringPregnancy®** March of Dimes chapters provided nearly \$1.9 million to support programs using this model of group prenatal care, which has been shown to reduce rates of premature birth. One hundred three community grants reached 6,400 women with group prenatal care. In addition, through the generous support of the WellPoint Foundation, chapters in 13 states were able to expand CenteringPregnancy group prenatal care services. The preterm birth rate in the WellPoint-funded sites was 8.4 percent, compared with an aggregate preterm birth rate in those 13 states of 12.7 percent.

The March of Dimes received a 2-year, \$250,000 grant from the Aetna Foundation in March 2011 to implement an evaluation project to increase the effectiveness of CenteringPregnancy group prenatal care and enhance patient participation to improve health outcomes, including decreasing premature birth. The project focuses on sites serving low-income African-American women, with an ultimate goal of improving birth outcomes and reducing racial and ethnic disparities in premature birth. Together with the Centering Healthcare Institute, this project involves: assessing implementation; conducting qualitative research to identify barriers to program implementation and patient participation in care and to determine strategies to maximize impact; and collecting process and outcome data. Eight prenatal care sites are participating in Alabama, Illinois, New Jersey, North Carolina, Oregon and Washington, D.C.

**Disparities in premature birth** March of Dimes chapters continued their efforts to address disparities in premature birth in their communities. Nearly every chapter provided grant funds to local projects that target racial and ethnic disparities. Twenty-one percent of grants funded programs for African-American women and babies, and another 21 percent funded projects for Hispanic women and babies. Disparities-related grants (including projects designed to reach African-Americans, Hispanics, Pacific Asian/Pacific Islander, Native Americans) totaled a little more than 44 percent of the national chapter community grants budget. More than 52,000 individuals were reached.

- *The Coming of the Blessing®* is a March of Dimes initiative for American Indian and Alaska Native families.



This program provides culturally relevant prenatal education, training and resources that encourage women to include traditional beliefs, lessons from their ancestors and their partners in their circle of support during pregnancy. In 2011, the program won the APHA Maternal and Child Health Section Effective Practice Award, and was the subject of an article in the *Journal of Family & Community Health*.

Training was provided to tribes and tribal partners in Alaska, New Mexico, Wisconsin and Wyoming. In addition, a tabletop exhibit and photo exhibit were developed and used at professional and community venues; the website [comingoftheblessing.com](http://comingoftheblessing.com) was launched; and the results of The Coming of the Blessing pilot project were presented at the CityMatCH Conference.

**Preconception health** The March of Dimes continues to be an active participant in the national preconception health and health care initiative; we are a member of the steering committee and co-lead the consumer work group. March of Dimes chapters are leaders in several statewide initiatives, including the Every Woman California and Every Woman Southeast initiatives; the latter was started with the goal of developing a multi-state, multi-level partnership to address preconception/interconception health care, policies, research and programs. Forty-six chapter community grants (totaling more than \$910,000) provided education related to preconception/interconception care, reaching more than 5,500 health care providers and 26,300 consumers.

**Smoking cessation** Eleven community grants supported smoking cessation training for approximately 240 health care professionals and/or smoking cessation intervention services, reaching more than 1,395 pregnant women who smoke.

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**Professional education** The Prematurity Prevention Resource Center (PPRC) at [prematurityprevention.org](http://prematurityprevention.org) was launched on May 1, 2011. The PPRC is the most comprehensive source of information on prematurity and prematurity prevention.

The site is targeted to professionals and includes the most current information on interventions, research, advocacy, professional education and global initiatives. It also houses teaching tools and resources to use with patients. More than 2,500 users have registered for the site.

The PPRC includes more than 200 documents and is home for the Healthy Babies are Worth the Wait program, the Prematurity Prevention Network and the 39+ Weeks Quality Improvement Service Package, including the 39-Week Toolkit.



*Bryan Oshiro, MD, presenting in Rhode Island at the Continuing Professional Education conference.*

The Prematurity Campaign provides funding for *Continuing Professional Education/Quality Improvement* in the areas of prematurity prevention and management of the consequences of prematurity. Continuing education efforts took place in 30 states, and the District of Columbia, and in 44 cities touching urban, suburban and rural populations. The events were attended by approximately 5,500 professionals, with a reach of hundreds of thousands of patient contacts. Seventy-five percent 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 interven-

tions to help prevent premature birth, management and treatment of complications associated with prematurity, quality indicators and quality improvement. Funding from Hologic, Inc., and an anonymous donor supported these efforts.

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

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In states across the country, chapters were successful in expanding access to health coverage (39 wins), enhancing support for smoking prevention and cessation programs serving pregnant women (8 wins), strengthening birth defects surveillance and treatment systems (29 wins) and improving the environment for nonprofit organizations (4 wins). Among the 2011 wins were important new legislative and regulatory initiatives, including health reform implementation. Wins also included 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 implement key provisions of health care reform 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 U.S. Senators Lamar Alexander (R-Tenn.) and Michael Bennet (D-Colo.) and Representatives Anna Eshoo (D-Calif.) and Leonard Lance (R-N.J.) to introduce and build support for the PREEMIE Reauthorization Act (H.R. 2679/S. 1440) to expand prematurity-related research and education and to test promising strategies for preventing premature birth.

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## Plans for the Future

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Prematurity Campaign 2012 priorities include:

- Expand transdisciplinary research.
- Secure passage of PREEMIE Reauthorization Act.
- Expand and enhance interventions and program models:
  - Hospital use of the 39+ Weeks Service Package
  - Healthy Babies are Worth the Wait® community program in three chapters
  - Consumer education and awareness regarding the importance of Healthy Babies are Worth the Wait™
  - Prematurity Prevention Symposium and the Prematurity Prevention Network launch
- Release and disseminate *BORN TOO SOON: A Global Action Report on Preterm Birth* and expand second annual World Prematurity Day.
- Sustain, expand and enhance NICU Family Support programs in 128 hospitals.



## Appendix, Direct Investments 2011

Prematurity Campaign Direct Investments 2011	
Research Grants <sup>1</sup>	\$ 10,965,000
Chapter Grants <sup>2</sup>	\$ 5,121,000
NICU Family Support <sup>3</sup>	\$ 4,119,000
Consumer and Professional Education <sup>4</sup>	\$ 1,026,000
Healthy Babies are Worth the Wait <sup>5</sup>	\$ 404,000
<b>Total</b>	<b>\$ 21,635,000</b>

### Notes

<sup>1</sup> In 2011, the March of Dimes Office of Research approved \$10.97 million in prematurity-related grants. These include research related to etiology of prematurity as well as its consequences for premature infants.

<sup>2</sup> Chapters awarded more than \$5 million in prematurity-related grants. This represents 83.8 percent of the total chapter grants awarded (\$6.1 million) for 2011.

<sup>3</sup> Includes 2011 national, regional and chapter expenses.

<sup>4</sup> Includes 2011 national office expenses for grand rounds programs, quality improvement initiatives and development, printing and distribution of consumer education material and public awareness activities.

<sup>5</sup> The Healthy Babies are Worth the Wait project has been funded by the March of Dimes and Johnson & Johnson Pediatric Institute since July 2006. This figure 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

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 Members

European Foundation for the Care of Newborn  
Infants, Europe  
Little Big Souls, Africa  
Home for Premature Babies, China  
National Premmie Foundation, Australia

## Prematurity Campaign Sponsors

### National Sponsors

Hologic  
Destination Maternity  
WellPoint Foundation

### NICU Family Support®

### National Sponsors and Supporters

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March of Dimes  
National Office  
1275 Mamaroneck Avenue  
White Plains, NY 10605

