

2013 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.

dear friends

Dedicated March of Dimes volunteers and staff have committed themselves to helping women have healthy pregnancies and to helping prevent birth defects, premature birth and infant mortality. I am pleased to present the 2013 Community Programs Impact Report, which illustrates some of this work.

March of Dimes community programs provide education and outreach to women and their families — as well as to health professionals — on a variety of topics. In 2013, March of Dimes chapters invested \$5.4 million in chapter community grants to fund 530 projects designed to support our mission. Some of these impactful projects are highlighted throughout this report.

In 2013, March of Dimes chapters became even more strategic in their planning, implementation of, and investment in community-based programs. Along with volunteers, chapter staff identify state-specific goals that are informed by available data, community needs and chapter mission resources. These goals then guide chapters in implementing multi-year plans that maximize return on investment and achieve greater impact, outcomes and visibility for mission activities, resulting in improved health for moms and babies.

The Healthy Babies are Worth the Wait Community Program — which began as a demonstration project in Kentucky in 2007 — is now active in 15 sites in three states (Kentucky, New Jersey and Texas). Each of these sites leverages the strength of community partnerships to advance evidence-based interventions and to improve local service delivery systems for pregnant women and infants. Plans are underway to expand this program to New York in 2014.

Since the inception of its first cadre of **NICU Family Support programs** more than 10 years ago, the March of Dimes has become recognized as a national leader in promoting a family-centered care approach

in newborn intensive care units (NICU). In 2013, NICU Family Support activities were provided in 132 hospitals across the United States.

In the summer of 2013, the March of Dimes launched a new, vastly improved **Share Your Story** online community for parents of babies born too soon or sick. More than 330,000 unique visitors from around the world visit the site annually to seek comfort and connect with others who are traveling on a similar path, and to access educational resources from the March of Dimes.

This is just a snapshot of all the work undertaken in 2013 to improve the health of women of childbearing age, infants and children. Through the continued leadership of our chapter volunteers and staff, and through effective collaboration with our partners, I am confident that we will accomplish even more in 2014.

I look forward to working with you.

Sincerely,



Scott D. Berns, MD, MPH, FAAP
Senior Vice President & Deputy Medical Officer



Chapter Program Support team

at work in our communities

March of Dimes Foundation staff and volunteers working in every state, Washington, D.C., and Puerto Rico play a vital role in improving maternal and child health in their communities. March of Dimes chapters assess local maternal and child health needs and plan, fund, implement and assess the impact of community interventions to improve the health of mothers, infants and children. As respected leaders in the field of maternal and child health, March of Dimes program staff and volunteers are uniquely positioned to partner with local and state public and private health care systems to enhance and expand the services available to women and their families.

Chapter programs focus primarily on three broad areas: **educating** women and their families on how to have the healthiest possible pregnancy, either now or in the future, and educating health care professionals by providing continuing education on a variety of topics related to preconception health, prenatal care, and supporting families in the newborn intensive care unit (NICU); **caring** for pregnant women by ensuring they have access to quality prenatal care and services that may reduce the risk of poor birth outcomes; and **supporting** families whose babies are either born prematurely or have other conditions that require them to be admitted to the NICU.

March of Dimes Healthy Babies are Worth the Wait

Healthy Babies are Worth the Wait (HBWW) is a broad, comprehensive initiative developed by the March of Dimes to support the Foundation's Prematurity Campaign. Through Healthy Babies are Worth the Wait, the March of Dimes addresses women's health risks known to contribute to preterm birth and supports programs that have been shown to be effective in preventing preterm birth.

Chapters conduct Healthy Babies are Worth the Wait initiatives through one or more of the following components:

- A robust **education and awareness campaign** that aims to reduce early, non-medically indicated labor inductions and cesarean sections.
- Hospital **quality improvement (QI) programs** that support best practices related to the reduction of early non-medically indicated (elective) scheduled births.
- A **Healthy Babies are Worth the Wait community program** that builds local and state partnerships to apply evidence-based interventions that reduce the likelihood of an early birth.
- A **partnership with the Association of State and Territorial Health Officials (ASTHO)** to reduce state rates of preterm birth by 8 percent by 2014.

Education and awareness campaign

Educating women and their families is a critical first step in improving birth outcomes. Many women simply do not realize how their overall health can affect their current pregnancy or a future pregnancy. Through its 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. The Healthy Babies are Worth the Wait campaign stresses the importance of staying pregnant at least 39 weeks if the pregnancy is healthy and allowing labor to begin on its own, when possible, and the importance of reducing elective inductions and cesarean sections prior to 39 weeks of pregnancy.



March of Dimes chapters also provide education on other topics such as preconception health, preventing birth defects, having a healthy pregnancy and reducing risk factors associated with preterm birth.

Quality improvement programs

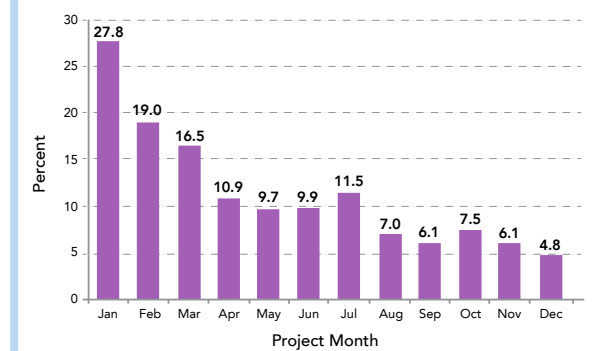
Research shows that choosing to deliver a baby before 39 weeks when there are no medical indications for delivery puts infants at a higher risk for health problems such as respiratory distress syndrome, the need for ventilator support and persistent pulmonary hypertension, resulting in increased NICU admissions.^{1,2} The March of Dimes works with doctors and nurses, hospitals, hospital engagement networks, insurers, regional collaboratives, patients and their families to reduce non-medically indicated (elective) deliveries before 39 weeks completed gestation.

The March of Dimes promotes the use of the *Elimination of Non-medically Indicated (Elective) Deliveries Before 39 Weeks Gestational Age Toolkit* with organizations and health professionals around the country.³ This toolkit was developed in 2010 by the March of Dimes California Chapter, the California Maternal Quality Care Collaborative (CMQCC) and the California Maternal Child and Adolescent Division within the California Department of Public Health and piloted in 2011 by five March of Dimes chapters (California, Florida, Illinois, New York, Texas) — the five states where 40 percent (the largest numbers) of the nation's births occur. The toolkit outlines steps that hospitals and providers can take to begin a quality improvement initiative to eliminate elective deliveries prior to 39 weeks.

