Dear Friends,

It is my pleasure to present the 2009 Chapter Programs Year-end Report. In 2009, the difficult economic climate impacted chapter capacity. For Chapter Programs, this included reductions in both Chapter Community Grants lines as well as staff. Despite these challenges, many chapters focused more than ever on evidence-based initiatives and produced remarkable program outcomes. I applaud you for these efforts! More than ever, we need to celebrate and recognize our program achievements.

This Chapter Programs Year-End Report provides a summary of national and chapter program highlights that we should all be proud of. Chapter programs support women, not only during pregnancy, but throughout their childbearing years. The report is organized into three sections:

**Before Pregnancy**
Chapter programs focusing on pre/interconception health and health care, folic acid education, birth defects prevention, and pregnancy readiness.

**During Pregnancy**
Chapter programs focusing on risk reduction, prenatal care, prenatal education and social support, and Mobile Health.

**After Pregnancy**
Our NICU Initiatives provide information and comfort to families whose babies are admitted to a neonatal intensive care unit (NICU).

This report is about how we, as program staff, continue to address these areas of focus through innovative and promising program initiatives. It’s about how we leverage resources through Chapter Community Grants and External Program Grants. It’s about how we provide comfort and support through March of Dimes services in the NICU. It’s about how we provide leadership and select strong partners to help us implement these programs.

In the following pages, read more about March of Dimes program successes this past year. This report is a testament of what we can accomplish and a call to support more evidence-based programs and practices to improve birth outcomes. It will take your continued maternal and child health leadership, dedication, focus, and partnerships in order to achieve this goal. Together we can accomplish more in 2010. I look forward to working with you.

Sincerely,

Scott D. Berns, MD, MPH, FAAP
Senior Vice President, Chapter Programs

June 2010
Chapter Programs Snapshot

Contents

Introduction
Chapter Programs Snapshot 3
Chapter Community Grants 4

Before Pregnancy
Preconception and Interconception Care 6
Folic Acid Education 8
Project Alpha 9

During Pregnancy
Quality Improvement 10
Prenatal Care 12
CenteringPregnancy® 12
Mobile Health Centers 13
Smoking Cessation 13
Prenatal Education & Support 14
Becoming a Mom/Comenzando bien® 14
Stork’s Nest® 15

After Pregnancy
March of Dimes Services in the NICU 16
NICU Family Support Project Sites and Centers 17
Family-Centered Care Leadership in 2009 18
NICU Family Support Leading Practices 18
ShareYourStory.org 19
Project of the Year 19
Chapter Recognition 20

For more information on any of the programs described in this report, please contact Norm Hess, Manager, Program Planning & Evaluation, at 914-997-4457 or nhess@marchofdimes.com.

Individuals Reached by Topic

<table>
<thead>
<tr>
<th>Topic</th>
<th># Reached Consumers</th>
<th># Reached Professionals</th>
<th># Reached Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prematurity</td>
<td>697,016</td>
<td>95,739</td>
<td>792,755</td>
</tr>
<tr>
<td>Folic Acid</td>
<td>164,004</td>
<td>15,220</td>
<td>179,224</td>
</tr>
<tr>
<td>Prenatal Care</td>
<td>118,155</td>
<td>9,941</td>
<td>128,096</td>
</tr>
<tr>
<td>Birth Defects</td>
<td>7,960</td>
<td>26,274</td>
<td>34,234</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>987,135</strong></td>
<td><strong>147,174</strong></td>
<td><strong>1,134,309</strong></td>
</tr>
</tbody>
</table>

The above table summarizes the numbers of consumers and health professionals reached by broad topic category. The table below provides further detail on activities related to the prevention of prematurity.

The majority of chapter programs are focused on areas related to the prevention of prematurity. Chapters reached nearly 800,000 individuals through prematurity-related activities in 2009.

Chapter program efforts are conducted directly by program staff and volunteers, through partnerships with other agencies, or through projects funded by chapter community grants. Chapters may also procure outside funds for a specific project or other sources, or they may apply to the March of Dimes national office for funds to support certain types of programs (e.g. Grand Rounds, quality improvement initiatives).

Individuals Reached through Prematurity Prevention Activities

<table>
<thead>
<tr>
<th>Selected Prematurity-Related Activities</th>
<th># Reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prematurity Awareness Day</td>
<td>327,897</td>
</tr>
<tr>
<td>Preconception and interconception education and services</td>
<td>232,049</td>
</tr>
<tr>
<td>Other Prematurity-related programs and activities</td>
<td>75,364</td>
</tr>
<tr>
<td>Education about late preterm birth</td>
<td>64,936</td>
</tr>
<tr>
<td>Activities focused on reducing disparities in preterm birth</td>
<td>64,691</td>
</tr>
<tr>
<td>Quality Improvement related to elective c-sections/inductions</td>
<td>13,028</td>
</tr>
<tr>
<td>Smoking cessation education and intervention services</td>
<td>8,270</td>
</tr>
<tr>
<td>CenteringPregnancy® training and implementation of services</td>
<td>3,172</td>
</tr>
<tr>
<td>Professional education about 17P progesterone therapy</td>
<td>2,625</td>
</tr>
<tr>
<td>Activities to prevent recurrence of premature birth</td>
<td>723</td>
</tr>
<tr>
<td><strong>Total - Prematurity</strong></td>
<td><strong>792,755</strong></td>
</tr>
</tbody>
</table>

*The number reached includes consumers and health professionals combined

Source: EPIC, 2010
Chapter Community Grants

Through the chapter community grants program, March of Dimes chapters support local projects aimed at helping women have healthier pregnancies. Funding from chapter community grants enhances the availability and quality of health care and prevention services for women and their babies.

