2014 community programs impact report
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For more information on any of the programs described in this report, please contact Kelly Ernst, Director, Chapter Programs at kernst@marchofdimes.org.
Our chapter staff, volunteers and community partners continue to work tirelessly to improve the health of mothers and babies across our nation. It gives me great pleasure to present the March of Dimes 2014 Community Programs Impact Report. This report provides a summary of program initiatives that support national foundation priorities. Here are just a few brief highlights:

**Strategic Mission Investment** — Our new Strategic Mission Investment approach for chapters was rolled out nationally in 2014. This framework for planning and implementation enables chapters to develop focused multiyear mission investment plans that bring together program resources to achieve greater impact and better outcomes. The Strategic Mission Investment plans include partnerships with maternal and child health leaders, chapter-led initiatives and support of local programs. Utilizing this focused approach, chapters reached nearly 1 million women and 90,000 health care providers and invested $5.1 million in 554 community grants and awards for education programs, prenatal care and risk reduction services, health professional education and quality improvement initiatives. Nearly half of all community grants and awards focused specifically on reducing racial and ethnic disparities in birth outcomes.

**Healthy Babies are Worth the Wait** — Through the March of Dimes Quality Improvement Service Package, staff and volunteers worked with 100 hospital teams to reduce early, non-medically indicated (elective) deliveries, known to put infants at a higher risk of health problems, including neonatal death. The March of Dimes also recognized 272 hospitals in 12 states for their local efforts to reduce early elective deliveries.

The Healthy Babies are Worth the Wait community program has continued to expand. It is now active in 25 sites in five states. With generous support from Johnson & Johnson, the Healthy Babies are Worth the Wait Innovation Network (Healthy Babies WWIN) was launched in October 2014 to connect partners in community program sites across the country and facilitate sharing of information, resources and best practices.

**March of Dimes NICU Family Support** offered comfort and information to more than 93,000 families who had a baby admitted to a newborn intensive care unit (NICU) in 133 hospitals nationwide. In 2014, a core curriculum of parent education was implemented across the country. The five core topics of the curriculum are: Caring for your Baby in the NICU, Caring for your Baby at Home, Kangaroo Care, Infant Nutrition and Prevention of Subsequent Premature Birth. Share Your Story offers an online community to provide support and education for families dealing with bedrest in pregnancy, NICU admissions, loss, transition to home, premature births, birth defects and other serious health problems. Share Your Story was visited by more than 75,000 unique visitors in 2014.

This report shines a light on some of the critical work conducted by our staff and volunteers every day across the country. It is clear that without the outstanding leadership and dedication of partners like you, we would not be able to advance our mission to prevent birth defects, premature birth and infant mortality. Thank you for your continued commitment to mothers and babies, and to the March of Dimes. I look forward to working with you to accomplish even more in 2015!

Sincerely,

Scott D. Berns, MD, MPH, FAAP
Senior Vice President and Deputy Medical Officer
March of Dimes chapter staff and volunteers invest time and resources in local programs and activities in all 50 states, Washington, D.C., and Puerto Rico, playing a vital role in improving maternal and child health in their communities. As respected leaders in the field of maternal and child health, the March of Dimes is uniquely positioned to partner with local and state public and private health care systems and organizations to enhance and expand the services available to women and their families.

Chapter staff and volunteers partner with local health agencies, community-based organizations, professional associations, hospitals and others to determine the most pressing maternal and child health needs and to develop a multiyear strategic plan that will positively impact the health status of communities. Staff and volunteers then work to enhance and expand community services, and to improve systems of care for mothers, babies and their families through leadership, educational programs and community grants.

Through its work in communities, the March of Dimes aims to improve the health of mothers and babies through: education on healthy pregnancy; prenatal care and other services to reduce the risk of premature birth and other poor birth outcomes; and support for families whose babies need specialized care in the NICU.

Addressing health inequities

Significant racial and ethnic disparities persist in rates of preterm birth, low birthweight and infant mortality for babies born in the United States. The March of Dimes is deeply concerned about the impact these gaps in birth outcomes are having on the health and well-being of babies, families and society as a whole. March of Dimes chapters continue to focus efforts on addressing disparities and improving equity in their communities with programs focused on specific populations, including African-American, Hispanic, Asian-Pacific Islander and Native American.

In 2014, 25 chapters identified the elimination of racial and ethnic disparities in birth outcomes as one of their top mission priorities. In addition, chapters provided almost $2.5 million in funding for local programs that were designed to address the needs of specific racial and ethnic groups. This represents nearly half (48.6%) of all chapter-funded program initiatives.

104 programs addressing African-American health disparities received nearly $1.2 million in funding.