In April 2013, results from the pilot project which included 25 hospitals were published online in the journal *Obstetrics & Gynecology*.⁴ As described in the article, *A Multistate Quality Improvement Program to Decrease Elective Deliveries Before 39 Weeks of Gestation*, the rate of elective early term deliveries fell significantly from 27.8 percent to 4.8 percent, an 83 percent decline.

A Multistate Quality Improvement Program to Decrease Elective Deliveries Before 39 Weeks of Gestation

Early Elective Deliveries Decrease



Scheduled singleton early term (37-38 completed weeks gestation) non-medically indicated inductions and cesarean deliveries fell 83 percent during a one-year quality improvement program in 25 hospitals in CA, FL, IL, NY & TX in 2011, funded in part by the March of Dimes. Source: Oshiro BT et al. A Multistate Quality Improvement Program to Decrease Elective Deliveries Before 39 Weeks of Gestation. *Obstet Gynecol*, May 2013.

Lessons learned from that project informed the development of the March of Dimes 39+ Weeks Quality Improvement (QI) Service Package. The Service Package complements the information in the toolkit and includes action-oriented guidance, data collection tools and other support services to assist hospitals in implementing a successful perinatal QI initiative to eliminate elective deliveries prior to 39 weeks.

In 2013, 100 hospitals in 28 states utilized the Service Package. Participating hospitals have access to a secure March of Dimes data portal which includes webinars focused on implementation guidance, a project blog and data reporting tools. Hospitals also receive on-site Grand Rounds and have access to perinatal and QI experts via a monthly call. During these monthly calls, hospitals receive guidance from experts and learn from each other as they share successes, challenges and lessons learned. Hospitals participating in the Service Package report high levels

1. Oshiro, B., Henry E., Wilson, J., Branch, D., Varner, M. (2009). Decreasing elective deliveries before 39 weeks of gestation in an integrated health care system. *Obstet Gynecol*, 113 (4), 804-11.

2. Tita, A.T., Landron, M.B., Spong, C.Y., et al. (2009). Timing of Elective Repeat Cesarean Delivery at Term and Neonatal Outcomes. *N Eng J Med*, 360, 111-20.

3. Main, E., Oshiro, B., Chagolla, B., Bingham, D., Dang-Kilduff, L. & Kowalewski, L. Elimination of Non-medically Indicated (Elective) Deliveries Before 39 Weeks Gestational Age. (California Maternal Quality Care Collaborative Toolkit to Transform Maternity Care) Developed under contract #08-85012 with the California Department of Public Health; Maternal, Child and Adolescent Health Division; First edition published by March of Dimes, July 2010.

4. Oshiro, B.T., Kowalewski, L., Sappenfield, W., Alter, C.C., Bettgowda, V.R., et al. (2013). A Multistate Quality Improvement Program to Decrease Elective Deliveries Before 39 Weeks of Gestation. *Obstetrics & Gynecology*, 121(5), 1025-1031.

of satisfaction with the support they receive from the March of Dimes. Results from a mid-program survey indicated that hospitals are 97 percent satisfied or very satisfied with the support they receive from the perinatal and QI experts affiliated with the project, in the form of Grand Rounds, monthly “Ask the Expert” calls, and online webinars and project blog. Hospitals reported being 96 percent satisfied with the communication and level of support they receive from March of Dimes staff.

In 2013, the March of Dimes also worked with VHA, Inc., a Hospital Engagement Network (HEN), to reduce early elective delivery rates in 27 high-opportunity hospitals. The March of Dimes and VHA developed a learning collaborative where hospitals share successes and address challenges to reducing early elective deliveries. Speakers from the March of Dimes National Speakers Bureau visited all 27 hospitals to provide a customized Grand Rounds presentation and lead an in-depth on-site mentoring session to support professionals in reducing early elective deliveries within their hospitals. After the on-site visit, hospitals participated in monthly networking calls, asking questions and receiving guidance and feedback from a perinatal and quality improvement expert.

Healthy Babies are Worth the Wait community program

The Healthy Babies are Worth the Wait Community Program is a March of Dimes chapter-led program designed to reduce preventable preterm birth. Through partnerships and collaborations among March of Dimes chapters, health departments, hospitals and community organizations, the Healthy Babies are Worth Wait Program provides education for pregnant women, perinatal providers and the greater community on the problem of preterm birth by bringing attention to associated risk factors and strategies and interventions shown to reduce these risk factors. Program partners work together to integrate clinical and public health interventions that focus on reducing preventable preterm birth.

The March of Dimes and Johnson & Johnson, in collaboration with the Kentucky Department for Public Health, conducted Healthy Babies are Worth the

Wait as a demonstration project to reduce preterm birth in Kentucky over a 3-year period (2007 to 2009). Results from the Healthy Babies are Worth the Wait Kentucky project were released by the March of Dimes in November 2013: *Healthy Babies are Worth the Wait: An initiative to reduce preterm births in Kentucky*. Results indicate a 12 percent decline in preterm singleton births in the intervention sites. The program achieved a statistically significant reduction in preterm birth rates over 60 months in the intervention sites, in comparison sites and in the rest of the state of Kentucky. This initiative provides evidence of an effective collaborative model that involves clinical and public health professionals, hospitals and community organizations.

The Healthy Babies are Worth the Wait Community Program became a Signature Program of the March of Dimes in 2011 and has spread in Kentucky to eight sites and further to five sites in Texas and two in New Jersey.

The March of Dimes Healthy Babies are Worth the Wait Community Program Implementation Manual is available to communities across the country and can be downloaded for free at prematurityprevention.org. Contact your local March of Dimes chapter for more information. Local chapter contact details can be found at the end of this report or at marchofdimes.org.

