

premature birth

#1 cause of newborn death

## **Progress and Impact**

#### RESEARCH

**Supporting New Prematurity Research:** Nearly half of all premature deliveries have no known cause. In 2004, the March of Dimes launched the Prematurity Research Initiative. The goals are to fund promising, innovative research into the causes of prematurity and to translate research findings into actions that will help prevent early births. The first 12 grants, totaling over \$4 million, target some of the most crucial questions in prematurity research, including:

- What role do various genes or gene-environment interactions play in the events that lead to early labor?
- How can we identify women who go into preterm labor and deliver their babies early? Some women go into premature labor, but don't deliver early.
- What genetic variations may be involved in premature birth among African-American women? For unknown reasons, African-American women are more likely to deliver early than are other women.
- What role do infection and inflammation play in premature birth?

The March of Dimes expects to award additional grants under the Prematurity Research Initiative in the future. To learn more, read about the grants that have been awarded.

**Continuing to Support Ongoing Grants:** As we have done for many years, the March of Dimes continues to fund grants related to prematurity as part of our national research program. About one-third of those grants pertain to prematurity. Some grantees are studying the triggers that begin preterm labor. Others are addressing the life-threatening complications of babies born too soon. Several grantees are investigating how genetic, environmental and sociological factors interact and contribute to preterm delivery.

Identifying National Priorities for Research: The campaign's Scientific Advisory Committee, a group of recognized experts, has identified national priorities for prematurity research in several areas: epidemiology, genetics, racial and ethnic disparities, potential treatments, infection and immune response. The American Journal of Obstetrics and Gynecology published the national priorities in September 2005. Our hope is that this article will inspire a broad range of medical researchers to study both the causes of prematurity and effective ways to prevent it. We also hope the paper will stimulate more funding for research. While the March of Dimes can support some of the needed studies, we cannot do it alone. Members of the Scientific Advisory Committee are leaders in the fields of obstetrics and gynecology, pediatrics, nursing, public health and research.

Supporting International Collaboration: The March of Dimes supports the work of the Preterm Birth International Collaborative (PREBIC), an organization that supports and enhances international networking among researchers in preterm birth and works to establish multinational research projects. In 2005, the March of Dimes also supported the Preterm Birth and Genetics International Alliance (PREGENIA), a new international research organization created through PREBIC that focuses on the genetics of preterm birth.

## INTERVENTIONS AND EDUCATION

**Conducting the "I Want My 9 Months" Campaign:** This preconception effort educates women of childbearing age about how to prepare for pregnancy and reduce the risk of premature birth. Featuring Latina celebrity Thalia, the campaign provides educational messages in print, on radio and television, on the Web and through other channels. Materials are available in English and Spanish. For more information, read 9 Questions to Help You Get Your 9 Months.

**Sponsoring the National Summit on Preconception Health:** In collaboration with the U.S. Centers for Disease Control and Prevention, the March of Dimes was a cosponsor of this important conference in 2005. Topics included the evidence base, genomics, finance, clinical practice, disparities, special populations and global strategies.

Investigating a Promising Intervention: Studies have suggested that progesterone treatment can help

some pregnant women at high risk for a premature baby. If all pregnant women who had previously given birth to a premature infant received this treatment, about 10,000 premature births in the United States could be prevented each year. Although progesterone treatment would reduce the overall rate of preterm birth by a modest 2%, it would still be important, given the enormity of the prematurity problem and the current challenges in effective prevention.

**Providing Grants to Communities:** Since 2003, March of Dimes chapters have given more than \$18 million in grants to community-based programs to help women at increased risk of premature labor. For instance, these efforts have served women who smoke, who have urinary or reproductive tract infections, or who use alcohol or illegal drugs. Activities include outreach, education, and improved prenatal care.