March of Dimes Healthy Babies are Worth the Wait

Healthy Babies are Worth the Wait is a comprehensive initiative of the Foundation’s Prematurity Campaign that includes:

• An education and awareness campaign across the United States that aims to reduce early, non-medically indicated (elective) labor inductions and cesarean deliveries
• Hospital-based quality improvement programs that support and recognize best practices related to the reduction of early elective deliveries

• An intensive community program in 25 sites focused on prematurity prevention that integrates clinical and public health approaches

Education and awareness campaign

Educating women and their families is a critical first step in improving birth outcomes. Many women simply are not aware of how their overall health can affect their current pregnancy or a future pregnancy. Through the Healthy Babies are Worth the Wait awareness and education campaign, the March of Dimes provides high-quality, field-tested educational materials to women of childbearing age with accurate, relevant and culturally appropriate health information. In 2014, chapters reached millions of women through the campaign with messages such as, “If your pregnancy is healthy, it’s best to stay pregnant for at least 39 weeks. If you choose to induce labor in a healthy pregnancy, talk to your health care provider about waiting until you’re full term at 39 weeks.” The campaign also reinforces that “if your pregnancy is healthy, wait for labor to begin on its own.” March of Dimes chapters also provide education on other topics such as preconception health, preventing birth defects, reducing the risk of a repeat preterm birth, and reducing smoking and other risk factors associated with preterm birth.

Quality improvement and hospital recognition programs

Research shows that choosing to deliver a baby before 39 weeks when there are no medical indications for delivery puts infants at a higher risk of neonatal death and of health problems such as respiratory distress syndrome, need for ventilator support and persistent pulmonary hypertension, resulting in increased NICU admissions.1,2 The March of Dimes works with doctors and nurses, hospitals, hospital associations, insurers, regional collaboratives, patients and their families to reduce elective deliveries before 39 weeks gestation.3

In 2014, the March of Dimes supported 100 hospitals across 28 states to implement the March of Dimes 39+ Weeks Quality Improvement Service Package. The Service Package complemented the information in the Elimination of Non-medically Indicated (Elective) Deliveries Before 39 Weeks Gestational Age toolkit and included action-oriented guidance, data collection tools and other support services to assist hospitals in implementing a successful perinatal quality improvement initiative to eliminate elective deliveries prior to 39 weeks.

The Elimination of Non-medically Indicated (Elective) Deliveries Before 39 Weeks Gestational Age toolkit is available to hospitals across the country and can be downloaded for free at prematurityprevention.org.

The 100 hospital teams participating in this initiative had access to a secure March of Dimes data portal, which included webinars focused on implementation guidance, a project blog and data-reporting tools. Hospitals also had access to perinatal and quality improvement experts via a monthly call and an in-person Grand Rounds. Eighty-five percent of the hospitals were recognized for successfully completing all implementation points.

During the year, the March of Dimes also recognized 272 hospitals in 12 states for their own work to reduce early elective deliveries. All 272 hospitals have a written policy regarding EEDs, which clearly defines medical indications for deliveries at less than 39 weeks and report EED rates less than 5 percent. Two states accounted for 103 of the 272 hospitals. In Indiana, the March of Dimes partnered with the Indiana Hospital Association, and in Florida the March of Dimes partnered with District XII of the American Congress of Obstetricians and Gynecologists (ACOG), the Florida Perinatal Quality Collaborative, the Florida Hospital Association, and the Florida Department of Health to recognize the great work of hospitals in their states.

Healthy Babies are Worth the Wait community program

Healthy Babies are Worth the Wait community programs are March of Dimes chapter-led partnerships, focused on decreasing preterm birth by improving health care delivery and increasing access to prevention services. Through collaborations among March of Dimes chapters, health departments, hospitals and community organizations, Healthy Babies are Worth Wait provides education for pregnant women, perinatal providers and the greater community on the problem of preterm birth. Program partners work together to bring attention to strategies and interventions shown to reduce risk factors and to integrate clinical and public health interventions that have been demonstrated to reduce risk for preterm birth. These interventions include patient navigation/care coordination, hospital quality improvement to reduce early elective deliveries, group prenatal care, and smoking cessation, prevention of repeat preterm births, and infection diagnosis and treatment.

Since the completion of the Healthy Babies are Worth the Wait demonstration project (2007 to 2009) in Kentucky, the March of Dimes has expanded the program to 25 sites in five states; in 2014, Kansas and New York joined Kentucky, New Jersey and Texas. The March of Dimes continues to disseminate Healthy Babies are Worth the Wait, with California, Florida and Illinois planning to add the program in 2015.
Healthy Babies are Worth the Wait program results

Johnson & Johnson has partnered with the March of Dimes to support Healthy Babies are Worth the Wait for nearly 10 years:

- Originally partnered with the March of Dimes to bring Healthy Babies are Worth the Wait to Kentucky
- Supported the adaptation of the program to address preterm birth among African-Americans in Newark, N.J.
- Broadened partnership in late 2014 to aid the dissemination of the program nationally, including funding professional education in every site and the development of Healthy Babies WWIN

Healthy Babies WWIN

In 2014, the March of Dimes launched the Healthy Babies WWIN, a national collaborative that brings together partners from all 25 community program sites. The purpose is to ensure that all partners in Healthy Babies are Worth the Wait sites are provided with the opportunity to connect, address challenges and share best practices. This national collaborative network will blend best practices, evidence-based interventions and the experience of front-line community service providers, public health care professionals and clinicians.