In conjunction with the Texas Department of State Health Services’ Healthy Texas Babies Project, the March of Dimes Texas Chapter is implementing the Community Program in five sites. In three sites in Houston, community leaders are collaborating to achieve the overall goal of reducing preterm birth by 12 percent by 2014. Interventions include reducing elective inductions and cesarean sections prior to 39 weeks of gestation; educating patients and providers about preterm birth; increasing patient entry into prenatal care in the first trimester; and strengthening patient services including access to progesterone and screening for domestic violence. In 2013, participating

clinic sites improved outreach for early entry into prenatal care and procedures for presumptive eligibility, and a workgroup of four commercial and Medicaid insurance providers was convened to work together to increase early access to care, coordinate care and reduce costs. Presumptive eligibility enables a pregnant woman who has no health insurance to receive health services through Medicaid while her application for Medicaid coverage is being reviewed. In Waco, Texas, Healthy Babies are Worth the Wait sites are conducting the Community Program, and are focusing on reducing elective deliveries prior to 39 weeks of gestation, educating women and the community on the importance of early entry into prenatal care and strengthening the system of care.



Advisory Board members, partners and patients in the HBWW program in Newark, NJ.

The March of Dimes and Johnson & Johnson are partnering in Newark, N.J., to adapt the Healthy Babies are Worth the Wait Community Program to address racial and ethnic disparities in preterm birth. To address the disproportionate risk of preterm birth for the African-American community, the March of Dimes conducted focus groups with local women and formed a work group on disparities reduction, which created specific strategies to address the problem. The Newark program promoted positive prenatal behaviors through culturally sensitive educational materials, reduced wait time for prenatal appointments, and focused on preterm birth recurrence prevention. It has strengthened the system of care through the use of patient navigators who guide women and help them access needed services.

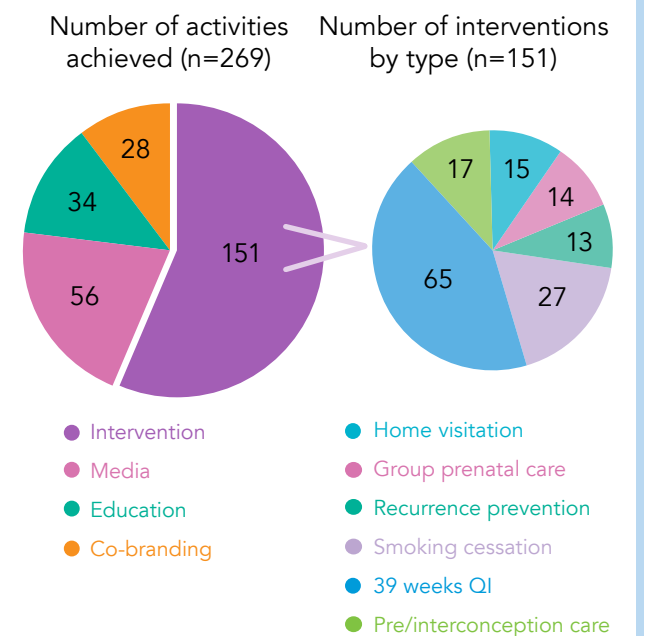
As a result of the plan to reduce disparities in preterm birth in Newark, program partners collaborated to increase access to prenatal care, including standardizing and streamlining the process to apply for presumptive eligibility. The program also created educational materials that address the most prevalent preterm birth risk factors for African-American women in Newark.

Partnership with ASTHO

In March 2012, the Association of State and Territorial Health Officials joined with the March of Dimes to ask state health officers to pledge to reduce preterm birth rates by 8 percent by 2014, consistent with new March of Dimes goals. Throughout 2012 and 2013, the lead health officials in all 50 states, as well as Washington, D.C., and Puerto Rico, signed the pledge to reduce preterm birth in their state or territory.

In 2013, states continued to develop initiatives to follow through on their pledges to reduce preterm birth, and joined with the March of Dimes to conduct co-branded education and advertising resulting in 151 completed activities and 144 that will continue into 2014.

2013 ASTHO activities



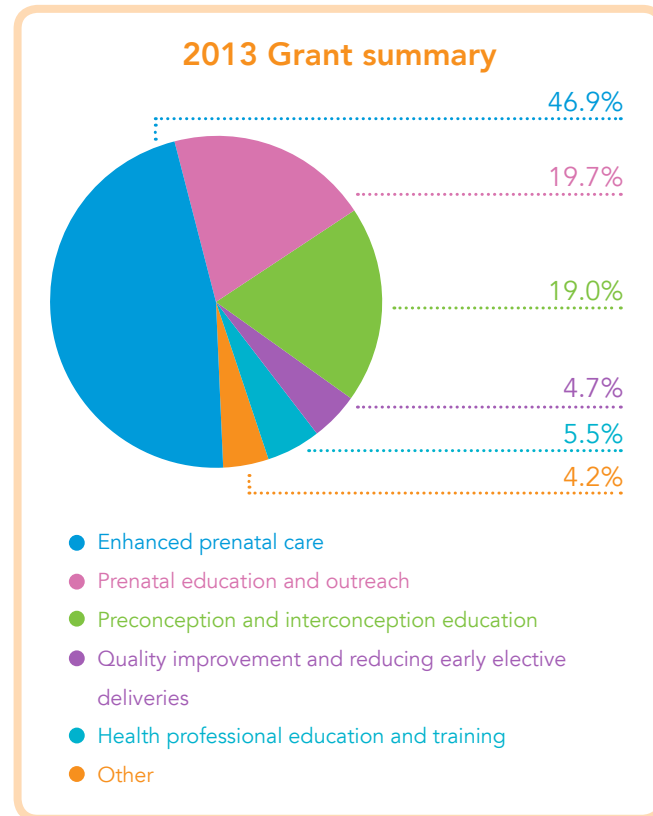
expanding services through chapter community grants

As the March of Dimes educates, ensures care for and provides support to women and their families, its chapters funded more than \$5.4 million in local maternal and child health activities in 2013 through 530 grants. These funds provide preconception and prenatal education services, expand access to prenatal care, and support promising programs that have potential to improve birth outcomes and reduce the rates of prematurity.

Chapter staff and volunteer leadership utilize available data and maternal and child health expert input to identify the most pressing needs in their state, develop a strategic mission investment plan, and identify and support projects that address their priority areas. While all chapter community grants focus on national Foundation priorities, chapter staff and volunteers have flexibility to determine which programs best support those priorities in geographic areas they serve.

Since the launch of the Prematurity Campaign in 2003, the majority of chapter grants are focused on addressing the crisis of premature birth.

