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prematurity campaign

2013 progress report

Celine Dion joins the
March of Dimes in support
of World Prematurity Day

march  of dimes®

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Gaining ground: a letter from the president



The March of Dimes Prematurity Campaign, launched in 2003, closed its first decade with a powerful sense of momentum. For 11 years, the Campaign has

made significant progress in reducing the preterm birth rate and improving outcomes for mothers and babies. Yet stubborn facts remain: the United States still has the highest preterm birth rate of any industrialized country, and preterm birth remains the leading cause of newborn death.

This Report captures the Campaign's efforts to attack these problems in 2013, and summarizes Campaign milestones since 2003. It is both a "thank you" to the partners and donors who have made our Campaign possible for 11 years, and a reminder of what remains to be done in 7 more, in order to reach our goal of a 9.6 percent U.S. preterm birth rate by the year 2020.

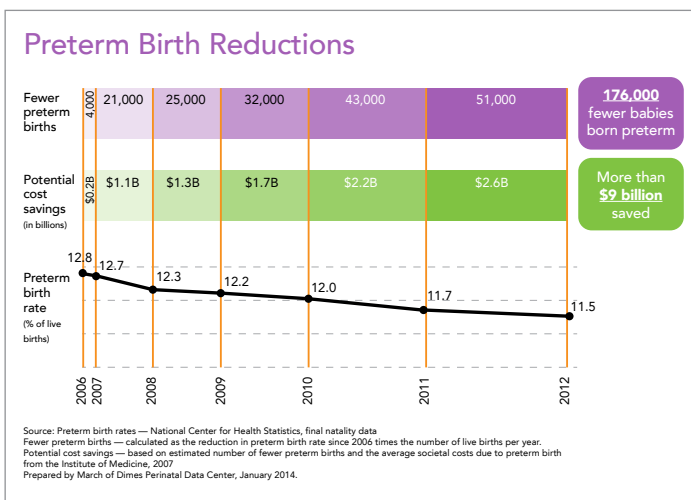
The United States preterm birth rate dropped for the **sixth consecutive year** to 11.5 percent according to National Center for Health Statistics (NCHS) data released this year. We estimate that 176,000 fewer babies have been born too soon in the United States because of improvements in the preterm birth rate over 6 years, potentially saving about \$9 billion in health and societal costs.

The March of Dimes sixth annual Premature Birth Report Cards, which assign grades to states and the nation based on the latest NCHS data, generated a burst of attention by elected officials, stakeholders and news media in November 2013. The March of Dimes continued to use the Report Cards, including the U.S. grade of "C," to call attention to what remains to be done, and to the potentially devastating consequences of a premature birth for families. An analysis conducted by the March of Dimes in 2013 highlighted the cost of prematurity for businesses as well, finding that premature birth is a major driver of health insurance costs for employers.

The March of Dimes is determined to find the unknown causes of premature birth and translate them into effective preventions. In 2013, we launched the second of five planned Prematurity Research Centers: the March of Dimes Prematurity Research Center – Ohio Collaborative. The Prematurity Research Center at the Stanford University School of Medicine was the first of the March of Dimes transdisciplinary centers, established in 2011. The groundbreaking work being conducted at both centers is described in section IV.

This year we developed and advanced a global research agenda, including transdisciplinary research, with the Bill and Melinda Gates Foundation and the U.S. National Institute of Child Health and Human Development, forming the Global Coalition to Advance Preterm Birth Research (G-CAPR) and setting forth a "Solution Pathway"¹ for research priorities in a November *Lancet* commentary.

As our research efforts intensify, we continue our interventions aimed at "preventable" preterm birth, including our Healthy Babies are Worth the Wait® (HBWW) initiatives. We are proud that health officials in all 50 states, Puerto Rico and the District of Columbia signed the March of Dimes and the Association of State and Territorial Health Officials' (ASTHO) pledge to reduce their state's preterm birth rate by 8 percent by 2014, and are working with our chapters on HBWW initiatives.



A major milestone for both research and prevention was the passage of S. 252, the PREEMIE Reauthorization Act, signed into law by President Obama during Prematurity Awareness Month® in November. PREEMIE reauthorizes federal research, education and intervention activities related to preterm birth and infant mortality. The March of Dimes is grateful for the bipartisan Congressional support for PREEMIE, and for the endorsement by dozens of maternal and child health organizations. We also note the longstanding support from the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, and the Association of Women's Health, Obstetric and Neonatal Nurses, our founding partners.

2013 was also a banner year for progress in the global movement to prevent prematurity. The 2012 publication of *Born Too Soon: The Global Action Report on Premature Birth*², authored by the March of Dimes, the World Health Organization, the Partnership for Maternal, Newborn, and Child Health, and Save the Children created momentum that continued to grow in 2013, culminating in the third annual World Prematurity Day (WPD) on November 17. WPD has become the moment for countries, groups and individuals who are concerned about preterm birth to release new publications, conduct awareness events and engage in advocacy activities. WPD activity took place in 83 countries this year, up from 24 during the first WPD in 2011.

Our ambitious plans for 2014 include launch of the third and fourth transdisciplinary research center sites; activation of prematurity prevention efforts in high and middle income countries with the International Federation of Gynecology and Obstetrics (FIGO); increased outreach to Hispanic women; and driving toward achievement of the March of Dimes 2020 goal for preterm birth through HBWW prevention efforts with our partners and alliances in the United States.

Campaign related expenses, including research, chapter grants, consumer and professional education, NICU Family Support®, and HBWW, have totalled approximately \$20 million annually.

Our progress in reducing preterm birth in the United States, and our leadership in the global cause, would not be possible without the tireless and generous contributions of our donors, sponsors, partners and volunteers. Together, we are making the case for our nation's mothers and babies, and sharing our learning and progress with the world.