Healthy Babies are Worth the Wait program results

Healthy Babies are Worth the Wait Key Findings - Kentucky

- Results were suggestive of a positive impact on consumer knowledge about services and behaviors that could help to reduce preterm birth
- Importance and impact of professional education in increasing provider provision of messages and information to patients
- Expanded CenteringPregnancy throughout the state, providing increased access to an evidence-based program shown to reduce preterm birth rates
- Results from the demonstration project indicate that this initiative provides evidence that an effective collaborative model can be devised involving clinical and public health professionals, hospitals, and community organizations
- Singleton preterm birth rates in the Intervention Sites declined 12.1% over the study period, from 15.7% at baseline to 13.8% during the post-implementation period

Healthy Babies are Worth the Wait Key Findings - Houston

- Elective deliveries <39 weeks have decreased in participating hospitals
- Participating clinic sites increased prenatal education for their patients
- Participating clinic sites improved outreach for early entry into prenatal care and procedures for presumptive eligibility
- Healthy Babies are Worth the Wait advisory board members reported increased collaboration focused on perinatal outcomes in Houston

Healthy Babies are Worth the Wait Key Findings - Newark

- Increased access to services (Patient Navigators, CenteringPregnancy, preconception counseling, etc.)
- Trained health care providers
- Implemented changes to the system of prenatal care delivery:
  - Shortened wait times for prenatal appointments
  - Improved processes around Medicaid coverage and enrollment
- Preliminary analysis of outcomes data show declines in preterm birth rates among births to African-American women

Joy Marini, Executive Director, Corporate Contributions, Johnson & Johnson, addresses the Healthy Babies WWIN participants at the network launch in October 2014.
expanding services in communities

Since the start of the Prematurity Campaign in 2003, March of Dimes chapters have focused their attention on improving women’s access to preconception, prenatal and interconception education, enhanced prenatal care and risk reduction services. Volunteer leadership and staff in each chapter utilize available data to identify the most pressing maternal and child health needs in their state and develop a strategic mission investment plan to identify opportunities and initiatives that address priority areas and help them work toward their overall goal of preterm birth prevention.

March of Dimes staff and volunteers support statewide perinatal quality collaboratives, reach providers with award-winning March of Dimes education materials and resources, and educate the public through large-scale public service campaigns.

Guided by their strategic mission investment plans, March of Dimes chapter involvement in activities, programs, interventions and education resulted in nearly 1 million women and 90,000 providers reached in 2014.

<table>
<thead>
<tr>
<th>Chapter strategic investment overview</th>
<th>Total women</th>
<th>Total professionals</th>
<th>Total reach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prenatal education and outreach</td>
<td>483,298</td>
<td>7,928</td>
<td>491,226</td>
</tr>
<tr>
<td>Include education awareness campaigns and activities that target specific populations.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preconception and interconception education</td>
<td>196,064</td>
<td>28,431</td>
<td>224,495</td>
</tr>
<tr>
<td>Include education and activities targeted prior to and between pregnancies.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enhanced prenatal care</td>
<td>117,628</td>
<td>3,176</td>
<td>120,804</td>
</tr>
<tr>
<td>Include group prenatal care services, expansion and enhancement of traditional prenatal care services, and risk reduction activities.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality improvement</td>
<td>93,959</td>
<td>12,648</td>
<td>106,607</td>
</tr>
<tr>
<td>Hospital based quality improvement initiatives and work with perinatal quality collaboratives.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>71,675</td>
<td>8,859</td>
<td>80,534</td>
</tr>
<tr>
<td>Include leadership, breastfeeding, survivors of polio and prevention of Sudden Unexpected Infant Death activities.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health professional education and training</td>
<td>6,776</td>
<td>28,508</td>
<td>35,284</td>
</tr>
<tr>
<td>Include conferences, Grand Rounds, continuing education.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>969,400</td>
<td>89,550</td>
<td>1,058,950</td>
</tr>
</tbody>
</table>
Chapter community grants

One of the many ways March of Dimes chapters work toward achieving the goals of their strategic mission investment plans is by investing in community grants for local programs and initiatives that are addressing priority areas.

In 2014, chapters awarded more than $5.1 million through 554 local community grants and awards to achieve the goals of their strategic mission investment plans. Community grants and awards support evidence-informed interventions, local programming, education activities and quality improvement initiatives in their states. Grantees are selected through a competitive grant process that helps chapters focus their resources on the areas of greatest need and potential impact to improve birth outcomes and reduce the risk of prematurity.

<table>
<thead>
<tr>
<th>Chapter community grants</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chapter grant funds awarded (millions)</td>
<td>$6.0</td>
<td>$5.9</td>
<td>$6.1</td>
<td>$5.8</td>
<td>$5.4</td>
<td>$5.1</td>
</tr>
<tr>
<td>Prematurity-related grants awarded</td>
<td>94%</td>
<td>81%</td>
<td>83%</td>
<td>93%</td>
<td>84%</td>
<td>83%</td>
</tr>
</tbody>
</table>

Nearly 42 percent of chapter community grants funded enhanced prenatal services for pregnant women. This includes group prenatal care and risk reduction services that complement a woman’s overall care during pregnancy, such as smoking cessation services, substance abuse counseling, management of diabetes and hypertension, and case management services.