More than 84 percent of chapter community grant funds were directed toward programs that address the prevention of premature birth.



Nearly 47 percent of chapter community grants fund 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.

| Chapter community grants | 2009 | 2010 | 2011 | 2012 | 2013 |
|---------------------------------------|-------|-------|-------|-------|-------|
| Chapter grant funds awarded (million) | \$6.0 | \$5.9 | \$6.1 | \$5.8 | \$5.4 |
| Prematurity-related grants awarded | 94% | 81% | 83% | 93% | 84% |

Chapter community grants overview

| | Total number of grants | Amount | Percent |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------|-------------|
| Enhanced prenatal care <i>Includes group prenatal care, such as CenteringPregnancy®, expansion and enhancement of traditional prenatal care services and risk reduction activities.</i> | 171 | \$2,538,083 | 46.9% |
| Prenatal education and outreach <i>Includes the education awareness campaign, activities that provide outreach and education to specific target groups.</i> | 153 | \$1,066,864 | 19.7% |
| Preconception and interconception education <i>Includes preterm labor recurrence prevention education activities.</i> | 88 | \$1,028,191 | 19.0% |
| Health professional education and training | 57 | \$296,560 | 5.5% |
| Quality improvement and reducing early elective deliveries | 16 | \$254,875 | 4.7% |
| Other <i>Includes services not otherwise classified — including activities to support and encourage breastfeeding, support maternal mental health projects, survivors of polio, and prevention of Sudden Unexpected Infant Death (SUID)</i> | 45 | \$224,249 | 4.2% |
| Total | 530 | \$5,408,822 | 100% |

In 2013, the March of Dimes continued its investment in group prenatal care while increasing its investment in other vital areas. Expanded services for pregnant women and preconception education saw an increase in funding with expanded services for pregnant women increasing from 10.7 percent to 15.1 percent and preconception education increasing from 6.1 percent to 8.2 percent.

Chapter community grants by purpose

| | Grants | Amount | Percent of Total |
|--------------------------------------------------------------------|------------|--------------------|------------------|
| Group prenatal care/CenteringPregnancy | 98 | \$1,488,055 | 26.8% |
| Expanded services for pregnant women | 46 | \$816,472 | 15.1% |
| Becoming a Mom/Comenzando bien | 50 | \$446,338 | 8.3% |
| Preconception education | 28 | \$442,551 | 8.2% |
| Interconception education/recurrence prevention | 27 | \$417,351 | 7.7% |
| Outreach programs | 48 | \$335,880 | 6.2% |
| Professional education and training | 57 | \$296,560 | 5.5% |
| Smoking cessation/substance abuse programs | 27 | \$273,556 | 5.1% |
| Quality improvement/late preterm birth prevention | 16 | \$254,875 | 4.7% |
| Other | 35 | \$166,841 | 3.1% |
| Public education | 35 | \$165,823 | 3.1% |
| Preterm labor prevention | 28 | \$140,122 | 2.6% |
| Storks' Nest | 9 | \$70,560 | 1.3% |
| Sudden Unexpected Infant Death (SUID)/Infant Death Syndrome (SIDS) | 10 | \$57,408 | 1.1% |
| Teen pregnancy services | 9 | \$40,763 | 0.8% |
| Profect Alpha | 5 | \$28,167 | 0.5% |
| MCH program enrollment | 2 | \$7,500 | 0.1% |
| Total | 530 | \$5,408,822 | 100% |

Source: March of Dimes Electronic Program Information Center, 2012.

enhanced prenatal care and risk reduction programs

171 grants
\$2,538,083

In 2013, the March of Dimes continued to provide significant support for group prenatal care activities, particularly Centering Healthcare Institute's CenteringPregnancy program. CenteringPregnancy is a model of group prenatal care that integrates three major components of care — health assessment, education and support — into a unified program within a group setting. Throughout the year, 28 chapters provided 98 grants amounting to nearly \$1.5 million to support the provision of this model, which has been shown to reduce the incidence of preterm birth and low-birthweight babies and empower women to choose health-promoting behaviors.

Due to the continued generosity of the WellPoint Foundation in 2013, 13 chapters received WellPoint-funding to support CenteringPregnancy activities, and more than 7,800 women received prenatal care in these states through this funding. The preterm birth rate among the women participating in WellPoint-funded CenteringPregnancy groups was 7.9 percent compared to the average preterm birth rate of 12.0 percent for those 13 states.⁶

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

Chapter example — South Carolina CenteringPregnancy

In an effort to address longstanding disparities in preterm birth and improve the prenatal care service delivery model, Greenville Health System (GHS) began implementation of the CenteringPregnancy model of group prenatal care in 2009 with the support of a March of Dimes grant. Implementation of the model within GHS has been remarkably successful.

Of the 1,072 women who have participated in the GHS CenteringPregnancy site since 2009, 7.9 percent have had preterm births, compared to the preterm birth rate of 12.7 percent for other low-risk pregnant women in the same practice, not participating in CenteringPregnancy.

Additionally, women participating in the GHS CenteringPregnancy site have demonstrated lower prevalence of low-birthweight infants, higher rates of breastfeeding initiation, and lower incidence of inadequate or intermediate prenatal care utilization compared to non-participating low-risk pregnant women in the same GHS OB practice.

Chapter example — Georgia CenteringPregnancy

In January 2013, the March of Dimes Georgia Chapter established and supported a Statewide CenteringPregnancy Workgroup. The primary goal of the Workgroup is to expand CenteringPregnancy in Georgia by raising awareness among consumers and health care providers; providing training to more professionals; ensuring sites are equipped to use consistent evaluation tools; and establishing a multidisciplinary policy committee to explore payer incentives and enhanced reimbursement opportunities. The Workgroup is comprised of executive leaders from Georgia's nonprofit community, Care Management Organizations, the Department of Community Health, the Department of Public Health, the local chapter of the American Congress of Obstetricians and Gynecologists (ACOG), and the Centering Healthcare Institute.