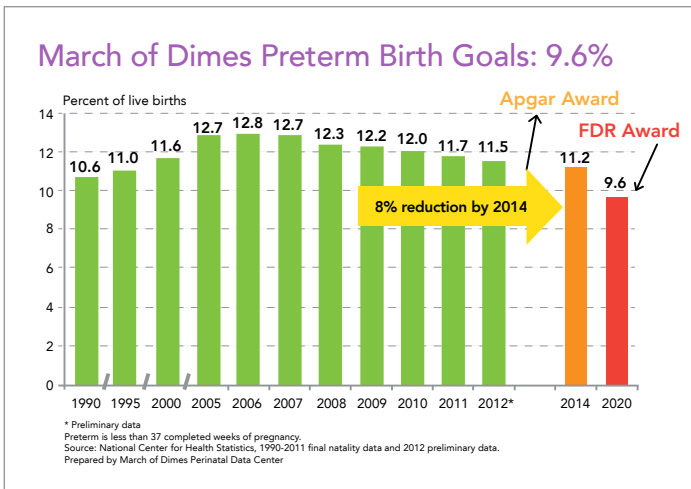


Dr. Jennifer L. Howse
President



I. U.S. preterm birth rate declines for 6 years

In 2003 the March of Dimes launched a national Prematurity Campaign. After rising steadily for three decades, the preterm birth rate began to decline in 2007. This year's data represents a 6-year decline in the preterm birth rate to 11.5 percent.

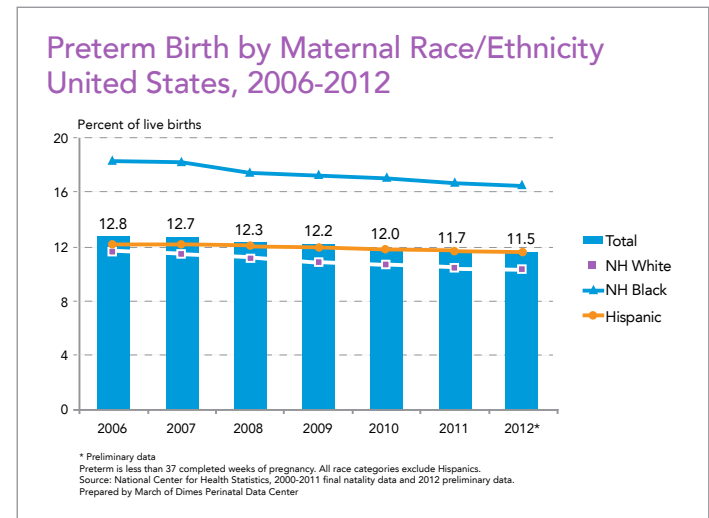


The March of Dimes Board of Trustees established the 2020 goal of 9.6 percent indicated in red in the above chart. In partnership with ASTHO, the March of Dimes also has an interim goal of an 8 percent reduction in every state by the end of 2014, indicated in orange above.

Many states have already made impressive progress in reducing their rates of preterm birth. Thirty-three states saw year-over-year improvements in their 2012 preliminary preterm birth rates announced this year.

We were pleased and proud to announce new awards to mark state progress in reducing rates. The Franklin Delano Roosevelt Prematurity Campaign Leadership Award was given to two states that met the goal of 9.6 percent in the preliminary 2012 data: Alaska and California. And the Virginia Apgar Prematurity Campaign Leadership award was awarded to four states and the District of Columbia, for achieving their 8 percent reduction: Arizona, Indiana, Massachusetts and Utah.

In the nation as a whole, premature births declined among every racial and ethnic group in the 2012 preliminary data released this year. For example, the preterm birth rate for African-Americans was 16.5 percent — the lowest level in 20 years. Hispanics, who have the fastest growing population in the United States, saw the preterm birth rate decline 5 percent since 2006, to a low of 11.6 percent in 2012. However, despite a narrowing in the disparity, the preterm birth rate among black women remains more than 1.5 times the rate of non-Hispanic white women.



Factors that influence preterm birth rates are complex, multifactorial and overlapping. As a result, no evidence-based explanation exists regarding why the rate of preterm birth has declined more for some racial and ethnic groups in recent years. The March of Dimes continues to draw attention to persistent inequities in birth outcomes, including through the 2013 Premature Birth Report Cards described later in this report.

II. Prematurity on the global health agenda

In 2013, multiple global initiatives gained momentum to address preterm birth and newborn death. These initiatives included the Millennium Development Goals, *Every Woman Every Child*, and the Every Newborn Action Plan. The publication of *Born Too Soon: The Global Action Report on Premature Birth* in 2012 highlighted the urgency of preterm birth as the leading cause of newborn death worldwide, and placed the March of Dimes and its Prematurity Campaign squarely within a coalition of international organizations working toward action on these issues.

Let's work together to improve care and find ways to prevent premature birth.



In addition to collaborative efforts with its *Born too Soon* partners (the World Health Organization, the Partnership for Maternal, Newborn, and Child Health, and Save the Children), in 2013 the March of Dimes signed a Memorandum of Understanding with the Bill and Melinda Gates Foundation and the U.S. National Institute of Child Health and Human Development to establish the Global Coalition to Advance Preterm Birth Research (G-CAPR). The three organizations joined together to set forth a *Solutions Pathway* in a *Lancet* commentary in November 2013. An accompanying *Lancet* editorial referred to it as a "comprehensive research agenda for preterm birth, covering prediction and early detection,

prevention, and care of preterm infants," and referred to the March of Dimes U.S. Premature Birth Report Cards, and actions in several countries as "cause for optimism."³

Dozens of organizations worldwide worked together to call attention to these and other publications as part of World Prematurity Day in November. Six research articles published in *Pediatric Research*⁴ outlined the high risk of disability among children born preterm, and the urgent need for improved care and prevention. In addition, the journal *BMC Reproductive Health* published a series of six papers based on the 2012 *Born Too Soon* report.