In 2009, chapters awarded $6.0 million in community grants to support projects that address local perinatal needs.

Chapter Community Grants Overview - 2005-2009

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chapter Grant funds awarded (millions)</td>
<td>$7.7</td>
<td>$8.3</td>
<td>$8.5</td>
<td>$8.5</td>
<td>$6.0</td>
</tr>
<tr>
<td>Median chapter grant budget</td>
<td>$80,000</td>
<td>$92,500</td>
<td>$99,500</td>
<td>$100,000</td>
<td>$65,000</td>
</tr>
<tr>
<td>Average individual chapter grant size</td>
<td>$19,000</td>
<td>$19,000</td>
<td>$19,600</td>
<td>$19,500</td>
<td>$20,800</td>
</tr>
<tr>
<td>Prematurity-related grants awarded</td>
<td>84.8%</td>
<td>84.1%</td>
<td>89.3%</td>
<td>90.9%</td>
<td>93.8%</td>
</tr>
</tbody>
</table>

Source: Electronic Program Information Center (EPIC), 2010

Prematurity-related grants accounted for nearly 94% of all community grants awarded by chapters in 2009. The top two purpose categories - Enhanced Prenatal Care and Pre/Interconception education - have remained consistent since 2007.

These two categories accounted for $2,084,243 in chapter community grant funds, more than 33% of total (prematurity-related and non-prematurity-related) funding.

Of the $6.0 million in chapter community grants awarded in 2009, $5.6 million were for projects related to prematurity prevention, as shown in the following table.

### 2009 Prematurity-Related Chapter Community Grants

<table>
<thead>
<tr>
<th>Purpose of Grant - Prematurity-Related</th>
<th>Total Dollars</th>
<th># of Grants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enhanced prenatal care - improve or expand accessibility, staffing, availability, quality or range of existing services.</td>
<td>$2,084,243</td>
<td>122</td>
</tr>
<tr>
<td>Pre/Interconception education - educate women or provide services in a medical setting prior to pregnancy.</td>
<td>$1,085,035</td>
<td>39</td>
</tr>
<tr>
<td>Outreach programs - encourage early entry into prenatal care, risk assessment, counseling or education for high risk groups utilizing paraprofessionals, nurses, etc.</td>
<td>$491,900</td>
<td>31</td>
</tr>
<tr>
<td>Comenzando bien® - March of Dimes prenatal education program for Hispanic women.</td>
<td>$385,644</td>
<td>15</td>
</tr>
<tr>
<td>Professional education and training - enhance the ability of professionals to serve the needs of families through conferences, nursing modules, grand-rounds, etc.</td>
<td>$355,985</td>
<td>48</td>
</tr>
<tr>
<td>Smoking cessation - intervene with pregnant women or train professionals or paraprofessionals to counsel/intervene.</td>
<td>$347,612</td>
<td>29</td>
</tr>
<tr>
<td>Preterm labor prevention - educate pregnant women or professionals to recognize symptoms, prescribe medical treatments, intervene, avoid high risk behaviors, etc.</td>
<td>$327,255</td>
<td>17</td>
</tr>
<tr>
<td>Stork’s Nest – a cooperative project of the March of Dimes and Zeta Phi Beta Sorority, Inc. that provides prenatal education and incentives for low-income pregnant women.</td>
<td>$151,681</td>
<td>15</td>
</tr>
<tr>
<td>Teen pregnancy services - provide enhanced prenatal care, education, special outreach to pregnant teens or adolescent parents.</td>
<td>$116,602</td>
<td>18</td>
</tr>
<tr>
<td>Specialized services for infants and families - improve the health of babies born prematurely, with birth defects, or at low birthweight, includes support services for parents of children with birth defects or in NICUs.</td>
<td>$93,467</td>
<td>14</td>
</tr>
<tr>
<td>Substance abuse - prevent or treat alcohol and/or other drug use among pregnant women, or educate professionals or paraprofessionals about how to identify/intervene.</td>
<td>$80,802</td>
<td>8</td>
</tr>
<tr>
<td>MCH program enrollment - increase participation in state and local MCH programs (e.g. WIC, Medicaid) through education and public awareness efforts.</td>
<td>$53,030</td>
<td>5</td>
</tr>
<tr>
<td>Sexually Transmitted Infections (STIs) - increase education, screening and treatment for STIs</td>
<td>$33,000</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$5,606,256</strong></td>
<td><strong>363</strong></td>
</tr>
</tbody>
</table>