In coordination with the Centering Healthcare Institute and the Center for Medicare and Medicaid Services (CMS) Innovation Center's Strong Start Initiative, the Workgroup is positioning itself to develop and execute

a multifaceted marketing and awareness campaign geared toward providers and consumers; coordinate a robust training schedule to provide new Centering sites with basic personnel training and existing CenteringPregnancy sites with advanced personnel training; and ensure all Centering sites in Georgia have access to a centralized, web-based evaluation tool to measure participant engagement, birth outcomes, patient satisfaction and provider efficacy. The Workgroup is also coordinating a Statewide CenteringPregnancy Conference that will be held in November 2014.

Mom & Baby Mobile Health Center

Since 2006, when the March of Dimes developed and deployed four mobile health centers to areas in critical need of services for moms and babies after Hurricane Katrina, the *Mom & Baby Mobile Health Center*® Program has served communities that are federally designated as Health Professional Shortage Areas and Medically Underserved Areas in Louisiana and Mississippi. Each mobile health center is operated in partnership with community-based health care organizations, and the partner has developed a service model that is tailored to meet the needs of women in the communities they serve.



Mom & Baby Mobile Health Center

In 2013, FedEx, a longtime March of Dimes corporate partner in preventing preterm birth, birth defects and infant mortality, became a sponsor of the Mom & Baby Mobile Health Centers, providing funding to support programs for 2 years.

Since the inception of the project, the March of Dimes Mom & Baby Mobile Health Center program has provided more than 30,000 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 and high blood pressure can increase risk, as can using alcohol, tobacco and other drugs during pregnancy. After assessing their local needs, chapters implement various programs to reduce these risks in the populations they serve.



In 2013, chapters awarded eight grants totaling \$90,993 for substance abuse services to help programs screen women for substance abuse and provide education and case management, including addressing the growing problem of neonatal abstinence syndrome in infants born to women using street drugs and certain prescription drugs containing opioids. Chapters also awarded 19 grants totaling \$182,563 to fund smoking cessation services for pregnant women.

⁶ 2010 State Preterm Birth rates are based on 2010 Final Natality data, NCHS.

prenatal education and outreach

153 grants
\$1,066,864

Prenatal education reinforces the importance of maintaining a healthy lifestyle during pregnancy. Learning how to manage stress, eating a healthy diet, avoiding harmful chemicals or situations, recognizing signs and symptoms that something may be wrong, and preparing for labor and delivery are all examples of topics covered in prenatal education classes.



In addition to supporting programs that provide prenatal education, March of Dimes chapter volunteers and staff educated professionals and women with the latest information through various education materials, web content, videos and social media outreach strategies, often partnering with multiple stakeholders to ensure the widest reach.

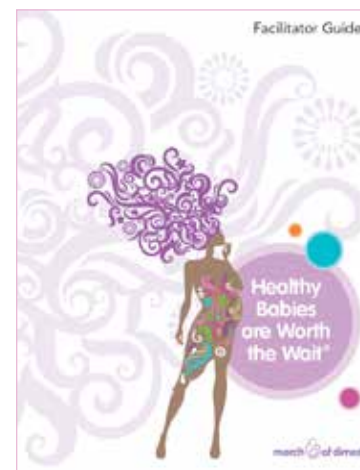
Chapter example — Healthy Babies are Worth the Wait — Community Education Toolkit

The N.Y. Consumer Education Initiative is a computer-based interactive presentation for pregnant women created by the Association of Perinatal Networks of N.Y. through support from the New York Chapter and national office. It is designed to teach pregnant

women the importance of waiting until at least 39 weeks if thinking about scheduling their baby's birth for non-medical reasons. This Community Education Toolkit includes a multimedia presentation, a facilitator guide, participant note pages and pre- and post-session questionnaires. During development, the presentation was focus-group tested, and facilitators in the pilot sites underwent in-person trainings.

The presentation is designed for use with pregnant women in prenatal education settings. Potential facilitators include childbirth educators and other health professionals dedicated to helping women have healthy pregnancies and healthy babies. After participating in this education activity, a woman will understand that: *If my pregnancy is healthy, it's best to stay pregnant for at least 39 weeks. This gives my baby the time needed to develop before birth.*

Due to the successful implementation by New York, this toolkit will be made available to communities across the country through March of Dimes chapters in 2014.



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 to learn about having a healthy pregnancy. 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 racial/ethnic groups.

In 2013, 50 grants were funded at more than \$446,000 to support *Becoming a Mom/Comenzando bien* programs. These programs provided training and support to 556 providers and reached more than 14,000 women.



Chapter Example — Kansas Becoming a Mom/Comenzando bien

Since 2010, the Greater Kansas Chapter has been developing community collaboratives to improve how prenatal care and education are provided to Hispanic women in several communities around the state. The chapter created an incentive-based program that integrates both community education and clinical services to be provided in a group setting. The program focuses on reducing birth outcomes disparities and uses the March of Dimes *Becoming a Mom/Comenzando bien* curriculum for educating audiences. The chapter developed a community collaborative among organizations in Saline County. The purpose of this collaborative was to leverage

resources, change the care delivery model and help ensure long-term program sustainability. Based on the success of the pilot in Saline County, additional collaboratives have been formed in five other Kansas communities.

In 2013, a sample of more than 100 women participating in the *Comenzando bien* program under this grant completed pre- and post-tests. There were important increases in knowledge and attitudes from pre- to post-implementation tests overall. Noteworthy are the knowledge increases in the areas of baby's brain growth and development from week 36 to 39 (81 percent to 95 percent), safe sleep practices (81 percent to 98 percent), and breastfeeding importance (97 percent to 99 percent).

Chapter Example – California Becoming a Mom/Comenzando bien

In 2013, the California Chapter, in conjunction with the Santa Barbara Public Health Department, Maternal, Child & Adolescent Health Program (MCAH), hosted its first *Comenzando bien* training in Santa Barbara County, Calif. Topics included prenatal care, nutrition during pregnancy, gestational diabetes, and the elimination of elective inductions prior to 39 weeks. One session on gestational diabetes and interconception care was led by a 2012 grantee recipient of the California Chapter, The Sansum Diabetes Research Institute.

The training was attended by more than 75 community members, including Promotoras (volunteer Hispanic/Latino community health workers), medical assistants, program managers and others, meeting the needs of many who have limited opportunities for training in this area.

The Coming of the Blessing

The Coming of the Blessing is a March of Dimes perinatal education initiative for American Indian and Alaskan Native families. The content of the curriculum was developed through a partnership between the March of Dimes and the American Indian/Alaska Native Women's Committee, consisting of representation from 10 different tribes. It encourages women to seek prenatal care, incorporate traditional beliefs and lessons from their ancestors, and include their partners in their circle of support during pregnancy.

