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## Prematurity Campaign Collaborative Launches with Virtual Meeting on March 20

"We are pleased to announce the first virtual meeting of the Prematurity Campaign Collaborative and invite you to join us on March 20! The goal of the Collaborative is to foster communities in which newborns, especially the most vulnerable, can get the healthiest start to life possible. Our group of dedicated partners, supported by the March of Dimes, aims to achieve equity and demonstrated improvements in preterm birth. We welcome your participation. Through the Collaborative, you can connect with new organizations and strengthen ties with existing partners. "



A handwritten signature in black ink that reads 'Stacey D Stewart'.

Stacey Stewart  
President, March of Dimes Foundation

Prematurity is the #1 cause of death of babies in the United States. Babies who survive premature birth can have long-term health problems that affect their education and ability to work. A 2007 Institute of Medicine report estimated that the annual financial costs of prematurity to individuals, families, and society were \$26.2 billion, including medical and health care, early intervention, and special education.

After declining for 8 years, the rate of preterm birth increased slightly in the United States in 2015. The increase occurred predominantly among late preterm births and was driven in large part by increases among African American and Hispanic women. The US preterm birth rate was 9.6% in 2015, giving the country a grade of "C" on the March of Dimes 2016 Premature Birth Report Card. The United States preterm birth rate ranks among the worst of high resource nations. Our country must do better.

To determine how to make improvements in preterm birth in the US, the March of Dimes convened key experts from 30 leading maternal and child health organizations, as well as parents and community groups, in spring 2016. Their collective planning efforts resulted in a [strategic map](#) that will guide the work of the Prematurity Campaign Collaborative.

Please join our first general Prematurity Campaign Collaborative virtual meeting on March 20, 2:30-4:00 pm EST. Register for the meeting [here](#). At this meeting, you will hear about the plans for the Collaborative and each of its five workgroups, which are open to your participation. March 20 will be the formal launch of the Collaborative.

We encourage you to forward this newsletter to others who may be interested in joining the Collaborative. Complete this [sign-up form](#) to receive information about upcoming meetings and activities.

The five Collaborative workgroups, overseen by the Collaborative Steering Committee, will pursue progress in the following areas: improving clinical and public health practice, expanding research and translation, promoting health equity, developing effective messaging to raise awareness about prematurity and influence policy, and seeking funding and resources.

The Clinical/Public Health Practice and Health Equity Workgroups are already active. We will be launching the Policy and Communications Workgroup in the next month, with the others to follow soon. Upcoming meetings are listed below.

Clinical and Public Health Practice:

Co-chaired by:

Vanessa Lee, MPH, Infant Mortality CoIN Coordinator, MCH Bureau, Health Resources and Services Administration, and

Christopher Zahn, MD, Vice President, Practice Activities, American College of Obstetricians and Gynecologists

Increasing effective use of evidence-informed clinical and public health practice

*March 8, 2:00-3:30 pm EST. Register [here](#).*

Research:

Expanding discovery and accelerating translation and innovation

*Next meeting TBD*

Health Equity:

Aligning multi-level support to improve health equity

*Next meeting TBD*

Policy and Communications:

Developing and implementing messaging, policy and practice strategies

*Next meeting TBD*

Funding and Resources:

Securing the funding and resources required for success

*Next meeting TBD*

All meetings listed are virtual meetings with a webinar and dial-in option. They are free and open to the public. You may email [collaborative@marchofdimes.org](mailto:collaborative@marchofdimes.org) for more information.

## **Tools and Resources**

[IMPLICIT Interconception Care Toolkit: Incorporating Maternal Risk Assessment into Well-child Visits to Improve Birth Outcomes](#)

This new toolkit, which is cobranded by the IMPLICIT Network and the March of Dimes, provides a framework for discussing smoking, depression, family planning, and multivitamin/folic acid intake with mothers at every well-child visit from birth to 24 months. The model is adaptable in a variety of settings, including family medicine practices, pediatric care, health departments, community health centers and public health programs. The IMPLICIT (Interventions to Minimize Preterm and Low birthweight Infants through Continuous Improvement Techniques) Network is a collaborative of family medicine residencies and other stakeholders focused on developing continuous quality improvement techniques to reduce preterm birth and improve birth outcomes. To download the free toolkit, visit the "Toolkits & Reports" tab at [www.prematurityprevention.org](http://www.prematurityprevention.org). Please note you must create a username in order to access the materials.

## **Our Impact**

## Fostering Synergies among Collaborative Partners

Improving birth outcomes and reducing disparities in preterm birth will require strengthening collaboration and building synergies among multiple sectors and across the national, state, local, and community levels. We will be monitoring how relationships among partner organizations are forming, growing, and changing. We have begun collecting baseline data and will send a baseline collaboration survey to additional workgroup members in the coming weeks.

### **Spotlight**

We would like to welcome our Steering Committee Co-Chairs:



Paul E. Jarris, MD, MBA  
Chief Medical Officer  
March of Dimes Foundation

[email](#)

“The high rates of prematurity and the lack of equity in our nation’s birth outcomes are an avoidable human tragedy. Join us in the movement to save the lives of our mothers and babies. ”



Wanda D. Barfield, MD, MPH, FAAP,  
Captain, U.S. Public Health Service  
Director, Division of Reproductive Health  
National Center for Chronic Disease Prevention and Health Promotion Centers for  
Disease Control and Prevention

[email](#)

“While we’ve seen overall declines, 2015 data show there may be an uptick in preterm births, especially among African American and Latino babies,” said Wanda Barfield, MD, MPH, Director of CDC’s Division of Reproductive Health. “The Prematurity Campaign Collaborative welcomes anyone with an interest in preventing preterm births and addressing health disparities to join. ”

### Additional Organizations Represented on the Steering Committee

American Academy of Pediatrics

American Congress of Obstetricians and Gynecologists

American Public Health Association

Association of Maternal & Child Health Programs

Association of State & Territorial Health Officials

Association of Women’s Health, Obstetric and Neonatal Nurses

CityMatCH

Health Resources and Services Administration

Jack and Jill of America, Inc. National Association of County and City Health Officials

National Association of Medicaid Directors

National Healthy Start Association

National Indian Health Board

National Institute for Children’s Health Quality

For more information on the Prematurity Campaign Collaborative, please visit the “Prematurity Campaign” tab at [premataturityprevention.org](http://premataturityprevention.org). You must create a username in order to view the site.

**premataturityprevention.org**



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