<table>
<thead>
<tr>
<th>Community investment through chapter grants</th>
<th>Total number of grants</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enhanced prenatal care</td>
<td>158</td>
<td>$2,138,631</td>
<td>41.9%</td>
</tr>
<tr>
<td>Preconception and interconception education</td>
<td>93</td>
<td>$1,045,633</td>
<td>20.5%</td>
</tr>
<tr>
<td>Prenatal education &amp; outreach</td>
<td>157</td>
<td>$937,530</td>
<td>18.4%</td>
</tr>
<tr>
<td>Health professional education &amp; training</td>
<td>73</td>
<td>$389,513</td>
<td>7.6%</td>
</tr>
<tr>
<td>Quality improvement</td>
<td>21</td>
<td>$319,773</td>
<td>6.3%</td>
</tr>
<tr>
<td>Other</td>
<td>52</td>
<td>$272,054</td>
<td>5.3%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>554</strong></td>
<td><strong>$5,103,134</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

To address the significant racial and ethnic disparities that persist in rates of preterm birth, low birthweight and infant mortality for babies born in the United States, chapters gave 192 targeted grants in 2014. These grants supported interventions or programs addressing health disparities or focusing on a specific geographic area where disparities are the greatest.

More than 83 percent of chapter community grant funds were directed to programs that address the prevention of premature birth in 2014. This number has been consistently above 80 percent for the past 6 years.

$2.4 million in grants were awarded for initiatives aimed at reducing disparities. More than $1 million of this funding was awarded to programs serving the Hispanic/Latina population.
Prenatal education is an important component of supporting healthy pregnancies. Prenatal education promotes the maintenance of healthy lifestyles during pregnancy, helping expectant mothers manage stress, support a healthy diet, avoid harmful chemicals and situations, recognize warning signs and symptoms that mean something may be wrong with their pregnancy, and prepare for labor and delivery.

The March of Dimes partners with multiple stakeholders including local and state health departments, community based organizations and perinatal collaboratives to design, disseminate and support widespread awareness and education campaigns to ensure the greatest reach. To educate women with the latest prenatal information, the March of Dimes uses a wide variety of award-winning educational materials, web content, videos and social media outreach strategies. Our local community outreach includes the use of culturally and linguistically appropriate March of Dimes materials in WIC sites (food security support for Women, Infants and Children), Healthy Start programs, places of worship, and in beauty salons.

Many prenatal education programs take place in a supportive group setting. These programs introduce key messages and then reinforce them through interactive exercises and group discussions guided by a trained facilitator. As women meet together during their pregnancies, they develop trusting relationships with other group members that often last long after their babies are born. Many of the programs utilize March of Dimes curricula that can be adapted for women from specific cultural backgrounds.

In 2014, March of Dimes chapters invested nearly $1,000,000 in prenatal education and outreach through 157 grants.

**Becoming a mom/Comenzando bien**

*Becoming a mom/Comenzando bien* is the March of Dimes comprehensive prenatal curriculum designed for use with pregnant women in a supportive group setting. Nine sessions, in either English or Spanish, present information on prenatal care, nutrition, stress, things to avoid during pregnancy, labor and birth, postpartum care and newborn care. The curriculum includes background information for facilitators, participant handouts, step-by-step lesson plans and appendices with suggestions for adapting the curriculum for use with specific cultural groups.

The Texas Chapter maintains an active network of *Becoming a mom/Comenzando bien* prenatal education programs around the state. With 74 participating sites, the chapter conducts quarterly networking calls and provides training and technical assistance to ensure group facilitators have the most up-to-date information and resources to meet the educational needs of pregnant women.

In 2014, nearly 20,000 women and 1,100 providers were reached through training, education or program attendance. To support activities and expand the availability of *Becoming a mom/Comenzando bien* programs in communities, chapters awarded 34 grants totaling more than $292,000.
American Indian and Alaska Native mothers have the highest rate (23.8 percent) of inadequate prenatal care of all racial and ethnic groups in the United States. To address this issue, the March of Dimes formed the American Indian/Alaska Native Women’s Committee in 2006, including representation from 10 different tribes. The committee studied existing materials and programs for pregnant Native women. They identified a need for health education resources that addressed cultural and spiritual beliefs shared by many Native communities. The women believed that they could help improve the health of mothers and babies by emphasizing strong family and community bonds and the deep and profound respect for nature, life, ancestors, women and children.

The result was The Coming of the Blessing, a comprehensive health education booklet that encourages American Indian/Alaska Native women to include their traditional beliefs and lessons from their ancestors into their prenatal practices. The program has now expanded to provide culturally relevant prenatal education teachings to Native women across the United States.