Mothers from this population have the highest rate (23.8 percent) of inadequate prenatal care of all racial and ethnic groups in the United States. In strong contrast, 88 percent of the moms who received prenatal education through this program attended all their prenatal appointments. The preterm birth rate of more than 14 percent dropped to 7 percent among women who participated in the program, and *The Coming of the Blessing* gained a "promising practice" seal from the Indian Health Services.



March of Dimes chapters work with tribal partners to implement the program. This includes training program facilitators, providing educational materials and resources, and offering ongoing technical assistance as needed.

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. The Stork's Nest program provides prenatal education in a group setting, and offers incentives (such as diapers and infant clothing) for adopting healthy behaviors during pregnancy.



In 2013, March of Dimes chapters worked collaboratively with the Zeta Phi Beta Sorority on 44 Stork's Nest projects that collectively reached more than 4,500 women with prenatal education and support. Of these 44 sites, nine received more than \$70,560 in financial support in chapter grant funding to support their work.



preconception and interconception health education

88 grants
\$1,028,191

Educating women and their families is a critical first step in improving birth outcomes. Many women simply do not realize how their overall health can affect their current pregnancy, or a future pregnancy.



Preconception education involves teaching a woman about the importance of being as healthy as possible before she becomes pregnant; interconception education involves teaching a woman about the importance of being as healthy as she can be between pregnancies. For example, teaching women how to manage chronic conditions such as diabetes and hypertension, the importance of quitting tobacco and alcohol use, taking a multivitamin containing folic acid, and lengthening the time between pregnancies are all included in good preconception and interconception education.

March of Dimes chapters work to ensure that women receive strong preconception and interconception education and care.

Chapter Example — New Mexico New Mexico Folic Acid Initiative

In 2013, the New Mexico Chapter received a 3-year \$960,000 grant from the W.K. Kellogg Foundation to increase consumption of folic acid among women in four New Mexico counties most affected by poor birth outcomes.

Folic acid is a B vitamin that cells need for normal growth and development. If women of childbearing age take 400 micrograms of folic acid every day before and during early pregnancy, it may help reduce their babies' risk for certain birth defects of the brain and spine called neural tube defects (NTDs).

In collaboration with the New Mexico Department of Health and other community-based organizations, the New Mexico Chapter is working to (1) Increase access to fortified foods for Hispanic women in New Mexico whose diets include corn grain products; (2) Improve birth defects monitoring and response in New Mexico; and (3) Increase the number of women in New Mexico who take folic acid prior to and during the early weeks of pregnancy.

Project Alpha

Started in the early 1980s, Project Alpha is a collaborative project between the March of Dimes and Alpha Phi Alpha Fraternity, Inc. This project is designed to provide education, share knowledge, motivate, change attitudes and build skills in the areas of responsibility, relationships, teen pregnancy and sexually transmitted infections for young African-American males between the ages of 12 and 15 years. Young men are enrolled in the project in middle or high school, at local recreation centers, or through other youth programs.

In 2013, March of Dimes chapters provided more than \$28,000 in chapter community grant support for Project Alpha programs reaching more than 1,400 young men.

health professional education and training

57 grants
\$296,560

Health professionals rely on the March of Dimes for current information on health topics related to mothers and babies. Through Grand Rounds, professional conferences, nursing continuing education modules and other online learning opportunities, we continue to meet the needs of health professionals for timely, accurate and practical information to help them provide the best possible care for their patients.

Education for health professionals is a key component of the March of Dimes 39+ Weeks Quality Improvement Service Package Initiative. The team of clinicians from each hospital enrolled in the initiative has access to a series of online webinars developed by the March of Dimes that cover important topics like the evidence for reducing early elective deliveries and implementing a quality improvement project to reduce early elective deliveries. Clinicians can receive continuing medical and nursing education credits for several of these webinars. In 2013, the March of Dimes provided Grand Rounds presentations to 76 hospitals taking part in these initiatives. Twenty-seven hospitals participating in the VHA Hospital-based Learning Collaborative also received an in-person Grand Rounds and mentoring sessions.

The March of Dimes also revised the Preterm Labor Assessment Toolkit (PLAT) in 2013 to help health care staff improve perinatal health outcomes by establishing a standardized clinical pathway for the assessment and disposition of women with suspected signs and symptoms of preterm labor. PLAT contains an algorithm, protocol, an order set, suggested measures for data collection and data sources, implementation guidelines and patient education and home care instructions. The Toolkit can be downloaded for free at prematurityprevention.org.

Chapter example: Puerto Rico Hosts Caribe OB/GYN Conference

In August 2013, the Puerto Rico Chapter co-sponsored the annual Caribe OB/GYN Conference for more than 200 obstetricians and gynecologists. Conference topics included reducing early elective inductions, use of progesterone therapy to prevent preterm births, and sonographic assessment of the cervix during pregnancy and its role in preventing preterm birth. Dr. José Cordero, Chair of the Puerto Rico Chapter Program Services Committee, Dean of the Graduate School of Public Health at the University of Puerto Rico and a member of the March of Dimes National Board of Trustees, was the conference keynote speaker.

Nationwide example: Preterm Labor Assessment Toolkit (PLAT)

In November 2013, the Prematurity Prevention Network convened a webinar to launch the newly revised March of Dimes Preterm Labor Assessment Toolkit (PLAT). More than 650 medical professionals from across the country participated in the broadcast. The webinar provided professionals an opportunity to learn about the newly released resource developed to standardize the assessment of women presenting with signs of preterm labor.

PLAT supports hospitals in standardizing assessment in order to achieve the following outcomes:

- A uniform diagnosis of preterm labor
- Timely and appropriate interventions
- Hospitalization or transport of patients at greatest risk for preterm delivery
- A decrease in unnecessary hospitalizations and treatments
- Improved allocation of scarce nursing/hospital resources
- Increased maternal-fetal safety

quality improvement and reducing early elective deliveries

16 grants
\$254,875

Non-medically indicated deliveries before 39 weeks gestation (elective induced deliveries or c-sections that are scheduled before a baby is fully developed) may result in serious health problems for mother and baby. The March of Dimes Healthy Babies are Worth the Wait Quality Improvement Initiative to eliminate these early elective deliveries (described on pages 2 through 4 of this report) is also carried out by March of Dimes chapters throughout the United States. Chapters work with hospitals, hospital systems, quality improvement collaboratives and health departments to ensure that March of Dimes resources and consumer messages are accessible.

