prematurity campaign
10-year anniversary report

USA TODAY
TUESDAY, NOVEMBER 13, 2012

COVER STORY
Preterm births hit 10-year low
Goal: Get below 10% by 2020

march of dimes®
2013 is the 10th anniversary of the launch of the March of Dimes Prematurity Campaign. Our momentum has accelerated dramatically. As we close our first decade and look toward the next, I am proud to report that prematurity has become a rallying point and a true movement for change, involving thousands of stakeholders — from the Secretary General of the United Nations to health officials, doctors and nurses in every state in the nation; and to parent groups across the globe who fight so that others are spared the infant death and childhood disability that are too often the consequences of premature birth.

It has been a decade of partnership and progress. New research approaches have been identified and funded, and interventions to prevent preterm births have been tested and made a difference. After rising for decades, the nation’s preterm birth rate has declined for the past 5 years, to a 10-year low of 11.7 percent in 2011. While we celebrate this progress for America’s mothers and babies, we remain steadfastly focused on the hard work ahead to achieve our goal of 9.6 percent by 2020.

In 2012, the commitment of significant new partners helped in this cause. The Association of State and Territorial Health Officials (ASTHO) joined with us to reduce the U.S. preterm birth rate. Together, we asked states to join, and state health officers from 48 states, the District of Columbia and Puerto Rico signed a pledge to reduce their preterm birth rates by 8 percent by 2014. The federal government took the major step of providing funding for programs to prevent preterm birth through the Strong Start program, and devoted funds to paid advertising to strengthen March of Dimes consumer education and awareness efforts.

Our global collaborations flourished, resulting in the May 2012 publication of Born Too Soon: The Global Action Report on Preterm Birth, which brought unprecedented worldwide attention to the seriousness and scope of preterm birth. The report presents the first-ever preterm birth estimates for 184 countries and outlines steps that all countries can take to help prevent preterm birth and improve care for affected newborns. The momentum from Born Too Soon continued into our second annual World Prematurity Day on November 17, with the United Nations and the World Health Organization embracing global efforts to reduce prematurity and improve the care of infants born too soon. Millions of people in 57 countries participated, and five countries announced tangible new initiatives in conjunction with World Prematurity Day.

This progress, including the steps taken by governments here and around the world, made 2012 a pivotal year for the Campaign. Longstanding efforts came to fruition and opened up new opportunities for the future. This report documents our work by presenting 10 major highlights of the decade, with special attention to the benchmarks of 2012.

The Campaign’s progress is possible only through the actions and voices of many individuals and organizations. The March of Dimes is indebted to our founding partners: the American College of Obstetricians and Gynecologists (ACOG), the American Academy of Pediatrics (AAP) and the Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN). We thank our founding sponsors CIGNA, FedEx and Johnson & Johnson.

The Campaign’s successes are a credit to our volunteers and donors, and to the many organizations and alliances in the United States and worldwide that have joined with us to work toward healthy pregnancies and births. Together, we set our sights on the future, mindful that our Campaign bears witness to the experience of every family, in every country, that has faced the death and disability caused by premature birth.

Dr. Jennifer L. Howse
President
10 highlights of the decade

In January 2003, the March of Dimes made a public commitment of resources and reputation to confront the most serious perinatal health problem in our nation: preterm birth. Since then, the March of Dimes Prematurity Campaign has served as the major catalyst in the United States to stimulate attention and action around this problem. In 2008, the March of Dimes Board of Trustees declared prematurity a global campaign. The ten highlights of the decade document the Campaign’s accomplishments in the United States and globally through 2012.
I. Preterm birth in United States hits lowest rate in 10 years

We have begun to achieve success on the major Campaign goals established in 2003: to reduce the rate of preterm birth in the United States. Preterm birth rates have declined for the last 5 years in the United States; after rising to a peak of 12.6 percent in 2006, the rate now stands at 11.7 percent, the lowest rate in a decade.

Figure 1

Since the reductions in the preterm birth rates from the 2007 turning point, 125,000 babies have been spared the consequences of preterm birth. While we celebrate this progress for America’s babies, the fact remains that 1 in 9 babies, or nearly 500,000, are born preterm every year in the United States.

In response to the decline in the preterm birth rate, the March of Dimes stepped forward, assessed the continuance of this success, and charted a course for the future, passing a resolution that established a U.S. target for the rate of preterm birth:

• To declare a 2020 target for the rate of preterm birth not to exceed 8 percent in the United States
• To set an interim U.S. goal for a minimum 8 percent reduction in every state by the end of 2014, and to activate March of Dimes resources in every state.

March of Dimes Board Resolution, March 16, 2012

• To focus on three critical investment opportunities and intervention targets through 2014:
  1. Accelerate funding for transdisciplinary research in the United States
  2. Expand NICU Family Support® to reach more affected families
  3. Develop and fund interventions based on Healthy Babies are Worth the Wait® and the “3H+ Weeks” quality improvement model

• To release Born Too Soon: The Global Action Report on Preterm Birth, including a mortality reduction goal, and to develop a global constituency engaged in prematurity prevention.

March of Dimes Board of Trustees declared a U.S. 2020 target for the rate of preterm birth not to exceed 8 percent in the United States; after rising to a peak of 12.6 percent in 2006, the rate now stands at 11.7 percent, the lowest rate in a decade.