Source: Electronic Program Information Center (EPIC), 2010

Other Chapter Community Grant-Funded Initiatives

In 2009, chapters funded an additional 64 chapter community grants, totaling $371,446, to support projects not specifically related to prematurity (e.g. folic acid education, services related to Sudden Infant Death Syndrome (SIDS), Project Alpha, genetics services, and teen pregnancy prevention). This brings the grand total of prematurity-related and non-prematurity-related grants to $6.0 million.
Promoting the health and well-being of women and couples before pregnancy through preconception care increases the chances of a healthy pregnancy and positive birth outcome. Interconception care is care provided to a woman between pregnancies to address any known risk factors and to help ensure that her next pregnancy can be as healthy as possible.

March of Dimes chapters provide a variety of pre/interconception services. In fact, pre/interconception education and services is the second largest purpose category for chapter community grants - second only to enhanced prenatal care. Following are just a few examples of chapter efforts in this area.

### Colorado Chapter Preconception Education Pilot

The Colorado Chapter provided a chapter community grant to the Denver Public Health Department to develop a pilot project to conduct community-based preconception education. 315 women of childbearing age (mainly Hispanic and African-American) participated in the program. The evaluation of this pilot program indicates that the program was effective in women to understand how to prepare themselves for a healthy pregnancy - including the need to take a multivitamin containing folic acid, getting adequate exercise and avoiding alcohol.

Evaluation results also indicated that the program helped women feel more confident in identifying and accessing maternal and child health services that are available to them in their community. Additional analyses will be conducted to provide information necessary to modify the program and further enhance its effectiveness.

### Arizona Internatal Care Project

The Arizona Chapter funded a 3-year grant for a demonstration project designed to provide internatal care to women who have delivered premature infants. The grantee, Maricopa Medical Center, is a county hospital that serves a large Medicaid and uninsured population. Because many pregnant women lose their Medicaid benefits a few months after delivery, the goal of this project was to provide continuity of care through the internatal period so that any subsequent pregnancies could be planned and prepared for. More than 150 women who had delivered premature infants participated in the program. A care coordinator ensured that the participants received health care and support services to help them avoid unintended pregnancies, to manage stress, and to address any known risk factors that could endanger future pregnancies.

In 2009, chapters provided 39 grants, totaling more than $1 million, for preconception and interconception care projects. More than 230,000 women were reached with preconception and interconception care through chapter efforts.

### California Preconception Demonstration Projects

The California Chapter funded three multi-year Pre/Interconception Health Demonstration Grants to enhance education and services for women at high risk due to previous poor outcomes, chronic conditions or other factors.

**Sutter Medical Center’s Teen Care Project**

Provided interconception risk assessment and intervention through home visitation to pregnant and parenting teens with high risk medical and/or social risk factors or with prior adverse pregnancy outcomes. The goals of the project were to decrease adverse birth outcomes and positively impact health behaviors. The program reached 300 pregnant and parenting teens through an online preconception risk assessment and a teen-specific life plan. Further analysis of program impact on teens’ life planning skills and health behaviors is currently being conducted and will be completed in July 2010.

**The WOW (WIC Offers Wellness) Program**

Program provided interconception services at an urban WIC Center to 151 mothers who recently gave birth to premature or low birth weight babies. Program evaluation showed a statistically significantly higher percentage of WOW moms taking a multivitamin with folic acid (44% versus 33% in the control group). WOW moms were also more likely to use birth control compared to a control group (66% versus 54%).

Other indicators regarding participants’ birth outcomes in subsequent pregnancies continue to be monitored. Early findings related to birthweight and gestational age at delivery are promising.

Following these successes, March of Dimes funded a partnership with the American Congress of Obstetricians and Gynecologists (ACOG), District IX (California) to develop interconception care guidelines that maximize the postpartum visit with screening, treatment and referral to improve subsequent pregnancy outcomes. Guidelines will be finalized in 2010 and distributed to providers across the state, with the potential to impact thousands of women attending postpartum visits.

**The California Family Health Council project** focused on integrating pre/interconception care into routine family planning visits. About 1,500 women received pre/interconception care during family planning services. In a post-training evaluation, clinicians reported that they did find it possible to integrate preconception messages into their practice and that it took only an additional 3-5 minutes per visit. Family planning providers are challenged to find “extra time” to provide counseling but it is possible with training, protocol samples and funding to support integration of pre/interconception care into services.
Folic Acid Education

A crucial element of preconception care is folic acid education. Studies show that if all women consumed the recommended amount of folic acid (400 micrograms daily) before and during early pregnancy, up to 70 percent of all neural tube defects (NTDs) could be prevented. In 2009, chapters reached over 179,000 individuals with folic acid education. In Kentucky alone, more than 86,000 bottles of multi-vitamins containing folic acid were distributed to women of childbearing age through 120 local health departments.