In addition to national partnerships with 100 hospitals utilizing the Quality Improvement Service Package, March of Dimes chapters recognize individual hospitals that have independently worked to reduce early elective deliveries. Hospitals that have a written policy with defined medical indications for deliveries less than 39 weeks and early elective delivery rates less than 5 percent are eligible for the March of Dimes 39+ Weeks Hospital Recognition. Sixty-three hospitals in nine states were recognized in 2013, 45 of which were recognized in partnership with either the Arkansas Hospital Association or the Minnesota Hospital Association.

Chapter Example — Washington 39+ Weeks Quality Improvement

The March of Dimes is a leader on the Washington State Perinatal Advisory Committee that took on the challenge of reducing early elective deliveries. March of Dimes volunteers and staff were instrumental in bringing and keeping this issue on the agenda. As a result, all 65 birthing hospitals in the state were involved in the initiative and collectively saw an 86.5 percent reduction in early elective deliveries from 15.3 percent in 2011 to 1.85 percent (average of Q1 and Q2-2013).

Chapter Example — Iowa 39+ Weeks Quality Improvement

The Iowa Chapter helped convene the first ever Obstetrics Statewide Task Force to address patient safety and quality of care in Iowa Hospitals. With an initial goal to reduce the rate of elective deliveries prior to 39 weeks gestation to 3 percent by June of 2013, hospitals were educated on the importance of instituting a hard stop policy on scheduling elective deliveries before 39 weeks. Sixty hospitals in Iowa are tracking and reporting their early elective delivery rates on a monthly basis. By June 2013, hospitals reported an early elective delivery rate of 0.90 percent; a remarkable decrease from 7.55 percent in May 2012, and by December 2013, 83 of 84 hospitals reported having a hard stop policy for elective deliveries in place, an increase from 40 hospitals in May 2012.

Chapter Example — Mississippi 39+ Weeks Quality Improvement

The Mississippi Chapter partnered with the Mississippi State Department of Health, the Mississippi Hospital Association and the Mississippi Chapter of ACOG to launch a statewide 39+ weeks pledge and recognition program for hospitals.

All 43 birthing hospitals in the state were asked to sign a pledge, committing to adopting a hard stop policy to prevent scheduling of elective deliveries before 39 weeks and to submitting scheduling and delivery data to document their progress. Of 43 birthing hospitals in the state, 32 have already taken the pledge.

NICU initiatives

NICU Family Support

The March of Dimes is a national leader in promoting family-centered care in neonatal (newborn) intensive care units (NICUs) through implementation of the NICU Family Support program. The program provides information and comfort to families experiencing the hospitalization of their baby. In 2013, NICU Family Support programs offered services to more than 90,000 families experiencing a NICU stay and provided vital information and comfort when and where families needed it most.

In 2013, NICU Family Support activities were provided in 132 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 family-centered care seminars for nursing contact hours with *Close to Me*®, an online seminar designed to increase the onset and duration of skin-to-skin holding.



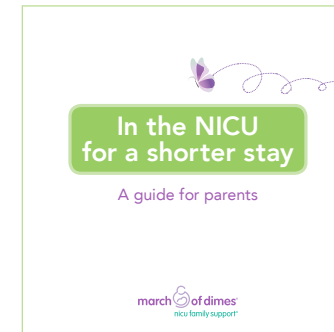
The March of Dimes regularly shares its expertise in neonatal family-centered care at national health and medical forums such as conferences of the American Academy of Pediatrics, Association of Women's Health, Obstetric and Neonatal Nurses, Gravens Conference on the Physical and Developmental Environment of the High Risk Infant, Vermont Oxford Network, National Perinatal Association, National Association of Neonatal Nurses, and National Association of Perinatal Social Workers. Through these national forums and its NICU Family Support trainings, the March of Dimes offers high-quality education to more than 7,000 health professionals annually.

2013 Highlights:

- NICU Family Support provided nearly 40,000 Parent Care Kits to families, a 30 percent increase over the previous year. Parent Care Kits are education materials specially designed to support families during a NICU stay.
- More than 33,000 families attended more than 6,000 NICU Family Support parent hours and activities designed to educate and comfort families.
- 38 percent of NICU Family Support programs reported a policy or practice change related to increasing skin-to-skin holding in their NICU.
- The NICU Family Support program was implemented in every state, Washington, D.C., and Puerto Rico, including the first system-wide implementation of the program in Pennsylvania.

In the NICU for a Shorter Stay

Each year more than 500,000 babies are admitted to NICUs, including babies born prematurely or with serious, long-term health problems requiring a longer stay in the NICU. However, about half of NICU babies are born late preterm or with birth defects, or have respiratory distress, temperature instability, jaundice or infection that may require a shorter stay in the NICU. Sometimes babies with these conditions are discharged from the NICU within a few days. Most NICUs are set up to provide long-term care and support and do not have the resources or specialization to provide the specific support that families with a shorter stay may need. *In the NICU for a Shorter Stay: A Guide for Parents* was developed to help guide these families as they move through the hospital stay and care for their infants at home. The March of Dimes produced this educational resource to fill the gap in educational resources for families in this situation; the booklet is available at all NICU Family Support sites for families whose NICU stay is anticipated to be 14 days or less, which represents more than 50 percent of all NICU admissions at our NICU Family Support sites.



ShareYourStory.org

Share Your Story (SYS) is an interactive, online community of parents of babies born too soon or very sick. The site is open to anyone touched by the NICU experience or an infant loss, including pregnant women on bedrest, families currently in the NICU, and those who have transitioned home. Each year, these families contribute more than 100,000 posts, read by almost 350,000 unique visitors from around the world.



In 2013, the March of Dimes refreshed Share Your Story to provide 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 help meet the differing needs of NICU families, especially as more and more parents connect with each other through online communities and social media.

Share Your Story discussion forums revolve around topics identified as most pertinent by the families on the site, including: coping with children's continuing health issues, feeding, dealing with visits from friends and family, and the financial burdens 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 ensure that the site remains a safe environment for all.