II. Prematurity placed on the global health agenda

Born Too Soon report leadership

In 2008, the March of Dimes Board of Trustees declared prematurity prevention a global campaign. The March of Dimes recognized that a key first step was drawing the attention of international policy-makers, donor agencies, researchers and other stakeholders to the problem of preterm birth. Publishing credible data on the global toll of prematurity was central to this end.

Accordingly, in 2009, the March of Dimes, with the assistance of the World Health Organization (WHO), published a short report providing estimates of the global and regional toll of preterm birth. The report, The March of Dimes White Paper on Preterm Birth: The Global and Regional Toll, showed that preterm birth is a significant problem in many parts of the world, including the United States, and that it demands immediate action. The report triggered intense media interest worldwide.

The White Paper promised a follow-up report with country-level estimates and recommendations for action on prevention and care. Following the release of the White Paper, the Foundation in 2010 launched plans for the first World Prematurity Day held on November 17, 2011. With the support of parent and consumer groups in Africa, Australia, China and Europe, activities took place in more than 20 countries.

Recognizing the power of these groups to raise awareness of the problem of preterm birth and advocate for change, the March of Dimes formed an alliance of existing parent groups and began actively to seek out potential new groups.

In May 2012, the March of Dimes fulfilled the promise made in the White Paper by releasing Born Too Soon: The Global Action Report on Preterm Birth with the first-ever country-level estimates of preterm birth rates for 184 countries and recommendations for action on prevention and care. The report, which was prepared in partnership with WHO; the Partnership for Maternal, Newborn and Child Health; and Save the Children, was released at the United Nations and generated media stories around the world.

III. Prematurity placed squarely on the nation’s health agenda

In February 2012, U.S. Department of Health and Human Services (HHS) Secretary Kathleen Sebelius invited the March of Dimes and ACOG to join her in launching a new national initiative to reduce premature births called Strong Start. The centerpiece of the program was substantial new federal investment in initiatives piloted and championed by the March of Dimes to prevent premature birth. The announcement included grant funding to community-based organizations to test promising practices, initiatives with hospital networks to improve practice around scheduling of deliveries, and a co-branded paid television, radio and print advertising campaign carrying the March of Dimes Healthy Babies are Worth the Wait® messages. March of Dimes President Dr. Jennifer L. Howse declared this action “the single most important step forward to date in our nation’s prematurity prevention efforts.”

2012 was a banner year for activity at the state level as well. In March, the Association of State and Territorial Health Officials joined with the March of Dimes to ask state health officials to pledge to reduce preterm birth rates by 8 percent by 2014, consistent with new March of Dimes goals. Within 5 months of issuing the challenge, the top health officials in 48 states, as well as Puerto Rico and the District of Columbia, signed the pledge to reduce preterm birth in their state or territory. States mobilized to respond to the availability of new funding opportunities, developed initiatives to follow through on their pledges to reduce preterm birth, and joined with the March of Dimes to conduct co-branded education and advertising. The National Governor’s Association announced an initiative on preterm birth that reinforced the pledge, and four states were selected to participate in a Learning Network, which will assist states in developing, implementing and aligning key policies and initiatives related to improving birth outcomes. Connecticut, Kentucky, Louisiana and Michigan were selected in the first round for network assistance, and March of Dimes chapters in all four states are integrally involved as members of their state’s leadership team.

Making the case

These actions that placed prematurity squarely on the nation’s health agenda were the result of years of efforts to elevate prematurity with policy-makers and other key stakeholders.

Several key milestones in the early years of the Campaign set the stage for further action. In 2005, the March of Dimes secured introduction in Congress of the Prematurity Research Expansion and Education for Mothers who deliver Infants Early (PREEMIE) Act. Through March of Dimes advocacy efforts, this act became law in 2006. In 2007, the Institute of Medicine published its report, funded in part by the March of Dimes, titled Preterm Birth: Causes, Consequences, and Prevention. The PREEMIE Act called for the first Surgeon General’s Conference on the Prevention of Preterm Birth, which was held in June 2008. The March of Dimes disseminated the results of the conference widely, including in a journal article published in Obstetrics and Gynecology in April 2009. The March of Dimes Action Agenda from the conference included many of the initiatives described in this report, which became key priorities after the conference. These include translational research and the expansion of prevention initiatives, quality improvement (QI) and awareness activities through Healthy Babies are Worth the Wait.

The March of Dimes led several efforts to encourage growth of successful prematurity prevention programs. Prematurityprevention.org, launched in 2011, provides online resources and tools for professionals. Following a smaller symposium focused on QI in 2009, the March of Dimes organized a national Preterm Birth Prevention Symposium in Washington, D.C., in January 2012. This conference brought together national, state and community constituencies to share information about how they designed, implemented and evaluated programs and policies to prevent preterm births. Since the conference, participants have joined webinars offered by the March of Dimes on an ongoing basis.