North Carolina Campaign

The North Carolina Chapter continues to provide leadership to the North Carolina Folic Acid Campaign as it has for more than ten years. The campaign encourages women of childbearing age to take a multivitamin every day to help reduce the incidence of neural tube defects (birth defects of the brain and spine). The public is educated through community educators, materials and the media. Health care providers also receive training in delivering the folic acid message. The incidence of NTD’s in North Carolina decreased by 40% between 1996 and 2006.

Interconception Care for High-Risk Women

In 2005, the March of Dimes National Office was awarded a multi-year grant from the Centers for Disease Control and Prevention (CDC) Division of Reproductive Health to reduce disparities in premature birth by increasing access to, and utilization of, preconception and prenatal care. During the first two years of the grant, six March of Dimes pilot sites tested a range of interventions in the areas of faith-based initiatives, preconception health, group prenatal care and other community partnerships.

Two program models, group prenatal care* and interconception care for high-risk women, were chosen for replication based on impact and potential for sustainability.

*strategies related to group prenatal care included technical assistance and site approval services to CenteringPregnancy® sites in Illinois. For more information on CenteringPregnancy, see p. 12.

In September 2009, 21 representatives from the four interconception sites of the CDC-funded project (one in Georgia, one in North Carolina, and two in Florida) came together to discuss progress to date, to identify focus areas for interconception care, and to formulate strategies to expand recruitment and retention efforts, as well as strategies for effective health promotion messaging.

One component of all the interconception projects was intensive services for high-risk women. 107 women received intensive interconception education, counseling and referrals. Of these women, 94% kept their postpartum appointments, 94% have set risk reduction goals (e.g. weight loss, smoking cessation, optimal management of diabetes), and 80% reported taking a multivitamin.

Project Alpha

The March of Dimes and Alpha Phi Alpha Fraternity began collaboratively implementing Project Alpha in 1980. This project is designed to provide education, motivation and skill-building on issues of responsibility, relationships, teen pregnancy and sexually transmitted infections for young males ages 12-15 years.

Nine chapters provided grants totaling $27,250 to support Project Alpha in 2009.

The following areas were identified by the chapters participating in the CDC-funded project as focus areas:
- Depression/Mental Health Issues
- Access to Care
- Family Planning/Pregnancy Spacing
- Chronic Diseases (Hypertension, Diabetes, Obesity)

The North Carolina Chapter continues to provide leadership to the North Carolina Folic Acid Campaign as it has for more than ten years. The campaign encourages women of childbearing age to take a multivitamin every day to help reduce the incidence of neural tube defects (birth defects of the brain and spine). The public is educated through community educators, materials and the media. Health care providers also receive training in delivering the folic acid message. The incidence of NTD’s in North Carolina decreased by 40% between 1996 and 2006.

In 2009, chapters reached over 179,000 individuals with folic acid education. In Kentucky alone, more than 86,000 bottles of multi-vitamins containing folic acid were distributed to women of childbearing age through 120 local health departments.

The March of Dimes and Alpha Phi Alpha Fraternity began collaboratively implementing Project Alpha in 1980. This project is designed to provide education, motivation and skill-building on issues of responsibility, relationships, teen pregnancy and sexually transmitted infections for young males ages 12-15 years.

Nine chapters provided grants totaling $27,250 to support Project Alpha in 2009.

The following areas were identified by the chapters participating in the CDC-funded project as focus areas:
- Depression/Mental Health Issues
- Access to Care
- Family Planning/Pregnancy Spacing
- Chronic Diseases (Hypertension, Diabetes, Obesity)

In September 2009, 21 representatives from the four interconception sites of the CDC-funded project (one in Georgia, one in North Carolina, and two in Florida) came together to discuss progress to date, to identify focus areas for interconception care, and to formulate strategies to expand recruitment and retention efforts, as well as strategies for effective health promotion messaging.

One component of all the interconception projects was intensive services for high-risk women. 107 women received intensive interconception education, counseling and referrals. Of these women, 94% kept their postpartum appointments, 94% have set risk reduction goals (e.g. weight loss, smoking cessation, optimal management of diabetes), and 80% reported taking a multivitamin.

The following areas were identified by the chapters participating in the CDC-funded project as focus areas:
- Depression/Mental Health Issues
- Access to Care
- Family Planning/Pregnancy Spacing
- Chronic Diseases (Hypertension, Diabetes, Obesity)

In September 2009, 21 representatives from the four interconception sites of the CDC-funded project (one in Georgia, one in North Carolina, and two in Florida) came together to discuss progress to date, to identify focus areas for interconception care, and to formulate strategies to expand recruitment and retention efforts, as well as strategies for effective health promotion messaging.