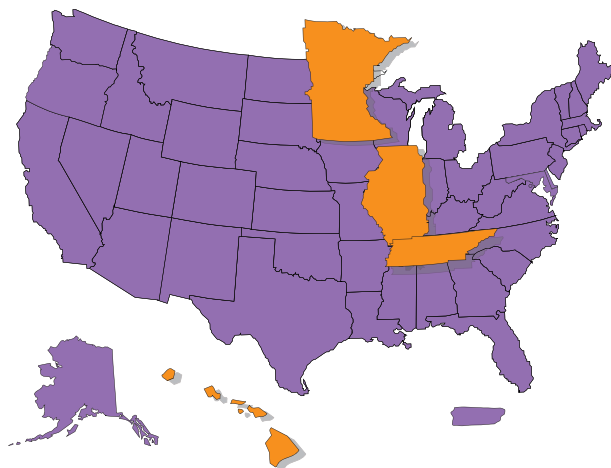
recognizing chapter excellence

Chapter of the Year is a national March of Dimes awards program that recognizes excellence in several functional areas. The 2013 Chapter of the Year winners in the program category were Hawaii, Minnesota, Illinois and Tennessee. Following are a few highlights of the winning chapters' 2013 program initiatives:

Hawaii

The Hawaii Chapter's quality improvement efforts with local hospitals resulted in a reduction of early elective deliveries from 5.2 percent to 2.2 percent in Hawaii's largest birthing hospital. Through their chapter community grants program, the chapter increased access to prenatal care in Kauai and Lanai to high-risk mothers and those who are geographically isolated. The March of Dimes NICU Family Support program helped to initiate a change in hospital policy for siblings under the age of 12, and reached 450 family members through educational and supportive social activities.

2013 Program chapter of the year



Minnesota

The Minnesota Chapter's leadership on the Minnesota Task Force on Prematurity resulted in meaningful recommendations to the legislature on how the state should address the problem of prematurity and increased visibility for the March of Dimes. Strong partnerships with the state hospital association and state department of health were key factors in executing an effective Healthy Babies are Worth the Wait consumer education campaign. Through March of Dimes NICU Family Support, 312 NICU families (95 percent of NICU admissions) received supportive educational materials.

Illinois

The Illinois Chapter provided excellent leadership in a statewide prematurity task force, which resulted in a visible role for the March of Dimes in providing recommendations to the state legislature regarding preterm birth in the state. The chapter's Healthy Babies are Worth the Wait education and awareness campaign reached more than 450,000 public transit riders with co-branded ads of the March of Dimes and the Illinois State Department of Health. The chapter's quality improvement efforts resulted in 80 percent of Regional Perinatal Centers in Illinois using the March of Dimes 39 Weeks Toolkit.

Tennessee

The Tennessee Chapter's leadership was a key factor in securing a pledge from the State of Tennessee to implement the ASTHO challenge to reduce preterm births by 8 percent in the state. The chapter's support of CenteringPregnancy services resulted in more than 800 women receiving group prenatal care, including women at the Blanchfield Army Community Hospital, as well as women from specific high-risk racial and ethnic groups. Through March of Dimes NICU Family Support, the Chapter's implementation of a hand washing education initiative resulted in the hospital changing its policy regarding hand washing to reduce nosocomial infections.

NICU Family Support Project of the Year Award

The Michigan Chapter's NICU Family Support Program at Helen DeVos Children's Hospital received the 2013 NICU Family Support Project of the Year Award for its success in several key areas that improved support and education. Through the NICU Family Support activities, breast milk utilization increased from 52 percent in 2012 to 98 percent in 2013; increased the incidence and duration of skin-to-skin care through changes to policies and processes; and reduced waiting time for families to receive information about their baby following admission. Helen DeVos Children's Hospital NICU has been a long-term and valued partner of the March of Dimes, evidenced by the significant number of volunteer hours in the NICU (150 people volunteered 1,200 hours in 2013), and their work with the March of Dimes to raise awareness and provide hospital leaders for March of Dimes Division Boards.



NICU Family Support Photo of the Year taken by: Jennifer Kipka, NICU Family Support Specialist at St. Cloud Hospital, St. Cloud, Minnesota

2013 Program Leading Practice Award Recipients

March of Dimes community programs

California Chapter — *Utilizing Community Partnerships to Implement and Evaluate Becoming a Mom/Comenzando bien*

March of Dimes NICU family support

Arkansas Chapter — *The Best Seat in the House, At their Baby's Bedside: Educating NICU Parents*

Maine Chapter — *Creating, implementing and evaluating educational materials to support transport families at their birth hospital*

Michigan Chapter — *Expanding meaningful touch and skin-to-skin care through a kangaroo-a-thon*

Texas Chapter — *Share the Wealth: Creating a Method to Maximize Staff Education*

Professional education

California Chapter — *Partnership to Educate Hospital Teams about Early Elective Deliveries*

Risk reduction

Illinois Chapter — *Reducing Elective Deliveries: A Public Awareness Campaign*

Pennsylvania Chapter — *Developing a Chapter-wide CenteringPregnancy Provider Network*

South Carolina Chapter — *Greenville Health System CenteringPregnancy Site & Expansion Initiative*

chapter contacts

| | | | |
|--------------------------------------|-------------------------------------------------------------|-----------------------------------------|-----------------------------------------|
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| Arizona (602) 266-9933 | Kansas (913) 469-3611 | New Hampshire (603) 228-0317 | South Dakota (605) 334-8203 |
| Arkansas (501) 663-3100 | Kentucky (800) 255-5857 | New Jersey (732) 952-9010 | Tennessee (615) 399-3200 |
| California (415) 788-2202 | Louisiana (225) 295-0655 | New Mexico (505) 344-5150 | Texas (713) 623-2020 |
| Colorado (303) 692-0011 | Maine (207) 289-2080 | New York (212) 353-8353 | Utah (801) 327-9464 |
| Connecticut (860) 815-9365 | Maryland/National Capital Area (571) 257-2330 | North Carolina (919) 781-2481 | Vermont (802) 560-4822 |
| Delaware (302) 225-1020 | Massachusetts (508) 366-9066 | North Dakota (701) 235-5530 | Virginia (804) 968-4120 |
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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.