15 countries account for two-thirds of the world’s preterm births

1. India
2. China
3. Nigeria
4. Pakistan
5. Indonesia
6. USA
7. Bangladesh
8. Philippines
10. Brazil
11. Ethiopia
12. United Rep. of Tanzania
13. Uganda
14. Sudan
15. Kenya

The mobilization of consumer and parent organizations across the globe produced remarkable results by the close of 2012, including extensive social media and grassroots activities to mark the second annual World Prematurity Day on November 17, 2012. Activities and events took place in 57 countries, and five countries announced program commitments as part of World Prematurity Day:

- The Afghanistan Reproductive Health Department committed to improve quality of care for premature infants.
- The Bangladesh Ministry of Health committed to prioritize prematurity interventions.
- India is improving care for premature babies in 100 hospitals.
- Malawi expanded support for Kangaroo Mother Care and steroid injections in all hospitals.
- Uganda committed to scale up prematurity interventions — steroids, antibiotics, Kangaroo Mother Care, newborn resuscitation.

2006

The Prematurity Research Expansion and Education for Mothers who deliver infants Early (PREEMIE) Act becomes law

2007

The Institute of Medicine publishes its report, funded in part by the March of Dimes

2008

The first Surgeon General’s Conference on the Prevention of Preterm Birth is held, as called for in the PREEMIE Act

One Hundred Ninth Congress of the United States of America

AT THE SECOND SESSION

February 16 and 17, 2006, one hundred and ninth Congress of the United States of America met at Washington, D.C., on Monday, the third day of February, two thousand and six.

The Prematurity Research Expansion and Education for Mothers who deliver infants Early (PREEMIE) Act

The Prematurity Research Expansion and Education for Mothers who deliver infants Early (PREEMIE) Act becomes law
A multimillion-dollar research investment is launched

New approach to prematurity research

The March of Dimes Prematurity Research Center at Stanford University School of Medicine, launched in 2011, is pioneering an innovative team approach to help solve the mystery of premature birth. This novel transdisciplinary research center is dedicated to identifying the causes of premature birth and is uniquely positioned to examine the complex problem of prematurity from every angle.

Teams of experts from diverse fields — ranging from neonatology, infectious diseases and genetics to computer science — have been assembled for innovative research projects that benefit from their broad expertise. Having more than 150 experts from many fields working closely together is expected to spark new ideas that bring us the answers we need to help understand and prevent prematurity.

The March of Dimes is funding the Stanford Prematurity Research Center with $2 million a year for 10 years through 2020. The March of Dimes plans to create at least five of these centers across the country to create a nationwide network of top researchers sharing information and working toward a shared goal of identifying the causes of preterm birth.

Each year, a March of Dimes scientific review committee will evaluate the research progress at the center and help shape its direction. Two of the many lines of exploration now under way include:

- **Preterm birth, infection and the maternal microbiome**: Scientists believe that infection plays an important role in preterm labor. However, studies aiming to prove this link have been unsuccessful, and no causative bacteria or other microorganisms have been identified. A team led by David A. Relman, MD, is seeking answers in the maternal microbiome. The microbiome refers to microorganisms that live in and on our bodies, and outnumber our own cells by about 10 to 1. To study microbiomes, scientists cannot rely on traditional culture methods, but are applying new genetic technologies, including DNA sequencing and sophisticated bioinformatics, to identify microorganisms that have eluded traditional culture. Although some of these microbes can cause infection, most are harmless or even beneficial to health. This team will characterize the human microbiome associated with both term and preterm pregnancies in order to identify features of the maternal microbiome that help predict preterm labor and birth.

- **Bioinformatics and maternal biomarkers**: Bioinformatics is the branch of biology that uses computer science techniques to analyze vast amounts of available biological data. A team led by Atul Butte, MD, PhD, is developing new bioinformatics methods to examine gene activity patterns and, eventually, the entire genome in the preterm period. The goal is to identify novel maternal genes and protein biomarkers that may be indicators of prematurity birth. The team also will integrate genetic data with environment-wide associations to identify environmental factors that may interact with maternal genes to contribute to preterm birth.

Prematurity Research Initiative

In 2004, the March of Dimes launched a special program called the Prematurity Research Initiative (PRI) targeted to finding the causes of premature birth. The launch of PRI was one of the first tangible actions by the March of Dimes as it embarked upon the Prematurity Campaign. The preterm rate was rising at that time, so it was clear that a better understanding of the causes of premature birth was crucial in order to develop new approaches for prevention.

Since 2004, nearly $237 million has been awarded to nearly 73 grantees. New grantees are seeking answers to several important questions, such as how cellular-level processes control uterine muscles and affect preterm labor, and the role of the immune system in preterm labor. Some highlights of promising studies by current PRI grantees include:

- **Sarah K. England, PhD**, of Washington University of St. Louis has been a PRI grantee since the program began. She is investigating mutations in a gene that regulates ion channels, tiny openings in cell membranes that allow potassium to flow out of uterine muscle cells. When potassium exits the cells, the uterus relaxes, allowing a pregnancy to continue. She aims to determine whether a gene mutation may cause the ion channels to close early, prevent potassium from leaving the cell, and trigger preterm labor. If correct, this knowledge could lead to development of drugs that open the channels and prevent preterm labor.

- **Jeffrey C. Murray, MD**, of the University of Iowa in Iowa City is conducting a comprehensive, genome-wide search for human gene variants associated with spontaneous preterm birth. He also is identifying environmental factors that may interact with these variants to cause premature birth. Genetic factors are known to influence at least 40 percent of spontaneous preterm births. Identifying these genes is the first step in predicting women at risk and eventually devising therapeutic regimes.