One component of all the interconception projects was intensive services for high-risk women. 107 women received intensive interconception education, counseling and referrals. Of these women, 94% kept their postpartum appointments, 94% have set risk reduction goals (e.g. weight loss, smoking cessation, optimal management of diabetes), and 80% reported taking a multivitamin.
Quality Improvement

Quality Improvement (QI) efforts in perinatal health may reduce rates of preterm birth, improve birth outcomes, reduce costs, and reduce rates of early (prior to 39 weeks) elective deliveries. In 2009, chapters supported professional and consumer education around late preterm fetal development and encouraged hospitals and health care professionals to voluntarily assess c-sections and inductions that occur prior to 39 weeks gestation to ensure consistency with American Congress of Obstetrics and Gynecology (ACOG) guidelines.

Big 5 Initiative

Together, five states (California, Florida, Illinois, New York and Texas) account for nearly 40 percent of all births and 36.8 percent of preterm births in the United States. Known as the “Big 5”, these states not only share high birth rates, they also face many of the same challenges in implementing programs to improve birth outcomes. Given these similarities, in 2006, the March of Dimes began asking how the Big 5 states could identify opportunities and leverage initiatives to impact birth outcomes. This led to a collaboration among the Big 5 states that continues to evolve today.

The foundation of this collaboration began with a meeting spearheaded by the March of Dimes in 2007. Fifty Big 5 state representatives from a cross section of provider disciplines and leading prematurity experts participated in a three-day summit to identify potential areas for groundbreaking change to reduce preterm birth. Promising programs currently being carried out in these states and other efforts to identify a shared agenda newly focused on eliminating elective deliveries prior to 39 weeks.

States are currently working to establish the data mechanisms required to track the growing rate of elective deliveries, reviewing and developing change models and determining implementation strategies needed to bring this initial plan to fruition. Synergy exists around this project which will not only establish an effective programmatic framework but also a network that can be instrumental in facilitating the rollout of future maternal and child health initiatives among the Big 5 states and across the country.

North Carolina Chapter

The North Carolina Chapter created a perinatal quality collaborative with the goal of eliminating elective deliveries prior to 39 weeks. The primary partners include the Perinatal Quality Collaborative of North Carolina (PQCNC) and the University of North Carolina. To date, 40 hospitals are participating which represents two-thirds of all births in state. Retrospective hospital data (50 charts of patients admitted for scheduled delivery in 2008, 25 scheduled c-sections and 25 inductions) has been submitted to PQCNC through a web-based data-entry system. Two Action Learning Labs were conducted for hospital teams and baseline data was collected, analyzed and returned to each respective hospital.

Participating hospitals have been collecting data on every planned delivery between 36 weeks 0 days and 38 weeks 6 days at their site and submitting data monthly to PQCNC. These rates will be compared to the baseline data and from one quarter to the next to look for improvement. Each participating hospital receives a monthly statistical report, summarizing the data entered that month. Regional meetings are planned in 2010 to allow teams to exchange ideas in an informal “town meeting” format.

Vermont Chapter

In an effort to prevent and reduce the incidence of late preterm birth and optimize outcomes for infants born prematurely, the Vermont Chapter partnered with the Vermont Child Health Improvement Program (VCHIP). This project is facilitated by VCHIP under the Vermont Regional Perinatal Health Project (VRPHP). It aims to work with Vermont hospitals, who provide obstetrical and newborn care.

In 2009, 11 hospitals were recruited and multidisciplinary Perinatal QI Teams were developed at each site. Baseline data were collected and analyzed by VRPHP and provided to each QI team. This information formed the basis for planning improvements in care. Aggregate de-identified baseline data was also presented during the first of three learning sessions.

The teams then developed a “Quality Improvement Action Plan” to guide their activities in their first Plan-Do-Study-Act cycle. Monthly progress reports were submitted by each team outlining the activities they are working on and the progress thereof, and to participate on collaborative team conference calls every other month. Interim data collection is currently scheduled to begin in September 2010. These data will be used to analyze changes in birth outcomes to date, and to develop consensus on standardized practices to reduce late preterm deliveries at the 11 participating hospitals.
Prenatal Care

CenteringPregnancy®

CenteringPregnancy®, an innovative group prenatal care model developed by the Centering Healthcare Institute (CHI), has demonstrated potential to decrease preterm birth. Particularly encouraging are the results documented in a recent clinical trial among low-income women, with African-American women seeing the greatest benefit1. Thus the model has potential for not only decreasing preterm birth but also reducing socioeconomic and racial disparities in preterm birth rates.

The March of Dimes began supporting CHI almost ten years ago. In the last four years, the March of Dimes has helped expand the implementation of the CenteringPregnancy model throughout the U.S. by providing community grant funding to sites seeking training and technical assistance in the model. In 2009, 60 grants were awarded to sites by 31 chapters totaling $1.27 million. Most CenteringPregnancy sites funded by the March of Dimes focus on serving women of low socioeconomic status, with a particular emphasis on minority women as the highest risk group.

In 2009, chapters fostered the establishment of several new regional workgroups to connect funded sites and encourage the sharing of best practices and collective strategizing. New evaluation forms for both process and outcomes measurement were created, distributed and implemented that will help the March of Dimes report on the total impact CenteringPregnancy programs are having in communities across the country.