The March of Dimes continued to strengthen collaborative efforts with key professional and stakeholder organizations, signing a Memorandum of Understanding with the International Federation of Gynecology and Obstetrics (FIGO) in July 2013. FIGO, comprised of obstetric leaders from 125 countries, will collaborate with the March of Dimes to increase visibility for preterm birth discovery research and interventions, jointly advancing worldwide prevention of premature birth.

The World Prematurity Network, established by the March of Dimes in 2011 to formalize its alliances with consumer and parent groups, developed a charter in 2013 and added new groups from Africa and Mexico. These groups and others organized advocacy events, building lightings and other activities for World Prematurity Day.

Milestones

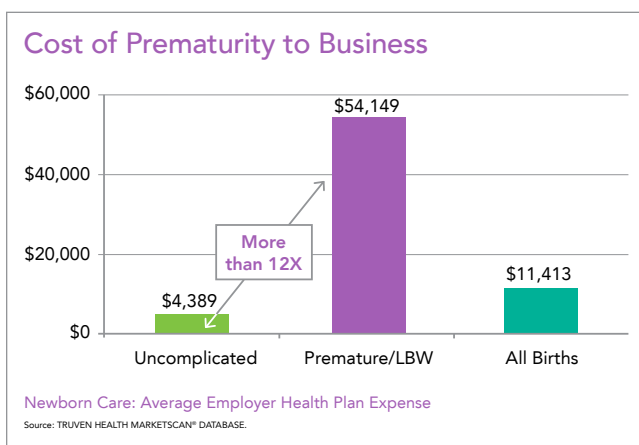
- 2012** Publication of *Born Too Soon: the Global Action Report on Preterm Birth* provides the first-ever country-level estimates of preterm birth rates for 184 countries.
- 2011** First annual World Prematurity Day involves activities in more than 24 countries; March of Dimes establishes the World Prematurity Network.
- 2009** Publication of *The March of Dimes White Paper on Preterm Birth: The Global and Regional Toll*.
- 2008** March of Dimes Board of Trustees declared prematurity a global campaign.

3. Delivering action on preterm births. (2013). *The Lancet*, 382(9905), 1610. Retrieved from: [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(13\)62354-5/fulltext?rss=yes](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)62354-5/fulltext?rss=yes)

4. "Beyond Newborn Survival; the Global Burden of Disease Due to Neonatal Morbidity," Joy E. Lawn on behalf of the CHERG Neonatal Group, *Pediatric Research*, Volume 74, Issue S1, December 2013.

III. Prematurity on the nation's health agenda

The financial cost of prematurity to individuals, businesses and the health care system has helped elevate the issue on the nation's health agenda. In 2013, the March of Dimes completed a study with Truven Health Analytics, Inc., on the excess health care costs for premature babies paid by commercially insured businesses. The study found that employers pay 12 times as much in health care costs for premature/low birthweight babies as for babies born without complications.



These costs represent just the first year of life for the newborn. Prematurity can cause long term disabilities, which adds to employers' and employees' financial burden.

Federal research, education and intervention activities are essential to addressing the devastating toll of preterm birth. In November 2013, S. 252, the PREEMIE Reauthorization Act, was passed by Congress and signed by President Barack Obama. PREEMIE reauthorizes federal research, education and intervention activities related to preterm birth and infant mortality. The original PREEMIE Act (P.L. 109-450) brought the first-ever national focus to prematurity prevention. The Surgeon General's Conference on the Prevention of Preterm Birth required by the Act generated a public-private agenda to spur innovative research at the National Institutes of Health (NIH) and Centers for Disease

Control and Prevention (CDC) and support evidence-based interventions to prevent preterm birth.

States have played a critical role in calling attention to premature birth and working to reduce rates. The March of Dimes partnered with ASTHO in 2012 to issue a challenge to state health departments to reduce preterm birth by 8 percent by 2014. Every state, the District of Columbia and Puerto Rico signed the pledge. In 2013, interventions and education activities occurred in every state, in the areas of quality improvement, smoking cessation, group prenatal care and preconception/interconception care.

The March of Dimes continues to encourage the spread of successful prematurity prevention programs, sharing tools and resources for professionals on prematurityprevention.org, and conducting a series of Prematurity Prevention Network webinars in 2013 with more than 2,000 participants from research, practice, government and industry.

Milestones

- 2012 ✓ ASTHO joins the March of Dimes to ask state health officers to pledge to reduce preterm birth rates by 8 percent by 2014.
- ✓ U.S. Department of Health and Human Services (HHS) invites the March of Dimes and ACOG to help launch a new federal initiative to reduce premature births called Strong Start. HHS pays for placement of March of Dimes HBWW advertising.
- ✓ March of Dimes Prematurity Prevention Symposium held in Washington, D.C.
- 2011 March of Dimes launches prematurityprevention.org to encourage the growth of successful prematurity prevention programs.
- 2008 Surgeon General's conference on the Prevention of Preterm Birth held in Washington, D.C, as called for in the PREEMIE Act.
- 2007 The Institute of Medicine (IOM) publishes its report *Preterm Birth: Causes, Consequences, and Prevention*, funded in part by the March of Dimes. IOM reports that the cost associated with premature birth in the United States is \$26.2 billion each year.
- 2005 Through March of Dimes advocacy efforts, the first Prematurity Research Expansion and Education for Mothers who deliver Infants Early (PREEMIE) Act became law.

IV. Multimillion-dollar research investment

Speeding progress in prematurity research

The March of Dimes launched the nation's first transdisciplinary research center dedicated to identifying the causes of premature birth at Stanford University School of Medicine in 2011. Encouraged by early progress there, the March of Dimes sought to establish a second center to speed progress toward understanding why so many babies are born too soon. In 2013, the March of Dimes launched the second of five planned Prematurity Research Centers. Three leading Ohio universities and five hospitals joined with the March of Dimes to establish the March of Dimes Prematurity Research Center – Ohio Collaborative. The new center is uniquely positioned to find the unknown causes of premature birth and translate them into effective preventions. At both centers, teams of scientists who ordinarily do not work together are examining the problem of preterm birth from many angles to discover the answers that have eluded us to date.