- **Carol R. Mendelson, PhD**, of the University of Texas Southwestern in Dallas is investigating the role of tiny molecules called microRNAs in triggering both term and preterm labor. Levels of microRNAs dramatically increase right before labor, possibly “turning on” genes that trigger uterine contractions. Her study will help us better understand the system that controls labor, with the goal being development of drugs to help prevent preterm labor.

In addition to these targeted investments, the March of Dimes funds considerable prematurity-related research through investigator-driven research programs. These include grants aimed at understanding fundamental biological processes in developmental biology as well as treating babies born prematurely. The March of Dimes annually funds about $20 million in grants related to prematurity aside from future transdisciplinary research centers.

Networking for research

To mobilize the scientific community, in 2005 the March of Dimes convened a special Symposium with the goal of bringing fresh perspectives to research on preventing prematurity. This successful Symposium, proceedings of which were published in the December 2006 issue of *Pediatric Research*, was followed by three biennial symposia, also co-sponsored by the Burroughs Wellcome Fund.

The biennial Symposium, Preventing Prematurity: Establishing a Network for Innovation and Discovery, included scientists from many disciplines. Investigators who presented current understanding of the origins of prematurity were joined by experts from diverse fields whose roles included suggesting new avenues of research and scientists whose research is already taking new and promising directions. Only if scientists of all disciplines work together and share information — databases, biological samples and new perspectives — will the research community be able to determine how to prevent spontaneous preterm birth and spare babies from the serious consequences of an early birth, according to participants of the 3-day symposium held in December 2008 and summarized in the February 11, 2010, issue of *The New England Journal of Medicine.*

Carol R. Mendelson, PhD, of the University of Texas Southwestern in Dallas was investigating the role of tiny molecules called microRNAs in triggering both term and preterm labor. Levels of microRNAs dramatically increase right before labor, possibly “turning on” genes that trigger uterine contractions. Her study will help us better understand the system that controls labor, with the goal being development of drugs to help prevent preterm labor.
V. Healthy Babies are Worth the Wait

Translating evidence into action

Healthy Babies are Worth the Wait is a key programmatic initiative of the Prematurity Campaign. It brings together all activities focused on preventable preterm birth under a positive, consumer-friendly name. It now includes:

- Programs in three states to ensure that women receive the best possible care during pregnancy to reduce the likelihood of an early birth. The program involves collaboration with state and local health departments, hospitals, providers, and consumers, and began first in Kentucky as a partnership between the Kentucky Department for Public Health, Johnson & Johnson and the March of Dimes.

- A robust nationwide education and awareness campaign that aims to change norms and reverse a trend toward earlier, non-medically indicated labor inductions and c-sections.

- Hospital Quality Improvement (QI) programs that support best practices related to the reduction of non-medically indicated early elective inductions and c-sections.

The evolution of Healthy Babies are Worth the Wait — from emerging evidence to a comprehensive, multifaceted initiative — is an excellent example of how the March of Dimes helps translate scientific and epidemiological evidence into action.

A foundation of evidence

The genesis of the current Healthy Babies are Worth the Wait initiative was in 2005, when a group of experts discussed new evidence on an emerging issue — the development of babies in the last weeks of pregnancy and the health consequences for babies born at 34 to 36 weeks gestation and as late as 37 to 38 weeks.

Figure 2

Based on these findings, the March of Dimes began calling for hospitals and providers to voluntarily assess c-sections and inductions performed before 39 weeks gestational age to ensure that ACOG professional guidelines were being followed. A demonstration project in Kentucky, detailed below, moved quickly to address the issue of early elective induction and c-sections with both women and providers. By 2010, mounting evidence about health risks resulted in the publication of Rethinking the term pregnancy, in Obstetrics and Gynecology. This March of Dimes commentary focused attention on the subcategory of “early term” births (37 to 38 completed weeks), highlighting the increased mortality and morbidity compared to babies born later.

Healthy Babies are Worth the Wait community program: A successful intervention

The March of Dimes and Johnson & Johnson, in collaboration with the Kentucky Department for Public Health, conducted Healthy Babies are Worth the Wait as a 3-year demonstration project (2007 to 2009) that used a multifaceted, “real world,” ecological design and evidence-based clinical and public health interventions to prevent late preterm birth. The overall goal was to decrease the preterm birth rate by 15 percent in targeted sites in Kentucky. The program objectives were as follows:

1) build systems and stronger linkages between public health and clinical care to address comprehensive care and modifiable risk factors;
2) increase knowledge of and adherence to professional guidelines on preterm birth prevention (especially late preterm birth) and elective inductions and cesareans; and
3) increase community awareness of the importance of preventing preterm birth and the risks associated with preterm birth.

Since 2011, the March of Dimes has expanded the program to a total of 15 Healthy Babies are Worth the Wait sites in three states. The Kentucky chapter has since implemented the initiative across the state; the Texas Chapter has launched three HBWW program sites in Houston and two in Waco; and, in partnership with Johnson & Johnson, the New Jersey Chapter has launched two sites in Newark with a specific focus on adapting the program for an urban African-American community.

Each new site implements elements of the five core components of the program: partnerships and collaborations, provider initiatives, patient (women of childbearing age) support, public (community) engagement, and performance evaluation. An important strategy of the Healthy Babies are Worth the Wait program is the integration of quality clinical services with public health supports and services for pregnant women to create comprehensive systems of care that lead to improved outcomes, including the reduction of preterm birth.