Texas Chapter

In Texas, a total of 800 women participated in CenteringPregnancy programs funded by the chapter. Of those, 511 fully participated in the evaluation, which demonstrated very positive outcomes:

- 93.5% of women delivered full-term infants. This is a perinatal birth rate of 6.5%, compared to the overall Texas rate of 13.7%.
- 95.8% of women delivered infants weighing 5.5 pounds or more. This is a low birthweight rate of 4.2% compared to the overall Texas rate of 8.3%.

Mobile Health Centers

March of Dimes Mom & Baby Mobile Health Centers®, with support from the Qatar Katrina Fund, were purchased, equipped, and mobilized to help meet the basic health care needs of pregnant women in the aftermath of Hurricane Katrina in 2005. These centers provide prenatal care, maternal postpartum care, and well-baby care in areas affected by the hurricane. Referrals for dental care, counseling, and other services are also provided. By the end of 2009, the centers had completed 10,471 care encounters. In 2009, the Mobile Health Program provided 5,148 medical visits - a 47% increase from 3,497 visits in 2008.

A Mobile Health Center sits in front of the Louisiana Capitol where a press conference was held on March of Dimes Lobby Day. Key volunteers, legislators, and members of the media toured the center and learned about the services it provides.

Maryland/National Capital Area Chapter

With community grant funding from the Maryland/National Capital Area Chapter, Providence Hospital Center for Life provided training on the CenteringPregnancy model and facilitated access to prenatal care for 292 women - primarily of African-American or Latino descent. The percentage of participants who gave birth prematurely in the CenteringPregnancy program was 5%, compared to the U.S. rate of 12.9%. The percentage of low birthweight among participants was only 4%, which is less than half the U.S. rate2.


Smoking Cessation

Smoking during pregnancy can be harmful to the health of both a woman and her unborn baby. In the U.S. in 2008, 20% of women of childbearing age smoked.1 Smoking is associated with a number of pregnancy complications. Smoking cigarettes increases a woman’s risk of delivering a low birthweight baby, and of developing placental problems, such as placenta previa and placental abruption2. Both of these conditions can result in heavy bleeding during delivery that can endanger mother and baby.

Smoking in pregnancy also increases a woman’s risk of premature rupture of the membranes (PROM), when the sac that holds the baby inside the uterus breaks before completion of 37 weeks of pregnancy.2 Usually, when it breaks, normal labor ensues within a few hours. If the rupture occurs before 37 weeks of pregnancy, it often results in the birth of a premature baby.

In 2009, March of Dimes chapters provided smoking cessation training and services to 8,270 health care providers and pregnant women. A total of $347,612 was awarded through 29 grants to address smoking among pregnant women through the SA’s brief intervention model of smoking cessation. Developed by The National Partnership for Smokefree Families, this model has been demonstrated to be effective in helping individuals stop smoking.3

The March of Dimes provided support totaling $1.27 million in 2009 to fund 80 CenteringPregnancy programs in 31 chapters nationwide. Since 2005, March of Dimes has invested $4.13 million to fund CenteringPregnancy programs across the United States.

During Pregnancy

The 5 A’s
- Ask
- Advise
- Assess
- Assist
- Arrange

Prenatal Education and Support

Becoming a Mom/Comenzando bien®

Comenzando bien® is a culturally and linguistically appropriate prenatal education program originally developed in 1996 by the March of Dimes and the National Coalition of Hispanic Health and Human Services Organizations (now called The Alliance). The curriculum addresses the unique needs of Hispanic women and their families.

<table>
<thead>
<tr>
<th>Chapter</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participating Chapters</td>
<td>26</td>
<td>17</td>
<td>12</td>
</tr>
<tr>
<td>Individuals reached</td>
<td>12,000</td>
<td>17,000</td>
<td>26,000</td>
</tr>
<tr>
<td>Community grant funds awarded</td>
<td>$501,458</td>
<td>$490,502</td>
<td>$385,644</td>
</tr>
</tbody>
</table>

Texas Chapter CDMI

The Chapter Directed Mission Investment (CDMI) approach provides chapters with the opportunity to better achieve and own the impact, outcomes, and visibility for chapter projects that are both funded and directly implemented by the chapters. The Texas Chapter used this approach to implement the March of Dimes Comenzando bien® curriculum to provide culturally relevant social support and prenatal education for pregnant Hispanic women. The chapter’s evaluation of this initiative demonstrates positive behavior change and improved birth outcomes of the participants.

The Texas Chapter funded 10 grants totaling $79,000 to support Comenzando bien® sites. In addition, the value of in-kind donations from various sources totaled more than $80,000.

Facilitators were trained at 32 sites and 3,600 women were enrolled in the Comenzando bien® 7-session series of classes and graduation. Participants completed pre- and post-tests and were asked to complete follow-up postcards after the birth of their baby to measure birth outcomes and behavior change.

In 2009, Comenzando bien® was revised and made a part of the March of Dimes Becoming a Mom® curriculum.