Trustee Gary Dixon and former Trustee Mark Selcow, along with Stanford University School of Medicine researchers, at the March of Dimes Prematurity Research Center.

In about half of premature births, the cause is unknown. However, we know that “prematurity results from many influences, including genetics, infection and social factors,” says Louis Muglia, MD, PhD, Co-Director, Perinatal Institute, Cincinnati Children’s

Hospital Medical Center, and Coordinating Principal Investigator for the Ohio Collaborative. “We will never make progress without considering all these factors together.” This is exactly what the exciting assemblies of experts from diverse fields — including microbiology, genetics, infectious disease, sociology and computer science — at both centers have set out to do.



Dr. Jennifer Howse at the launch of the March of Dimes Prematurity Research Center - Ohio Collaborative

The March of Dimes intends to invest \$10 million in the Ohio Collaborative over 5 years. Early aims of the collaborative include:

- **Sociobiology of racial disparities in preterm birth:** African-American women have about twice the rate of premature birth as caucasians of European ancestry. An exception found in Ohio is Somali women. Why do women of Somali ancestry have a lower risk than other African-American women? Could it be diet, genetic factors, social support or a combination of these and other factors? Ohio has one of the largest populations of people of Somali background in the United States, which makes it uniquely possible to identify factors that help reduce the risk in this population. The answers may be applied to African-American women in general to reduce their risk of premature birth.
- **Progesterone signaling in pregnancy maintenance and preterm birth:** Progesterone is a key pregnancy hormone. We know it plays a crucial role in keeping the uterus quiet and preventing contractions until term, but we don’t know how it does so. Progesterone treatment is one of the

few effective treatments to help prevent repeat preterm delivery in women who have already had a premature birth. However, we do not know why progesterone treatment works in some women but not others. A better understanding of the exact role progesterone plays in maintaining pregnancy may lead to new ways to prevent or treat preterm labor.

- **Genes that control labor and signal its onset:** The study is analyzing all 22,000 human genes in families with a history of multiple preterm births. Functional studies are performed on promising genes.

The Stanford center continues to study:

- **Pattern recognition and environmental factors:** Scientists are analyzing multiple data sets from the last 30 years of federal surveys to find patterns and trends that may point to previously unsuspected causes of premature birth. The Stanford team also is analyzing data from four large national health surveys to identify environmental factors that appear most likely to interact with potential prematurity genes and contribute to premature birth. What they learn may lead to new tests to identify high-risk women early in pregnancy, and eventually provide treatment to prevent early delivery.
- **Microbiome and preterm birth:** The microbiome refers to the bacteria and other microbes that live inside our bodies. Recent genetic technologies (DNA sequencing) have identified many new organisms, most of which don't harm our health. In the largest study of its kind, Dr. David Relman and other Stanford scientists are analyzing changes in the microbiome in samples from term and preterm pregnancies. The goal is to find out if specific microbes or changes in the microbiome may contribute to premature birth. This information could lead to better ways to predict and prevent premature birth.

Prematurity Research Initiative

The Prematurity Research Initiative (PRI) is a special research program that funds grants dedicated to finding the causes of prematurity. In 2013, five new grants were awarded, bringing the program's 9-year grant total to \$24.7 million.

One of these grantees, Jeffrey C. Murray, MD, at the University of Iowa Carver College of Medicine, identified possible genes involved in premature birth with the support of a prior March of Dimes PRI grant. In 2013, funding for his work has been renewed to allow him to build on his past discoveries and help reach the goal of improving health care providers' ability to predict which women are at high risk of giving birth too soon.

The other new PRI grantees are exploring many potential pieces of the prematurity puzzle, including:

- Focusing on prostaglandins, specialized lipids (fat-like substances) that help regulate inflammation and play an important role in triggering labor at term. Understanding the role prostaglandins play in initiating labor may help identify women at risk of preterm delivery and lead to development of drug treatment to prevent it.
- Understanding how bacteria and other infection-causing microorganisms attack the placenta or induce prostaglandin synthesis to contribute to premature birth.
- Learning how the hormone progesterone suppresses uterine contractions until term.
- Investigating the role of a protein called fetal fibronectin in causing preterm premature rupture of the membranes (PPROM), which is associated with 30 to 40 percent of premature deliveries.

In addition to our investments in transdisciplinary research centers and the targeted PRI program, the March of Dimes funds considerable prematurity-related research through other investigator-driven research programs. These grants are aimed at understanding fundamental biological processes, which can lead to improved treatment of babies born prematurely. Examples include studies seeking to prevent or develop new treatments for common complications of prematurity: retinopathy of prematurity (a common cause of vision loss), necrotizing enterocolitis (a serious intestinal problem), and bronchopulmonary dysplasia (a chronic breathing problem).

V. Healthy Babies are Worth the Wait®

Healthy Babies are Worth the Wait (HBWW), a key programmatic initiative of the Prematurity Campaign, brings together activities focused on preventable preterm birth under a positive, consumer-friendly name. It includes:

- Community Programs in three states to ensure that women receive the best possible care during pregnancy to reduce the likelihood of an early birth. The program involves collaboration with state and local health departments, hospitals, providers and consumers, and began first in Kentucky as a partnership between the March of Dimes, Johnson & Johnson Pediatric Institute and the Kentucky Department for Health.
- A robust nationwide education and awareness campaign that aims to change norms and reverse a trend toward earlier, non-medically indicated labor inductions and c-sections.
- Hospital Quality Improvement programs that support best practices related to the reduction of non-medically indicated Early Elective Deliveries (EEDs).