In 2014, the Alaska Native/American Indian Women’s Committee came together with two new members from New York and Oklahoma. The committee focused on development of a brochure addressing neonatal abstinence syndrome among Native women. In 2014, there were also three Coming of the Blessing trainings held in Arizona, Nebraska and New York with representatives from 10 different tribes. March of Dimes chapters work with tribal partners to implement the program including training program facilitators, providing educational materials and resources, and offering ongoing technical assistance as needed.

88 percent of the moms who received prenatal education through The Coming of the Blessing attended all their prenatal appointments and the preterm birth rate was lower among program participants. The Coming of the Blessing gained a “promising practice” seal from the Indian Health Service.

Stork’s Nest

The March of Dimes and Zeta Phi Beta Sorority, Inc., have been collaborating for more than 40 years to bring prenatal education and group support to low-income pregnant women. Stork’s Nest is a prenatal health promotion program for low-income pregnant women that provides education in a group setting, and offers incentives (such as diapers and infant clothing) for attending prenatal care appointments, prenatal education classes, and adopting healthy behaviors during pregnancy.

In 2014, 29 March of Dimes chapters worked with local Zeta Phi Beta chapters to implement Stork’s Nest programs in 125 sites across the country, reaching 5,665 women with prenatal education.
Educating women and their families before pregnancy is a critical first step to improving birth outcomes. Many women simply are not aware that a healthy pregnancy begins long before conception. Preconception health refers to helping a woman become as healthy as possible before she becomes pregnant, while interconception health involves helping a woman understand the importance of being healthy between pregnancies and the need to wait at least 18 months before becoming pregnant again to help optimize birth outcomes.

Many health conditions that exist before pregnancy can become potentially harmful during pregnancy, so addressing them early is important. In Louisiana, the March of Dimes partnered with the Department of Health and Hospitals on the Own Your Own Health campaign that increases awareness of the issues of obesity and chronic diseases and their impact on maternal and child health.

In North Carolina, the March of Dimes is leading the multivitamin distribution program for women of childbearing age, to increase the consumption of folic acid, a B vitamin that cells need to help with normal growth and development. Through a partnership with local health departments, the March of Dimes has expanded its reach to the most vulnerable women, encouraging them to take 400 micrograms of folic acid every day before and during early pregnancy as it may help reduce their babies’ risk for birth defects of the brain and spine called neural tube defects.

March of Dimes chapters actively promote preconception and interconception health in a variety of ways. Across March of Dimes chapters, more than 28,000 providers have been reached with information, messaging and materials to support their work on preconception and interconception. Whether it is through public education campaigns, participation on preconception and interconception task forces, supporting programs that promote more effective use of the postpartum and well-baby visits, or advocating for folic acid fortification in corn masa flour, March of Dimes staff and volunteers are active in communities across the nation.
The March of Dimes supports activities that help to provide access to, and increase participation in, postpartum and well-baby visits and screening for postpartum depression. In Pennsylvania, the March of Dimes offers support for provider training through the Family Medicine Education Consortium’s IMPLICIT program. This interconception care model offers a unique evidence-based approach for reaching women who accompany their children to well-child visits and using that opportunity to assess risks and deliver interventions.

Disparities in birth outcomes also can be addressed through preconception and interconception care. Outreach to specific populations, including male partners of women at higher risk, can raise awareness of the need to address health problems and other risk factors before becoming pregnant.

In 2014, March of Dimes chapters awarded a total of 93 grants to improve preconception and interconception health and health care for women of childbearing age. Fifty-six preconception grants were awarded totaling $693,825, while 37 interconception grants totaled $351,808.

Project Alpha

The March of Dimes and Alpha Phi Alpha Fraternity, Inc., began implementing Project Alpha collaboratively in 1980. Designed to provide young men with current and accurate information about teen pregnancy prevention, Project Alpha consists of a series of workshops and informational sessions conducted by Alpha Phi Alpha Fraternity brothers.

The three goals of Project Alpha programs are:

- Sharing knowledge by combating ignorance and fear with factual information
- Changing attitudes by providing motivation toward positive changes in sexual behavior
- Providing skills by creating a sense of empowerment and self-esteem

Alpha Phi Alpha Fraternity, Inc., chapters across the country work with their local March of Dimes to implement Project Alpha programs reaching more than 23,000 young men every year.
Ensuring that women have access to prenatal care and services throughout their pregnancy is a vital role that the March of Dimes plays in communities. Whether bringing high-quality, evidence-based interventions and health care to underserved areas or striving for increased services for pregnant women to help them adopt healthy behaviors, March of Dimes staff and volunteers strategically focus resources and funding in the areas with the most need and potential for impact.

In partnership with community organizations, the March of Dimes encourages expansion of services for pregnant women, including care coordination, home visiting services and maternal medical homes to help moms-to-be access the services they need to have healthier pregnancies and babies. To address factors known to increase a woman’s risk of a poor birth outcome, March of Dimes supports targeted programs aimed at smoking cessation, diabetes management and expansion of substance abuse prevention programs during pregnancy.