In 2012, the Association of Maternal and Child Health Programs (AMCHP) listed the HBWW Community Program as a Promising Practice in their online resource Innovation Station, and awarded the March of Dimes a Promising Practice Award for Healthy Babies are Worth the Wait Community Program.

Healthy Babies are Worth the Wait education and awareness campaign

As evidence emerged, the March of Dimes sharpened its focus on educating professionals and women with the latest information through a body of educational materials, web content, videos and social media outreach strategies. Extensive qualitative and quantitative research with consumers and providers, beginning in 2006, led to the development of messages and materials that have shown the evidence to date have been widely distributed. In 2011, this effort was expanded to a broader awareness and advertising campaign (television, print, radio, online, and transit) that attracted external funding, media sponsorships in select markets and co-branding by two key partners: ACOG and HHS. In 2012, HHS conducted paid placement of March of Dimes ads nationally, including targeted ad buys to reach African-American and Hispanic women. 2012 also brought about the launch of more education tools, including a mobile phone app called “CineMama” and an infographic. CineMama enables pregnant women to turn pictures of their bellies into a movie, and delivers weekly pregnancy tips and Campaign messaging.

QI and professional education

In 2010, the March of Dimes California Chapter, the California Maternal Quality Care Collaborative (CMQCC) and the California Maternal Child and Adolescent Division within the California Department of Public Health developed a toolkit to help hospitals and providers translate evidence into action. The toolkit, Elimination of Non-medically Indicated (Elective) Deliveries Before 39 Weeks Gestational Age, outlines steps to begin QI initiatives to eliminate elective deliveries prior to 39 weeks, and was distributed nationwide.

In 2010-2011 the implementation of the toolkit was piloted in 26 hospitals located in the Big 5 March of Dimes chapters (Califonia, Florida, Illinois, New York, Texas). The results were positive, and lessons learned from that project informed the development of the 39+ Weeks Quality Improvement (QI) Service Package.
The service package complements the information in the QI toolkit and includes action-oriented guidance, data collection tools and other support services to assist hospitals in implementing a successful perinatal QI initiative to eliminate non-medically indicated deliveries prior to 39 weeks. Hospitals participating in the service package have access to a March of Dimes data portal which includes webinars focused on implementation guidance, a project blog, and data reporting tools. Hospitals also have access to perinatal and QI experts via a monthly call and an in-person Grand Rounds presentation. In 2012-2013, 97 hospitals in 28 states were selected to participate in the service package at no cost except for educational materials.

Continuing professional education is an essential component of March of Dimes efforts in this area. The Prematurity Campaign provides funding for professional education in the areas of prematurity prevention and management of the consequences of prematurity. Over the last ten years, the March of Dimes continuing education program has sponsored more than 1,200 Grand Rounds/conferences in all 50 states plus the District of Columbia and Puerto Rico, reaching approximately 70,000 providers. Funding from an anonymous donor and Hologic®, Inc., supported these efforts.

VI. Chapter leadership

Implementing evidence-based program interventions

Since 2004, the March of Dimes has invested more than $64.3 million in local programs through community grants and awards; $55.5 million of this amount was related to prematurity prevention. This grantmaking is led by chapter program staff and volunteers.

Since the start of the Prematurity Campaign, March of Dimes chapters have focused their attention on improving women’s access to prenatal and interconception education and care services. Programs such as CenteringPregnancy®, an evidence-based group prenatal care model developed by the Centering Healthcare Institute (CHI), have been shown to reduce rates of premature birth by combining prenatal care with group education and social-support services to empower women to choose healthy lifestyle behaviors. Since 2006, 40 of the 51 March of Dimes chapters have invested in group prenatal care programs, providing nearly $8.4 million in grant funding to more than 500 grantees. $1.6 million of this funding was awarded in 2012.

March of Dimes chapters continue to focus efforts on addressing disparities in premature birth in their communities. Nearly 45 percent ($27 million) of all grants given in the past 10 years have gone toward funding nearly 2,000 programs that address racial and ethnic disparities in the African-American, Hispanic, Asian Pacific Islander and Native American communities. In 2012, disparities-related grants totaled more than $2.4 million.

Quitting smoking is an important change a pregnant woman can make to improve her health and the health of her baby. Smoking in pregnancy increases a woman’s risk of preterm labor, having a low birthweight baby and other serious pregnancy complications. Since 2003, 47 chapters have funded programs focused on smoking cessation through more than 280 grants totaling more than $3.6 million.

As new, evidence-based home visitation models are developed, March of Dimes chapters have renewed interest in supporting these programs. Home visitation can help improve prenatal care for women, as well as birth outcomes. Over the course of 10 years, 35 March of Dimes chapters have entered into partnerships with local organizations to implement these types of care models, investing close to $2 million. Women participating in these programs receive prenatal care and support services within their own home.

The Coming of the Blessing®

The Coming of the Blessing is a March of Dimes initiative tailored toward American Indian and Alaskan 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. Training has been provided to tribes and tribal partners in Arizona, Montana, New Mexico, North Dakota, South Dakota, Wisconsin and Wyoming.