Healthy Babies are Worth the Wait community program: A successful intervention

In November 2013, the March of Dimes released *Healthy Babies are Worth the Wait® An initiative to reduce preterm births in Kentucky*, describing the successful integration of primary care and public health to reduce preterm birth in Kentucky. The March of Dimes and Johnson & Johnson, in collaboration with the Kentucky Department for Public Health, conducted the Healthy Babies are Worth the Wait program as a 3-year demonstration project (2007 to 2009) that used a multi-faceted, "real world," ecological design and evidence-based clinical and public health interventions to prevent late preterm

birth. In Healthy Babies are Worth the Wait program communities, the March of Dimes, local hospitals and local health departments met together regularly, implemented relevant best practices in clinical and public health services, collaborated to build a system of services with enhanced referral processes and to remove barriers to care, and educated the community about preventing preterm birth. This team approach tailored to local needs resulted in a significant reduction of the preterm birth rate in the intervention sites that conducted the program.

Results from the HBWW-Kentucky project released by the March of Dimes indicate a statistically significant 12 percent decline in the preterm birth rate in the intervention sites. Kentucky demonstrated the largest decrease in preterm birth rate of the nine contiguous states (10.5 percent) over the 2007 to 2009 period, in contrast with the national decrease of 3.9 percent. This initiative provides evidence of an effective collaborative model that involves clinical and public health professionals, hospitals and community organizations.

Now a Signature Program of the March of Dimes, the HBWW program is being implemented in Texas and New Jersey. Led by the March of Dimes, all of the programs are conducted in collaboration with our partners, including Johnson & Johnson in New Jersey.

Milestones

2012 Five sites in Texas and two in New Jersey launched

2011 One additional site in Kentucky implemented

2010 Four additional sites in Kentucky implemented

2007-2009

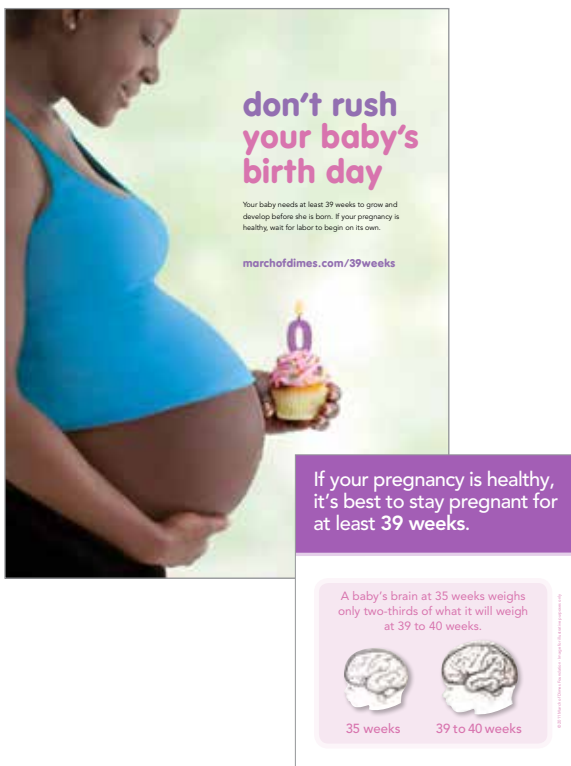
Kentucky Demonstration Project conducted

Healthy Babies are Worth the Wait education and awareness campaign

The campaign tells women: "If your pregnancy is healthy, it's best to stay pregnant for at least 39 weeks." Women who choose to induce labor in a healthy pregnancy should talk to their health care provider about waiting until they are full term at 39 weeks. The campaign also reinforces that "if your pregnancy is healthy, wait for labor to begin on its own."

Campaign components explain the importance of the last weeks of pregnancy, using time-lapse images in a television ad, and brain comparison images in print materials.

The campaign reached millions of women in 2013, through our extensive educational materials, web content, videos, social media outreach, public service advertising (television, print, radio, online, outdoor and transit) and a mobile phone app called "CineMama®." Advertising alone created more than 600 million impressions with a media value of more than \$11 million, through ads placed on monitors in doctors' offices, national and local cable outlets, broadcast television, magazines and newspapers, and outdoor. The CineMama app has received many positive reviews and awards, and has been used by almost 60,000 women since its launch last year.



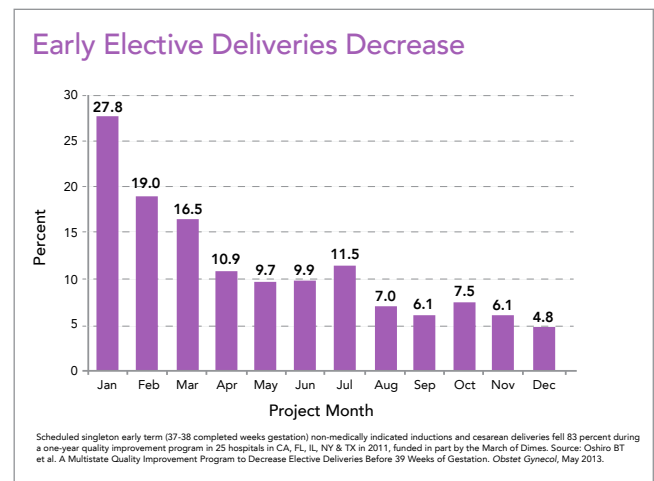
Milestones

- 2012** HHS paid for placement of March of Dimes ads.
- 2011** Expansion to a broad awareness campaign including advertising.
- 2006** Qualitative and quantitative research with consumers and providers led to development of brain comparison and other professional and consumer education materials.

Quality Improvement and professional education

In April 2013, *A Multistate Quality Improvement Program to Decrease Elective Deliveries Before 39 Weeks of Gestation* was published online in the journal *Obstetrics & Gynecology*⁵. This article summarized results of the 2011 implementation of the toolkit, *Elimination of Non-medically Indicated (Elective) Deliveries Before 39 Weeks Gestational Age*, developed 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 Health to help hospitals and providers translate evidence into action.