Results/Impact:
- The chapter collected 2,248 pre-tests and 2,036 post-tests to measure knowledge change and program satisfaction.
- 916 participants returned follow-up postcards after completing the program.
- Of more than 600 deliveries to date, 98.1% of babies have been born full-term.
- Nearly all participants (99.4%) reported that Comenzando bien® provided them with social support.
- 100% of participants reported that they changed their eating or exercise habits because of what they learned in the Comenzando bien® classes.
- At the beginning of the class series, only 10.6% of participants knew that they should place their baby on its back. However, after attending the sessions, 97% of participants reported that they put their baby to sleep on its back.
- The Kansas and California Chapters are using the evaluation tools developed through this project in 2010 so that results can be compared among three different states.

Stork’s Nest®

The Stork’s Nest® program provides prenatal education and support to low-income pregnant women. March of Dimes and Zeta Phi Beta Sorority, Inc., have collaborated to deliver this program since 1972.

In 2009, 18 March of Dimes chapters awarded $151,631 in community grant funds to support Stork’s Nest programs, reaching 4,488 women.

South Carolina - Together for Beaufort

To reach out to the growing Hispanic population, the South Carolina Chapter provided a $50,700 chapter community grant to the Together for Beaufort Adequacy of Prenatal Care Coalition. This project used the Becoming a Mom/Comenzando bien® curriculum to educate pregnant Latina women about healthy pregnancy and the need for consistent prenatal care.

Of the 30 women who completed the Comenzando bien® classes in 2009, 100% began prenatal care within one month of enrolling in the program. In addition to the women who enrolled in classes, over 1,100 Latino families were reached with educational materials through monthly neighborhood events in churches, health fairs, and businesses.

“Comenzando bien helped me to decide not to smoke anymore. With the support of my teacher and new friends in class, I had a healthy 8.2 oz baby boy.”
- A new mom from Texas
March of Dimes Services in the NICU

March of Dimes NICU Family Support® was created 10 years ago to provide information and comfort to families who are coping with the experience of having a baby in a newborn intensive care unit (NICU). NICU Family Support services have doubled in the past three years and are now offered in every state in the U.S., plus Washington, D.C., and Puerto Rico, a total of 94 hospital sites in 2009. NICU Family Support complements and enhances family-centered care practices in partner hospitals, addressing the needs of parents, siblings, and extended family, and provided professional development to NICU staff.

2009 Highlights

- Expanded NICU Family Support project to 94 hospitals in 2009, reaching over 63,000 families annually. The expansion includes outreach to families through NICU Family Support Hospital Licensing and NICU Family Support Centers programs.
- Developed and piloted two new programs, Close to Me and Shorter-Stay Families that will be implemented in additional sites in 2010. Close to Me enhances the frequency and onset of skin-to-skin holding (kangaroo care) of newborns in the NICU. Shorter-Stay Families aims to provide supportive information and activities to families whose baby is in the NICU for less than two weeks.
- Expanded Taking Baby Home a parent education hour that provided sensitive, and critical discharge information to all NICU Family Support sites.
- Provided professional development opportunities and training to over 4,711 NICU staff to enhance their focus on family centered care and family support.
- Expanded ShareYourStory, our online community for NICU families, to 32,000 registered members, including 12,000 active members throughout the year. An active member is someone who has posted at least one message in the past year.
- March of Dimes chapter, regional and national NICU Family Support staff participated in the 22nd Annual Gravens Conference on the Physical and Developmental Environment of the High Risk Infant in Clearwater, Florida. For the first time this conference was conducted in collaboration with the March of Dimes and included a focus on family support.

NICU Family Support Project Sites

March of Dimes continued to expand NICU Family Support by offering hospitals the ability to license the project. By licensing NICU Family Support, a hospital partners with the March of Dimes to provide and manage all the services provided to its staff and families. March of Dimes assesses family support and family-centered care practices in the NICU; and provides tailored on-site trainings, ongoing guidance in family-centered care for all NICU staff, March of Dimes materials, and membership in a national network of NICU Family Support sites. In 2009:

- 14 hospitals licensed NICU Family Support
- 30 NICU staff trainings were conducted by National March of Dimes staff for 935 NICU staff at 11 sites

These on-site trainings focused on the benefits of family-centered care, improving bedside communication skills, caring for families in crisis, and understanding the powerful messages that can only be learned from parents.

NICU Family Support Centers

This on-site resource center provides families access to print and online information and parent-to-parent support. Families can search for information on procedures and conditions common in the NICU on both March of Dimes and hospital web sites. Parents and family members can connect with other families who share the NICU experience by accessing ShareYourStory.org, the online community for NICU families from the March of Dimes. They also have access to relevant and supportive print materials that they can take home. All print and online resources are available in English and Spanish. In 2009:

- 23 NICU Family Support Centers were in place
- 5,000 NICU Families had access to a center
- On average NICU Families utilized a center over 200 times per month
**March of Dimes Services in the NICU**

**Family-Centered Care Leadership in 2009**

March of Dimes NICU Family Support staff from across the country participated in the 22nd Annual Gravens Conference on the Physical and Developmental Environment of the High Risk Infant in Clearwater, Florida. March of Dimes leadership presence and visibility was evident throughout the conference. March of Dimes NICU Family Support specialists, regional and national staff presented oral and poster abstracts, conducted workshops, led plenary sessions and represented NICU families on panels and in roundtables.