Stork’s Nest®

Stork’s Nest is a collaboration between March of Dimes chapters and Zeta Phi Beta Sorority, Inc., to bring prenatal education and group support to low-income pregnant women in the African-American community. In this incentive-driven program, participants earn points by making healthy lifestyle changes that positively impact their pregnancy and birth outcomes. Participants can redeem points for baby-care items.

Becoming a Mom™/Comenzando bien®

Becoming a Mom/Comenzando bien is a March of Dimes bilingual prenatal curriculum used with pregnant women in supportive group settings. Each session helps prepare women for pregnancy and birth with information on topics such as prenatal care, nutrition, stress, labor and birth, postpartum care and newborn care. Nacersano.org, the March of Dimes Spanish-language website containing pregnancy and newborn health information, is promoted as a resource to participants.

Over the past 10 years, the March of Dimes has advocated for a range of federal and state public policies to address the problem of prematurity. From expanding access to care to securing investments in programs and research, the March of Dimes has been a force in Washington, D.C., and in every state capital and Puerto Rico to improve the health of women and children.

All across our nation, March of Dimes chapters have successfully advanced legislative or regulatory initiatives to expand access to health coverage (as many as 40 wins in one year) and enhance support for smoking prevention and cessation programs serving pregnant women (averaging 15 wins per year). March of Dimes advocacy victories for women and children include:

- Laws and regulations to protect and expand health coverage programs such as Medicaid, the Child Health Insurance Program (CHIP), Title V, Maternal, Infant and Early Childhood Home Visitation, and coverage of pregnant women under CHIP
- Policies to improve the quality and availability of maternal and child health benefits in private health insurance, including health marketplaces and essential health benefits.
- Programs to expand preconception and interconception care and education to prevent preterm birth
- Initiatives to help pregnant women quit smoking
- Measures to ensure the development and widespread adoption of perinatal and pediatric quality measures, including those specifically related to preterm birth

Chapter advocacy successes in 2012

Some standout 2012 legislative or regulatory victories include:

Access to health coverage — 30 advocacy wins including:
- California, where the March of Dimes successfully advocated for the state’s Health Benefit Exchanges to include priority pediatric and maternal quality measures in the solicitation of Qualified Health Plans
- Connecticut, New York and Washington, where advocates secured maternal and child health representatives to state Exchange advisory boards/committees
- Illinois, where the March of Dimes established a legislative Prematurity Caucus
- Michigan, where advocates secured a state policy requiring Medicaid-enrolled birthing hospitals to utilize evidence-based guidelines for elective deliveries

Tobacco-related issues — 20 advocacy wins including:
- Colorado, Iowa and Vermont, which helped expand and/or ensure funding for tobacco initiatives to cover cessation programs for pregnant women
- Indiana and North Dakota, which helped to enact statewide smoke-free bans
- Alabama and Wyoming, which helped to enact local smoke-free ordinances
VIII. Premature Birth Report Cards

The “Gold Standard” for monitoring and accountability

The March of Dimes has issued Premature Birth Report Cards every November since 2008. The Report Cards have been a key tool in the March of Dimes’ decade-long effort to elevate the issue of prematurity among thought leaders, policy-makers and the public. Report Cards make their contribution by providing a straightforward way to monitor progress and inspiration to improve. The Report Cards assign letter grades to states and the nation based on their preterm birth rate compared to the nation’s goal of 9.6 percent. States also receive “stars” for progress on key contributing factors.

In 2012, the fifth annual Premature Birth Report Cards were released on November 13, in advance of World Prematurity Day. Four states — Maine, New Hampshire, Oregon, Vermont — received an “A” by meeting the March of Dimes 9.6 percent goal. Although the U.S. preterm birth rate improved, the overall grade was a “C.” Forty-five states, the District of Columbia and Puerto Rico improved their preterm birth rates between 2009 and 2011.

Elected officials and state health officers joined the March of Dimes in many states to conduct news events or comment on their Report Card status. Policy-makers stated that the focused attention of the annual Report Cards and March of Dimes chapter leadership play a key role in supporting actions they are taking to address preterm birth in their states. Report Cards continue to attract strong media attention each year and resulted in more than 500 stories in 2012, including at least one story in every state and numerous national media outlets.

IX. Creating NICU services for affected families

March of Dimes NICU initiatives

March of Dimes NICU initiatives provide information and comfort to families who are experiencing or have experienced the hospitalization of their baby in a newborn intensive care unit (NICU) due to prematurity birth or another health condition. In addition to offering services and education to families through its NICU Family Support® program, the March of Dimes also connects families affected by prematurity to each other through its online community at ShareYourStory.org.

NICU Family Support

NICU Family Support was launched in 2001 as a pilot program in three hospitals. By the end of 2007, each state, the District of Columbia and Puerto Rico had at least one NICU Family Support program, reaching more than 42,000 families per year.

In 2005, the March of Dimes initiated a national evaluation of NICU Family Support to determine if the program was supporting families and promoting family-centered care as intended and to identify strategies for improvement. The evaluation results, published in Impact of a Family-Centered Care Initiative on NICU Care, Staff and Families, Journal of Perinatology, 2007, showed that the program had a positive impact on the stress level, comfort level and parenting confidence of NICU families. The evaluation also found that the most comforting activity for families in the NICU is to hold or Kangaroo Care their baby. It also found that NICU staff do not routinely implement Kangaroo Care, and that Close to Me had changed culture toward the advancement of Kangaroo Care in NICUs.