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



The Toolkit implementation took place in 26 hospitals located in the Big 5 March of Dimes chapters (California, Florida, Illinois, New York, Texas). Results show that a multi-state, hospital-based quality improvement program can be remarkably effective at reducing early elective deliveries of babies. The rate of elective singleton early term deliveries (i.e., inductions of labor and cesarean sections without a medical reason) in a group of 25 participating hospitals fell significantly from 27.8 percent to 4.8 percent during the 1-year project period, an 83 percent decline. The article garnered the attention of many state-based and national media outlets, including *The Wall Street Journal*, *Time.com*, *NBC News* and *CNN*.

5. Oshiro, B.T., Kowalewski, L., Sappenfield, W., Alter, C.C., Bettgeowda, 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.

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 quality improvement initiative to eliminate non-medically indicated deliveries prior to 39 weeks.

In 2013, 100 hospitals in 28 states were participating in the Service Package. These hospital teams 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 have access to perinatal and QI experts via a monthly call and an in-person Grand Rounds. As part of our 39+ weeks initiatives, the March of Dimes provided Grand Rounds presentations to 76 hospitals.

During the year, the March of Dimes also recognized 63 hospitals in nine states for their own work to reduce early elective deliveries. All hospitals have a written policy regarding EEDs which clearly defines medical indications for deliveries less than 39 weeks and report EED rates less than 5 percent. Forty-five of the 63 hospitals were recognized by the March of Dimes in partnership with hospital associations in two states — the Arkansas Hospital Association and the Minnesota Hospital Association.

In addition, the Prematurity Campaign provides funding for professional education in the areas of prematurity prevention and management of the consequences of prematurity. Over the last 11 years, the March of Dimes has sponsored approximately 1,250 grand rounds/conferences in all 50 states plus the District of Columbia and Puerto Rico, reaching approximately 74,600 providers.

This year, a revised *Preterm Labor Assessment Toolkit* was made available on prematernityprevention.org. The toolkit helps hospitals and providers establish a standardized clinical pathway for the assessment of women with suspected preterm labor.

Milestones

- 2012** Began accepting applications and selecting hospitals to participate in the 39+ Weeks Quality Improvement Service Package.
- 2011** Implemented the *Elimination of Non-medically Indicated (Elective) Deliveries Before 39 Weeks Gestational Age* toolkit in 26 hospitals located in the Big 5 March of Dimes chapters (California, Florida, Illinois, New York, Texas)
- 2010** The March of Dimes California Chapter, the California Maternal Quality Care Collaborative and the California Maternal Child and Adolescent Division within the California Department of Health developed the toolkit: *Elimination of Non-medically Indicated (Elective) Deliveries Before 39 Weeks Gestational Age* to help hospitals and providers translate evidence into action
- 2009** March of Dimes Premature Birth Report Cards called on hospitals and health care providers to address Early Elective Deliveries, beginning in 2009.
- 2007** The March of Dimes began to call attention to Early Elective Deliveries and their role in the increase in U.S. singleton preterm births, through the publication of epidemiological studies, professional and consumer education, and pilot quality improvement efforts in Kentucky.

VI. Chapter leadership

Implementing evidence-based program interventions

Since the start of the Prematurity Campaign, March of Dimes chapters have focused their attention on improving women's access to prenatal and interconception education and care services. Enhanced group prenatal care programs have been shown to reduce rates of premature birth by combining prenatal care with group education and social-support services to empower women to choose healthy lifestyle behaviors. In 2013, 28 of the 51 March of Dimes chapters have invested in group prenatal

care programs, providing nearly \$1.5 million in grant funding to more than 90 grantee organizations.

The March of Dimes has been investing in a group prenatal care model called CenteringPregnancy since 2005. These funds have enabled training of new providers, purchasing supplies required to implement CP groups, and supporting rigorous data collection to assure high quality of the CP program. Most recently, the WellPoint Foundation awarded a \$2 million grant (2012 to 2014) to the March of Dimes to prevent preterm birth through enhanced and expanded CenteringPregnancy services and quality assurance in 13 states. Through this partnership, 7,842 women received group prenatal care, and the preterm birth rate among these women was 7.9 percent compared to the combined preterm birth rate of 12.0 percent for those 13 states.

March of Dimes chapters continue to focus efforts on addressing disparities in premature birth in their communities, including African-American, Hispanic, Asian Pacific Islander and Native American communities. The Coming of the Blessing® is a March of Dimes initiative reaching American Indian and Native American families. Stork's Nest® is a collaboration between the March of Dimes and Zeta Phi Beta Sorority, Inc., to bring prenatal education and group support to low-income pregnant women in the African-American community. Becoming a Mom®/Comenzando Bien® is a March of Dimes bilingual prenatal curriculum used with pregnant women in supportive group settings. In 2013, 40 of the 51 March of Dimes chapters have invested in programs to reduce disparities, providing nearly \$2.1 million in grant funding to more than 170 grantee organizations.

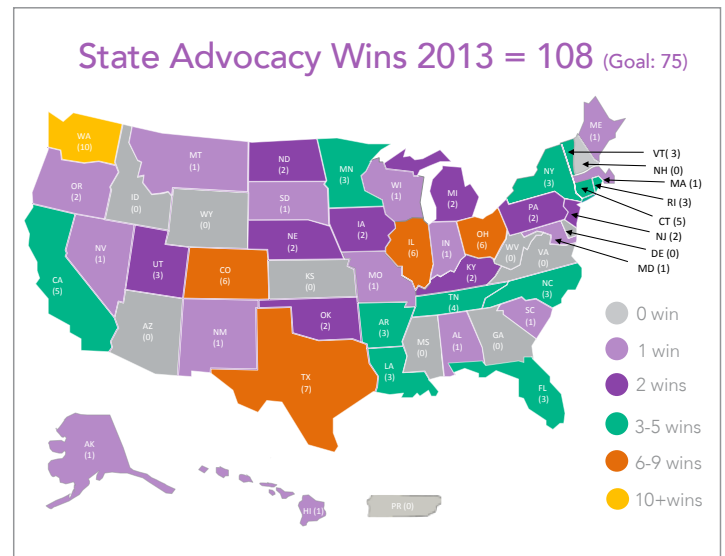
Quitting smoking is an important change a pregnant woman can make to improve her health and the health of her baby. Smoking in pregnancy increases a woman's risk of preterm labor, low birthweight and other serious pregnancy complications. In 2013, 15 chapters funded programs focused on smoking cessation through 17 grants totaling more than \$182,000.