**Supporting Centering Pregnancy**: Centering Pregnancy is a group model of prenatal care. Researchers are currently assessing it to determine its impact on infant health outcomes, including premature birth. March of Dimes has provided support for a model program as well as for professional conferences about Centering. In addition, the model is being used in a March of Dimes project in Louisiana funded by the U.S. Office of Minority Health and in some of the disparities projects described below.

**Reducing Disparities in Premature Birth:** The U.S. Centers for Disease Control and Prevention has funded the March of Dimes to reduce disparities in premature birth. This award supports six projects in March of Dimes state chapters.

## INFORMATION AND SUPPORT FOR AFFECTED FAMILIES

**Supporting Families in the NICU.** The March of Dimes NICU Family Support program provides information and comfort to families with newborns in neonatal intensive care units. Based in local hospitals, the program works in partnership with parents and staff. Educational materials and direct services assist families throughout the infant's hospitalization, when the baby goes home, and during the tragedy of newborn death. In 2005, NICU Family Support reached over 15,000 families at 23 sites. For families outside the program's service sites, NICU Family Support offers online information, resources and parent-to-parent support. In 2005, 58,000 people accessed Web-based information and participated in the online community Share Your Story.

# AWARENESS

**Raising Awareness and Educating the Public:** The March of Dimes reaches out to the general public, pregnant women, and employers in a number of ways: through pamphlets, posters, fact sheets, videos, public service announcements, news releases, community-based programs, and appearances on radio and television and at public meetings. The third Tuesday in November is Prematurity Awareness Day, with events held throughout the United States. In November 2005, over 100 structures, including the Empire State Building, were lit in pink and blue to mark the day. In addition, March of Dimes public service announcements were aired over 35,000 times across the United States. Since 2003, thousands of people every month have visited the Prematurity Campaign Web site. The site provides information to the public, pregnant women and health care professionals.

**Involving the Business Community:** In February 2005, the March of Dimes released findings from a study on the cost of prematurity to businesses. Eleven percent of newborns covered by employer health plans are born prematurely. Employers pay over \$41,000 in direct health care costs for a premature baby—15 times more than what they pay for a healthy, full-term delivery. Companies are important partners in the March of Dimes prematurity campaign. They can do many things in the workplace to help fight prematurity. Providing health insurance to cover adequate preconception and prenatal care for employees is vital. Companies can also educate their employees about pregnancy and create pregnancy-friendly worksites that reduce physical and environmental stress.

#### **PROFESSIONAL EDUCATION**

**Educating Doctors and Nurses:** With funding from the Johnson & Johnson Pediatric Institute, the March of Dimes has educated more than 20,000 health professionals in 43 states about the medical aspects of prematurity through our prematurity grand rounds program. In 2004, the March of Dimes published the third edition of its continuing education module on preterm labor for nurses. The module, available in both print and online, is a best seller in our professional education program. For more information about the module, visit the March of Dimes Web site for perinatal nurses.

**Partnership with Family Medicine Physicians:** The Family Medicine Education Consortium (FMEC), with funding from the March of Dimes, has launched a prematurity prevention initiative for family medicine faculty and residents. The program addresses clinical interventions that are known to prevent prematurity and low birthweight. The focus areas are smoking, pregnancy spacing and infection.

#### ADVOCACY FOR MOTHERS AND BABIES

**Promoting Legislation in the U.S. Congress:** The March of Dimes has been working in Washington with senators and representatives of both parties to enact federal legislation related to prematurity. In 2006, Congress passed and President Bush signed the PREEMIE Act, which will expand research into the causes and prevention of prematurity and enhance education and support services. A second bill, the Prevent Prematurity and Improve Child Health Act, would increase access to health coverage for women, infants and children. Congress is considering this legislation.

**Providing Advocacy Leadership in the States:** Some premature babies have birth defects. At the state level in 2005, 28 March of Dimes chapters led advocacy efforts to create, improve or protect birth-defects surveillance programs. As a result of these efforts, programs were expanded and state funding protected.

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