March of Dimes presented and promoted best practices in family-centered care in other health and medical forums, including conferences held by American Academy of Pediatrics, Association of Women’s Health, Obstetric and Neonatal Nurses, National Association of Neonatal Nurses, National Perinatal Association, and National Association of Perinatal Social Workers.

**ShareYourStory.org**

Our online community is a place for families to find comfort and support from others who understand the challenges and uncertainties of the NICU experience. Shareyourstory.org is maintained and managed by a team of volunteers and technical and health education professionals who support the site and ensure a safe and comforting community for all members.

In 2009:
- 642,994 unique visitors from 197 countries/territories
- 2,231,232 page views
- 112,567 posts

**NICU Family Support Program Leading Practice Awards**

Every year, chapters are invited to submit descriptions of exemplary programs in a variety of categories. In 2009, four chapters received Program Leading Practice Awards in the NICU Family Support category:

- **Colorado Chapter**
  - Healthy Family & Safe Home Kit

- **Maryland/National Capital Area Chapter**
  - Lasting Impressions: The Impact of Family Stories on NICU Staff Education

- **North Carolina Chapter**
  - Partnering with Parents for Quality Improvement

- **Texas Chapter**
  - NICU Family Support Antepartum Module

"Through all of this...the NICU Family Support Specialist was there to educate, comfort and encourage us. From the beginning the specialist gave us her unconditional time and support when we were scared beyond words and did not know how to ask for help."

- Graduate Family from Children’s National Medical Center

**2009 NICU Family Support Project of the Year**

The first annual NICU Family Support Project of the Year Award was given to the project at Children’s National Medical Center in Washington DC. NICU Family Support Specialist Christina Lloyd was presented with the award, which recognized project accomplishments in 2009. March of Dimes President Dr. Jennifer L. Howse noted outstanding achievements of this project, including the strength of the parent advisory council, which successfully impacted two major family-centered care policy changes: expanding the hospital’s visitation policy to an open 24/7 parent access to the unit, and expanding sibling visitation for children under age six.
Chapter Recognition

Chapter of the Year - Program
At the National Field Staff meeting in July 2009, the following chapters were recognized as Chapter of the Year Award winners for their program accomplishments in the previous year.

West Virginia - Small Chapter
In 2008, the West Virginia Chapter provided strong leadership around the issue of smoking among pregnant women, coordinating the efforts of several local stakeholder groups in providing professional education and services to help pregnant women quit smoking.

The chapter also positioned the March of Dimes as a strong and visible leader on the issue of late preterm birth - providing education, technical assistance, and funding to a collaborative of fourteen hospitals. Each of these hospitals has volunteered to engage in quality improvement efforts to reduce the numbers of c-sections and elective inductions prior to 39 weeks gestation.

Greater Kentucky - Medium Chapter
The Greater Kentucky Chapter helped to increase the visibility and effectiveness of the Healthy Babies are Worth the Wait® project by funding social work services onsite in the obstetric practice at King’s Daughters Hospital. Through this project, more than 700 pregnant women were screened during their prenatal visits for a variety of social and environmental contributors to premature birth, including domestic violence, homelessness, substance abuse, and financial concerns.

As a result of this March of Dimes grant-funded project, the hospital decided to provide funds to continue to support this position.

Texas - Large Chapter
In 2008, the Texas Chapter achieved very impressive mission results through its very strategic and focused use of chapter community grant funds. The chapter’s CenteringPregnancy® project aims to reduce premature birth and low birthweight among babies born to women participating in 17 CenteringPregnancy sites across Texas. Of the 300 deliveries reported through 2008, the 2.4% preterm birth rate was significantly below the Texas rate of 13.6%. The 3.1% low birthweight rate was also significantly lower than the Texas rate of 8.3%. The mean gestational age was 39 weeks. There were no infant deaths.

At the National Field Staff meeting in July 2009, the following chapters were recognized as Chapter of the Year Award winners for their program accomplishments in the previous year.

2008 year-end data; for updated information on this project, please see page 12.

Program Leading Practices
In addition to the NICU Family Support Program Leading Practices described on page 18, four chapters received Program Leading Practice Awards for their initiatives in prematurity risk reduction and reducing disparities in preterm birth.

Congratulations to all these chapters on their outstanding accomplishments!

New York Chapter
Sister-Friends Birthing Project

Greater Kansas Chapter
“Tu Puedes Hacerlo” - Managing Gestational Diabetes

Colorado Chapter
CenteringPregnancy® for Low-Income Hispanic Women

Texas Chapter
Chapter-Directed CenteringPregnancy® Initiative

© March of Dimes Foundation, 2010