As new, evidence-based home visitation models are developed, March of Dimes chapters have increased

support for these programs. Home visitation can help improve prenatal care for women, as well as birth outcomes. March of Dimes chapters have entered into partnerships with local organizations to implement these types of care models in 14 states. Women participating in these programs receive prenatal care and support services within their own home.

VII. Victories in state and federal advocacy

The March of Dimes continues to be a powerful voice for maternal and child health in Washington, D.C., every state capital and Puerto Rico. By promoting access to quality health care, expanded biomedical research, effective preventive care and educational efforts, the March of Dimes uses advocacy to advance our mission of healthy pregnancies and healthy babies.



The Prematurity Campaign scored a major victory in 2013 with passage of the PREEMIE Reauthorization Act, a bill to renew critical federal research, education and intervention activities related to preterm birth and infant mortality. Passed by Congress and signed into law by President Obama during Prematurity Awareness Month, this vital legislation will ensure a continued focus on federal research and programs designed to uncover the causes of preterm birth and identify and disseminate effective interventions. The

March of Dimes was proud to lead a broad coalition of organizations in promoting passage of this law.

Meanwhile, March of Dimes chapters across the nation accumulated an unprecedented 108 legislative or regulatory victories in 2013. Chapters pursued a broad range of initiatives to prevent preterm birth, ranging from access to health care to tobacco cessation to substance abuse prevention. Many of these efforts involved using advocacy to supplement the ASTHO challenge of reducing every state's preterm birth rate by 8 percent by 2014. March of Dimes advocacy victories under the Prematurity Campaign included:

- Laws and regulations to preserve and expand health coverage programs such as Medicaid, the Children's Health Insurance Program (CHIP), Title V, Maternal, Infant and Early Childhood Home Visitation, and coverage of pregnant women under CHIP
- Policies to improve the quality and availability of maternal and child health benefits in private health insurance, including the newly established Health Insurance Marketplaces
- Programs to expand preconception and interconception care and education to prevent preterm birth
- Initiatives to prevent tobacco initiation and promote smoking cessation
- Measures to ensure the development and widespread adoption of perinatal and pediatric quality measures, including those specifically related to preterm birth

The March of Dimes commands respect from policy-makers for our science- and evidence-based approach to maternal and child health and our long history of working on a bipartisan basis. We look forward to continuing our record of success to advance the Prematurity Campaign.

Chapter advocacy successes in 2013

Some standout 2013 chapter legislative or regulatory victories include:

Access to health coverage — more than 40 advocacy wins including:

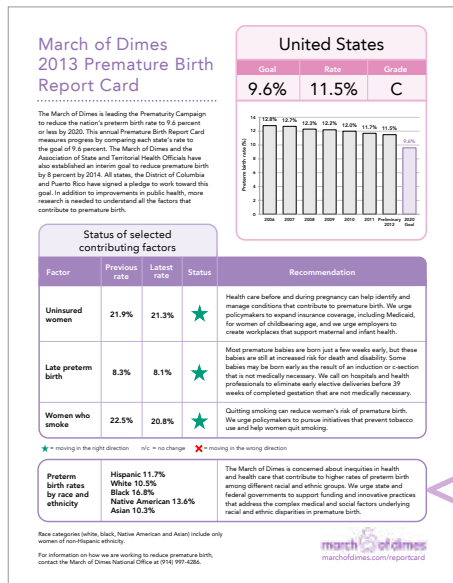
- Colorado, Illinois, Michigan, New Jersey, North Dakota, Washington State and other chapters worked in coalition to expand access to Medicaid for millions of women of childbearing age, giving them access to care so they can get healthy before they get pregnant.
- Our California and Connecticut Chapters successfully advocated for the elimination of proposed cost-sharing for prenatal care in plans offered in the Health Insurance Marketplace.
- Indiana Chapter advocates prevented a rollback of eligibility levels for pregnant women in Medicaid.
- The Ohio Chapter secured state funding to provide progesterone treatment to women at risk of preterm birth.

Tobacco-related or substance abuse issues — more than 10 advocacy wins including:

- Our Colorado and Rhode Island Chapters successfully defeated efforts to reduce certain taxes on tobacco products.
- The Illinois Chapter worked collaboratively to pass a ban on the sale of alternative nicotine products, including e-cigarettes, to minors.
- The Ohio Chapter secured \$1 million in state funding for a prenatal smoking cessation program.
- Washington State Chapter advocates defeated legislation to exempt certain indoor public places and workplaces from the state's smoke-free law.
- The Florida Chapter served on the Attorney General's Task Force on Statewide Prescription Drug Abuse and Newborns and helped to secure \$900,000 for expansion of services for pregnant women and their families.
- The Tennessee Chapter worked to enact legislation supporting substance abuse treatment programs for pregnant women (Safe Harbor Act).