22 grants totaling more than $411,000 were awarded to address the issue of care coordination, including support for case managers, patient navigators and medical homes.

The largest overall investment in enhanced prenatal care is the ongoing support for the Centering Healthcare Institute’s group prenatal care program, CenteringPregnancy®. This model combines three major components of care — health assessment, education and support — into a unified program within a group setting. Through March of Dimes support, more than 1,800 providers and nearly 24,000 women benefited from this model of care, proven to reduce the incidence of preterm birth. Throughout the year, 30 chapters provided 74 grants amounting to more than $1.1 million.

Through a generous grant from the Anthem Foundation from 2012 to 2014, the March of Dimes expanded CenteringPregnancy in 13 states. More than 8,000 women received group prenatal care in these states, and the preterm birth rate among these women was 7.4 percent, compared to 12 percent, the average preterm birth rate for those 13 states.4

Anthem-funded CenteringPregnancy sites: Colorado, Connecticut, Georgia, Indiana, Kentucky, Maine, Missouri, Nevada, New Hampshire, New York, Ohio, Virginia, Wisconsin

Mom & Baby Mobile Health Center

Since the aftermath of Hurricane Katrina, the March of Dimes has operated four mobile health centers in areas with a critical need of services for moms and babies. The Mom & Baby Mobile Health Center program has served communities that are designated as Health Professional Shortage Areas and Medically Underserved Areas in Louisiana and Mississippi.

4. 2010 State Preterm Birth rates are based on 2010 Final Natality data, NCHS
Each mobile health center is operated in partnership with community-based health care organizations, and each partner develops a service model tailored to meet the needs of women in the communities they serve.

In Mississippi, Coastal Family Health Center provided prenatal and well-woman care to women along the gulf coast. Their services included ultrasounds, helping women avoid having to find transportation to other limited locations for ultrasounds. Southwest Louisiana Area Health Education Center (AHEC) supported their rural community and schools through immunizations and education provided by their office of public health. St. Thomas Community Health Center served a mixed-income housing development with prenatal, well-woman and well-baby care, providing health care within walking distance of their homes.

FedEx, a long-time March of Dimes corporate partner in preventing preterm birth, birth defects and infant mortality, continued their sponsorship of the Mom & Baby Mobile Health Centers.

Coastal Family Health Center in Biloxi, Miss., and Southwest Louisiana AHEC in Lafayette, La., collectively provided more than 18,000 encounters, utilizing their March of Dimes Mom & Baby Mobile Health Center from 2008 to 2014.

Since the inception of the project, March of Dimes Mom & Baby Mobile Health Center programs have provided more than 34,000 care visits for moms and babies.

Risk reduction programs

Although many instances of preterm birth have no known cause, certain factors are known to increase a woman’s risk of having a premature baby. Chronic medical conditions, like diabetes, obesity and high blood pressure, can increase risk, as can using alcohol, tobacco and other drugs during pregnancy. After assessing their local needs, chapters provide training, education and support for various programs to reduce these risks in the populations they serve. In 2014, chapters reached more than 5,600 professionals with information, training and program support and impacted more than 25,000 women.

Smoking in pregnancy increases a woman’s risk of preterm labor, low birthweight and other serious pregnancy complications. Chapters invested in 20 grants totaling $346,753 to support smoking cessation services for pregnant women.

In 2014, chapters also awarded 16 grants totaling $181,906 for alcohol and substance abuse services to help programs screen women and provide education and case management.

To address chronic medical conditions known to affect birth outcomes, 14 grants totaling $172,123 were invested in programs that ensure women have access to services to reduce health risks, including hypertension, diabetes and obesity. For example, the Better Beginnings program in Minnesota provides nutrition education to pregnant and postpartum women, enhances lactation support to combat obesity in mothers and babies, and provides information on fitness and nutrition in a supportive group setting.
The March of Dimes is a recognized leader and convener in quality improvement (QI) to improve birth outcomes. For several years, the March of Dimes has focused on the elimination of elective deliveries prior to 39 weeks gestational age and supported hospitals, health systems, and health departments with QI toolkits, messaging, consumer and provider awareness campaigns and turn-key QI programs. To encourage and acknowledge the efforts of hospitals for their own work to reduce early elective deliveries (EEDs), the March of Dimes awarded recognition banners. Through partnerships with local health departments, hospital associations and ACOG districts, the March of Dimes identified hospitals that met the criteria and celebrated their success through media opportunities. Hospitals not already meeting the standards are encouraged to sign a pledge that they will continue to work on this important issue.

The March of Dimes Mississippi Chapter joined together with the Mississippi State Department of Health (MSDH), the Mississippi Hospital Association, and the Mississippi Section of ACOG to urge hospitals to reduce EEDs and developed a state-wide pledge. More than 80 percent of delivery hospitals in Mississippi signed the pledge, committing to reduce EEDs.