The national evaluation of NICU Family Support increased demand for the program, and the March of Dimes responded by developing two hospital-managed versions of the program. By the end of 2012, there were 128 hospitals in the March of Dimes NICU Family Support Network, offering services to more than 89,000 families each year.

The growth of NICU Family Support has led the March of Dimes to become the leading expert on family-centered neonatal care. The March of Dimes presents annually at national health and medical forums, including conferences held by the American Academy of Pediatrics, Association of Women’s Health, Obstetric and Neonatal Nurses, National Perinatal Association, National Association of Neonatal Nurses, National Association of Perinatal Social Workers, the Institute for Patient- and Family-Centered Care and the Annual Gravens Conference on the Physical and Developmental Environment of the High Risk Infant. Through these national forums and NICU Family Support trainings, the March of Dimes provides education to more than 3,000 health professionals annually.

We truly are a better NICU thanks to the March of Dimes.

Mary, NICU nurse manager

The NICU program made us feel less alone and connected us with people who can help.

Angie, parent

Kangaroo Care, and that Close to Me had changed culture toward the advancement of Kangaroo Care in NICUs.

The national evaluation of NICU Family Support increased demand for the program, and the March of Dimes responded by developing two hospital-managed versions of the program. By the end of 2012, there were 128 hospitals in the March of Dimes NICU Family Support Network, offering services to more than 89,000 families each year.

The growth of NICU Family Support has led the March of Dimes to become the leading expert on family-centered neonatal care. The March of Dimes presents annually at national health and medical forums, including conferences held by the American Academy of Pediatrics, Association of Women’s Health, Obstetric and Neonatal Nurses, National Perinatal Association, National Association of Neonatal Nurses, National Association of Perinatal Social Workers, the Institute for Patient- and Family-Centered Care and the Annual Gravens Conference on the Physical and Developmental Environment of the High Risk Infant. Through these national forums and NICU Family Support trainings, the March of Dimes provides education to more than 3,000 health professionals annually.

We truly are a better NICU thanks to the March of Dimes.

Mary, NICU nurse manager

The NICU program made us feel less alone and connected us with people who can help.

Angie, parent

Kangaroo Care, and that Close to Me had changed culture toward the advancement of Kangaroo Care in NICUs.
In October 2004, the March of Dimes launched ShareYourStory.org, an online community for parents with babies in newborn intensive care units (NICUs). ShareYourStory provides a forum for parents of babies born too sick or too soon to interact and bond with each other and offers them the opportunity to stay engaged with the March of Dimes.

Each year, ShareYourStory members contribute more than 100,000 posts. These posts are a mixture of questions, comments, blogs and photos. They are read by almost 350,000 unique visitors from around the world each year.

The community is maintained by a team of 25 trained volunteers and staff, including technical support, public health professionals and a licensed social worker. ShareYourStory is managed 24 hours a day, 7 days a week to ensure that every new member is welcomed, every post is responded to and that the site stays safe and secure.

In 2005, the March of Dimes invited the team of staff and volunteers to conduct a unique family engagement event called ShareUnion. This event is held in conjunction with the annual March of Dimes Volunteer Leadership Conference. Over the last 10 years, almost 300 participants have attended ShareUnion. The event has had representatives from almost every state in the United States as well as from Canada, the Dominican Republic and Guatemala.

The site has won numerous awards such as ePhilanthropy’s "Best Community Building Site" in 2005. In 2006, the site was nominated for a “Webby,” the most prestigious internet award; other nominees included Microsoft’s Xbox® community, the BBC and tripadvisor®.

In the spring of 2013, the March of Dimes will launch a new, vastly improved ShareYourStory community. The new site will provide the latest in community platform technology, while meeting the growing needs of the diverse populations being served by the March of Dimes.

In 2003, few public health leaders considered premature birth a serious problem or one that was susceptible to improvement. Although infant mortality received some attention, premature birth was not on the agenda of state public health leaders; not on the national agenda; and not part of the global health agenda for the United Nations or the World Health Organization. Research conducted in 2001 found that most of the U.S. public was unaware of the scope and severity of premature birth. Early births were frequently viewed as an individual family tragedy rather than a widespread public health issue.

The March of Dimes launched a sustained public awareness campaign to repose the issue beginning with a press conference at the National Press Club in Washington, D.C., on January 30, 2003 — the birthday of our founder Franklin Delano Roosevelt. Honorary Chairman and former Secretary of Health and Human Services Dr. Louis W. Sullivan joined March of Dimes President Dr. Jennifer Howse to declare the national campaign.

"Our history, our track record and our mission to improve infant health uniquely qualify the March of Dimes to call the question, but this will be a tough campaign — more difficult than finding the vaccine for polio," said Dr. Howse. "We need the support of the American public, health professionals, the corporate community, and federal and state officials. We need to educate women about preterm labor, work with medical personnel to support risk detection, invest more federal and private research dollars and expand access to health care to find out why this is happening to our mothers and babies. For thousands of families every year, the answers can’t come soon enough."

Following the launch, the March of Dimes implemented a comprehensive campaign to communicate that premature birth is a common, serious and costly problem for the nation through television, radio, print and outdoor advertising, as well the creation of a national Prematurity Awareness Day and Month in November. The March of Dimes also publicized dozens of studies and reports related to premature birth, including its own policy and epidemiological research, and authored numerous peer-reviewed papers that highlight the scope of the problem and potential interventions. Annual Premature Birth Report Cards garnered widespread media attention in every state and helped mobilize political will. These activities drove a steady rise in public concern about premature birth between 2001 and 2007, as measured by Gallup surveys.

The March of Dimes also employed multiple strategies to engage the public and build a committed constituency. These included a rally in Washington, D.C., a national bus tour, building and monument lightings, a national petition, virtual wristbands and the creation of Share Your Story, an online community for prematurity-affected families.

In 2011, the March of Dimes initiated the first World Prematurity Day and created a global Facebook page that by 2012 had garnered 55,000 fans from 83 countries. World Prematurity Day in 2012 surpassed all expectations, with organizations in 57 countries participating through building lightings, grassroots events and social media outreach. Total media impressions exceeded 1.4 billion. Many of the Campaign’s milestones, including the success of World Prematurity Day and the actions of the U.N. and WHO, are a testimony to awareness efforts reaching critical mass.
Our decade of progress bodes well for the future. The Prematurity Campaign’s momentum in recent years, and the five year decline in the U.S. preterm birth rate, are cause for optimism. Many states have witnessed improved rates and better grades on their Premature Birth Report Cards, and the pledges made by state health officials will help bring ongoing attention to preterm birth prevention in our states. The March of Dimes will continue its drive toward further reductions in the preterm birth rate for the nation and every state, through research, interventions and advocacy.

Changes in preterm birth rates, by state, 2006 to 2011. 47 states and D.C. show significant improvements

In many places, especially high-burden, low-resource regions like sub-Saharan Africa and South Asia, and in the United States and around the world, premature birth too often ends in death. We look forward to working with our global partners to address the 2025 mortality targets set out in the Born Too Soon Report: to eliminate preventable preterm deaths in countries with an infant death rate of less than 5 per 1,000 live births, and to reduce the mortality due to preterm birth by 50 percent in countries with an infant death rate higher than 5 per 1,000. And with our partners, we will work to accelerate the potential to prevent preterm birth from happening in the first place.

In its first decade, the Campaign marshaled stakeholders from the U.S. and from dozens of other countries and every walk of life. International and national health policy-makers, health care providers, researchers, funding organizations, businesses, advocates, families and other stakeholders rallied to our cause. This growing global constituency is an increasing force for change and action on behalf of the 15 million babies worldwide that are born too soon each year, and the more than 1 million who die. Together, we begin our second decade, working to give every baby in every country a fighting chance.

National Campaign partners
American Academy of Pediatrics
American College of Obstetricians and Gynecologists
Association of Women’s Health, Obstetric and Neonatal Nurses

New in 2013
Association of Maternal & Child Health Programs
Association of State and Territorial Health Officials
National Association of County and City Health Officials

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 Reproductive Health Professionals
Black Women’s Health Imperative
CityMatCH
Council of Women’s and Infant’s Specialty Hospitals
FirstCandle/SIDOS Alliance
International Childbirth Education Association
League of Black Women
National Alliance for Hispanic Health
National Association of Children’s Hospitals & Related Institutions
National Association of County and City Health Officials
National Association of Neonatal Nurses
National Association of Nurse Practitioners in Women’s Health
National Association of Pediatric Nurse Practitioners
National Association of Public Hospitals and Health Systems

World Prematurity Network
The World Prematurity Network includes consumer and parent groups that are leaders in addressing preterm birth in their countries. Through joint efforts including World Prematurity Day on November 17, members call for actions to prevent preterm birth and improve care for babies born preterm.

Bliss, United Kingdom
European Foundation for the Care of Newborn Infants (EFCNI), Europe
Little Big Souls International Foundation, Africa
Home for Premature Babies, China
National Premmie Foundation, Australia

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

Thank you to our sponsors

Prematurity Campaign Sponsors
We are grateful for the generous support of the Prematurity Campaign by the sponsors listed below.

National sponsors
- Cigna*
- FedEx Corporation*
- Johnson & Johnson*
- Destination Maternity
- Hologic, Inc.
- Actavis Inc. (formerly Watson Pharmaceuticals)
- Wellpoint Foundation
- First Response
- MedImmune, Inc.
- Arm & Hammer Oral Care
- Farmers Insurance Group

Media sponsors
- American Baby Group*
- Working Mother Media*
- Babytalk

Additional support provided by:
- Adeza Biomedical
- Matria Healthcare

*inaugural sponsor

NICU Family Support sponsors
Thanks goes out to the sponsors listed below for their financial and in-kind support of the NICU Family Support program.

- Children’s Medical Ventures
- PEDIATRIX Medical Group
- Farmers Insurance Group
- MedImmune, Inc.
- Scholastic, Inc
- Dey LP
- PerkinElmer
- Engle Family Foundation

March for Babies sponsors
Our largest fundraising event supports March of Dimes research and programs. We are grateful to our national March for Babies sponsors.

- Kmart
- Farmers Insurance Group
- Cigna
- Famous Footwear
- Sanofi Pasteur
- FedEx Corporation
- Mission Pharmacal
- Actavis Inc. (formerly Watson Pharmaceuticals)
- First Response
- United Airlines