In collaboration with the Georgia Department of Public Health (DPH), the Georgia Hospital Association, and the Georgia OBGyn Society, the March of Dimes chapter sent a letter to all Georgia birthing hospitals, asking them to sign a pledge to implement firm policies to reduce EEDs and support ongoing efforts to reduce Georgia’s infant mortality rate. Hospitals that had a policy in place and an EED rate of less than 5 percent were awarded a banner. By the end of 2014, 14 Georgia hospitals had been recognized.

Perinatal quality collaboratives (PQCs) act as a network of perinatal care providers and public health professionals working within states to improve pregnancy outcomes by advancing evidence-based clinical practices. Out of the 36 active state-based PQCs, March of Dimes chapters are involved in 35, and were a founding member of 21. Chapters support the work of the PQCs in leadership roles and through dissemination of educational materials and community grants.

The Oklahoma Perinatal Quality Improvement Collaborative’s mission to engage perinatal stakeholders to improve the quality of perinatal care and health outcomes for Oklahoma women and infants was supported by a grant from the March of Dimes chapter, which enabled the collaborative to build a comprehensive website to raise awareness among providers on statewide and nationally relevant activities and issues.

March of Dimes chapters also support local PQCs. The California Chapter provided a grant to the Perinatal Health Collaborative of Los Angeles to increase access to and quality of care for pregnant women and new mothers living in underserved communities of Los Angeles County.

In total, in 2014, 14 chapters gave 21 grants totaling $319,773 focused on QI activities in their states.
Through Grand Rounds, professional conferences, nursing continuing education and online learning opportunities, the March of Dimes met the needs of more than 35,000 health professionals seeking timely, accurate and practical information to help provide the best possible care for their patients.

The March of Dimes provides content expertise and educational materials at the local level through a variety of mechanisms. Grand Rounds on topics such as neonatal abstinence syndrome, recurrence prevention and eliminating early elective deliveries bring the latest information directly to providers, while conferences bring providers from various institutions together to reinforce and share new information and examine issues such as the social determinants of health affecting specific populations.

Several chapters, including Kansas, Massachusetts and Missouri, host or support annual perinatal conferences. The Colorado Chapter supports the annual L. Joseph Butterfield Perinatal Conference that provides a forum for perinatal health care professionals from Colorado and Wyoming to enhance and broaden knowledge of perinatal practice, and in Illinois, the chapter, in conjunction with the Illinois Perinatal Quality Collaborative and other stakeholders, provides hospitals and health care providers with virtual, online trainings to disseminate information on eliminating early elective deliveries.

To support professionals across all chapters, the March of Dimes continued to encourage the spread of successful prematurity prevention programs, sharing tools and resources for professionals on the expanded prematurityprevention.org site. Professionals have access to toolkits such as the Healthy Babies are Worth the Wait community education toolkit and the Preterm Labor Assessment Toolkit.

In addition to technical expertise, print materials, and in-kind support that chapters provide to ensure professionals have the latest training and information, 73 grants were awarded in 2014 totaling $389,513 to support conferences, Grand Rounds and training on specific evidence based interventions, such as CenteringPregnancy, to assist in spreading programs that improve the health of moms and babies.
NICU Family Support

The March of Dimes is a national leader in promoting family-centered care in NICUs through implementation of its NICU Family Support program. The program offers information and comfort to families experiencing the hospitalization of their baby and provides training for NICU staff. In 2014, NICU Family Support programs offered services to more than 93,000 families with a critically ill or premature baby in the NICU and provided vital information and comfort when and where families needed it most.

In 2014, NICU Family Support activities were offered in 133 hospitals across the United States. These activities included parent-to-parent support, print and online education for families and innovative programs for parents, siblings and grandparents — all with the purpose of providing comfort, information and critical health care messages to families in crisis. To support hospital staff in their role, the program provided professional development trainings and resources for neonatologists, nurses and other clinicians to promote implementation of best practices in family-centered care. In addition, the March of Dimes expanded its family-centered care workshops for staff and now offers both in-person and online sessions.

Standardized parent education

In 2014, NICU Family Support sites began implementing a core curriculum of five education sessions for NICU families.

- Caring for your Baby in the NICU
- Caring for your Baby at Home
- Kangaroo Care
- Infant Nutrition
- Prevention of subsequent premature birth

These parent education sessions were standardized, providing consistent messages to families in NICU Family Support sites around the country. Preliminary findings of surveys of family participants show 83 percent of respondents reported that their parenting confidence increased as a result of attending the session, and more than 90 percent of respondents reported knowledge gain as a result of attending a session.
2014 accomplishments:

- The NICU Family Support program was implemented in every state, Washington D.C., and Puerto Rico, in hospitals ranging from small community hospitals to large academic medical centers and freestanding children’s hospitals.
- More than 6,000 standardized parent education sessions were offered to families using the new March of Dimes Core Curriculum for parent education as well as locally produced parent education.
- Provision of Parent Care Kits, education materials specially designed to support families during a NICU stay:
  - NICU Family Support provided more than 35,000 Parent Care Kits
  - 34 percent of Parent Care Kits went to families expected to be in the NICU less than 14 days.
- 30 percent of program sites reported a policy or practice change related to increasing skin-to-skin holding in their NICU.

Share Your Story

Share Your Story is an interactive, online community of parents with babies born too sick or too soon. Members and visitors include pregnant women on bed rest, families currently in the NICU, families who have experienced a loss, those who have transitioned home with their babies, and those with children who were born prematurely, with birth defects or other serious health problems. Each year, Share Your Story members contribute more than 50,000 posts that are read by almost 75,000 unique visitors from around the world.

In 2014, the March of Dimes relaunch of shareyourstory.org provided the latest in community platform technology, including current blogging tools, photo and video galleries, profile searches and social media network sharing. The new platform and tools helped meet the differing needs of NICU families, especially as more and more parents connect with each other through online communities and social media. Upgrades to the platform resulted in an increase of unique and repeat visitors, page views and average session duration as well as increased connection among members.

Share Your Story discussion forums revolve around topics identified by the families on the site, including coping with children’s continuing health issues, feeding, visits from friends and family and the financial burden of costly medical bills. Many blogs and posts also delve into the profound sorrow of infant loss, how to honor one’s baby moving forward, and trying again after a loss. March of Dimes volunteers provide caring, supportive responses to every family, and March of Dimes staff contribute valuable health information and monitoring to ensure that the site remains a safe environment for all.
Program Chapter of the Year 2014

Chapter of the Year is a national March of Dimes awards program that recognizes excellence in several areas. The 2014 Chapter of the Year winners in the program category were Kansas, Nebraska and Texas. Following are a few highlights of the winning chapters’ 2014 program initiatives:

Kansas

The Greater Kansas Chapter developed a multi-year strategic mission investment plan focused on disparities in birth outcomes, perinatal hospital quality improvement and building sustainable models for MCH program delivery. The chapter established three strong Disparities Community Collaboratives, which reached more than 400 pregnant women with prenatal education through the Becoming a Mom/Comenzando bien program. Women who completed the program achieved important improvements in knowledge and risk reduction. The preterm birth rate among program participants was 5.8 percent, significantly less than the overall state rate of 11 percent. The chapter deepened its relationships with the state health department, running successful joint media campaigns and co-funding Becoming a Mom/Comenzando bien programming in several communities throughout the state.

Nebraska

The Nebraska Chapter achieved two significant milestones in its hospital quality improvement efforts. First, all 10 birthing hospitals in the Omaha metropolitan area implemented a policy to eliminate early elective deliveries. Then, 9 months after implementation, early elective deliveries in these 10 hospitals decreased from a baseline of 55 to two deliveries, resulting in a rate of less than 1 percent.

The NICU Family Support program, in the Nebraska Medical Center and Alegent Creighton Bergan Mercy Medical Center, continues to serve families in need. The NICU Family Support Specialist served 936 families at two hospitals, distributing parent care kits to 100 percent of families and reaching families with parent education and craft activities, including scrap booking. Parent education hour topics included brain development, tummy time and infant CPR.
Texas
The Texas Chapter’s strategic mission investment plan focused on health disparities, group prenatal care and quality improvement to reduce early term and late preterm births. More than 4,000 Hispanic women were reached through Becoming a Mom/Comenzando bien; 95 percent of participants who reported birth outcomes had a full-term birth and all participants reported that they changed at least one health habit.

The chapter continued to have a leading role in a partnership with the Department of State Health Services, hospital association, ACOG and other groups to reduce EEDs. Eight hospitals across the state successfully implemented the March of Dimes 39+ Weeks Quality Improvement Service Package, and approximately 20 hospitals had hard stop policies in place to prevent scheduling of EEDs.

The NICU Family Support national awards recognize outstanding achievements made by a NICU Family Support program.

2014 NICU Family Support Project of the Year Award
The Missouri Chapter’s NICU Family Support Program at St. Louis Children’s Hospital received the 2014 Project of the Year Award for its success that improved support and education. Through NICU Family Support activities, 98 percent of families received Parent Care Kits; parent participation in medical rounds increased from 10 percent to 42 percent, and 150 nurses were trained in the benefits of kangaroo care.

2014 NICU Family Support Site of the Year Award
The NICU Family Support hospital managed program at St. Luke’s Hospital in Bethlehem, Pa., received the 2014 Site of the Year Award. In partnership with a group of committed volunteers, the program successfully changed the culture of the NICU to encourage skin-to-skin holding for all families. The program also spearheaded initiatives to further involve families in their baby’s care, including implementing daily physician bedside rounding and establishing a system to include parents in the reports between nurses at changes of shift.

NICU Family Support Photo of the Year
NICU Family Support Photo of the Year taken by: Kristin Powell, March of Dimes NICU Family Support Specialist, University of Arkansas Medical Sciences (UAMS), Little Rock, Arkansas

Lori Goser, Project of the Year winner (l) with Dr. Howse and NICU Nurse Manager Chris Hessler (r)

Hospital representative Cathy Davenport (l) with Dr. Howse and Barb Raab, Site of the Year winner (r)
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The mission of the March of Dimes is to improve the health of babies by preventing birth defects, premature birth and infant mortality.