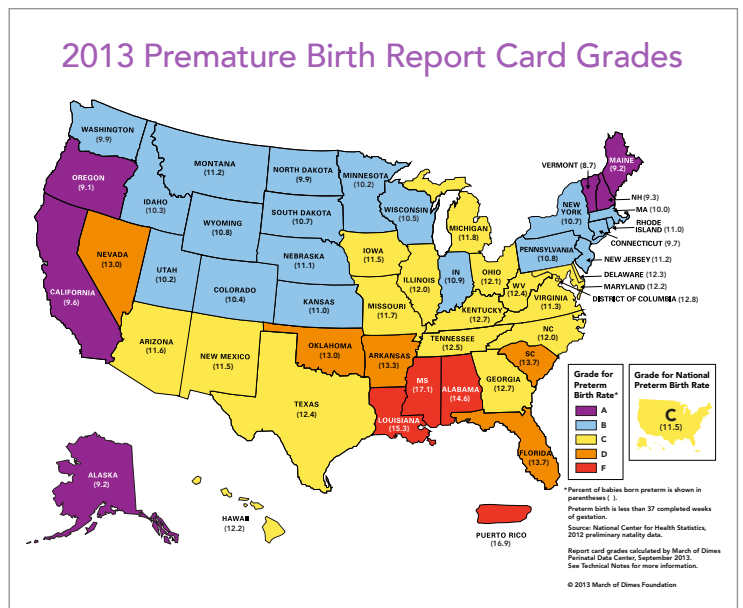
VIII. Premature Birth Report Cards

The March of Dimes released its sixth annual Premature Birth Report Cards on November 1, 2013. The Report Cards assign letter grades to states and the nation based on their preterm birth rate compared to the nation's goal of 9.6 percent. States and the nation also receive "stars" for progress on three preventable risk factors.



Six states — Alaska, California, Maine, New Hampshire, Oregon and Vermont — earned an "A," as their preterm birth rates met the March of Dimes 9.6 percent goal. There were 19 "B" grades, 18 "C" grades, 5 "D" and 4 "F." The U.S. received a "C," based on an overall rate of 11.5 percent.

In releasing the Report Cards, the March of Dimes emphasized the improvement in preterm birth rates since the peak of the problem in 2006, as well as the work that remains to be done to meet the March of Dimes 2020 goal. Attention by stakeholders and media outlets was impressive. Elected officials and state health officers joined the March of Dimes in many states to conduct news events or comment on Report Card grades. Major media outlets nationally and in every state covered the story and did so with depth, including discussion of March of Dimes transdisciplinary research; the need for expansion of health care coverage including Medicaid; and racial and ethnic disparities in preterm birth.



A new section in the Report Cards included preterm birth rates by race and ethnicity, drawing renewed attention to disparities.

Preterm birth rates by race and ethnicity	<p>Hispanic 11.7%</p> <p>White 10.5%</p> <p>Black 16.8%</p> <p>Native American 13.6%</p> <p>Asian 10.3%</p>	<p>The March of Dimes is concerned about inequities in health and health care that contribute to higher rates of preterm birth among different racial and ethnic groups. We urge state and federal governments to support funding and innovative practices that address the complex medical and social factors underlying racial and ethnic disparities in premature birth.</p>
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In a story titled *Full-Term Crisis: The U.S. tally for premature births is close to that of Bangladesh*, *Newsweek*⁶ said: "The report card also criticizes the American health-care system's massive social imbalances. 'The March of Dimes is concerned about the inequities in health and health care that contribute to higher rates of preterm birth among different racial and ethnic groups,' the group warns, and it calls for state and federal governments to invest in remedying those problems."

6. Harris, N-E. (2013). *Full-Term Crisis: The U.S. tally for premature births is close to that of Bangladesh*. Retrieved from <http://www.newsweek.com/us-leads-industrialized-world-premature-births-2917>

IX. NICU services for affected families

2013 progress:

The March of Dimes implemented the NICU Family Support® program in 132 hospitals nationwide, including three Bright Spaces for NICU Siblings. The program offered information and comfort to more than 92,000 families with a baby in intensive care, and added vital new resources for families, including a more interactive platform for Share Your Story®, the Foundation's online community for NICU families.



Other new resources included *In the NICU for a Shorter Stay*, *a Guide for Parents* and a new video series designed to help reduce the risk of a subsequent preterm birth. Family-centered care seminars for nursing contact hours were expanded with *Close to Me*, an online seminar designed to increase the onset and duration of skin-to-skin holding events.



Milestones

- 2012** Partnered with 128 hospitals to provide NICU Family Support services to NICU staff and families, including five Bright Spaces for NICU Siblings in partnership with Bright Horizons Foundation for Children.
- 2011** Created the March of Dimes NICU Family Support Network: comprised of 114 hospital partners that have access to evidence-based webinars, articles and discussion boards where innovations and best practices in family-centered neonatal care are shared.
- 2009** Launched two NICU Family Support fee-for-service programs: more than 40 hospitals purchased and implemented Hospital-Managed or Print and Web-based programs to provide information and support to NICU families and staff.
- 2007** Implemented NICU Family Support in every state, including the District of Columbia and Puerto Rico. Conducted national evaluation of NICU Family Support, which showed NICU Family Support had a positive impact on the stress level, comfort level and parenting confidence of NICU families. The program also enhanced the presence of and the receptivity of staff to family-centered characteristics in partnering NICUs.
- 2004** Launched Share Your Story, the March of Dimes online community where NICU families can find comfort, support and information from others who understand the challenges and uncertainties of a NICU experience. Began national implementation of NICU Family Support.
- 2001** Piloted NICU Family Support in three hospitals.

X. Rallying families and raising awareness

World Prematurity Day on November 17, the highlight of Prematurity Awareness Month in November, has grown exponentially since the first WPD in 2011. A coalition of organizations worldwide now works together to coordinate advertising, outreach, social media, release of new studies and publications, advocacy activities, building lightings and other awareness events. As a result of activities throughout November, media impressions in the United States soared to 2.7 billion, international media impressions to 1.7 billion.

The March of Dimes recruited Celine Dion, Thalia and many other celebrities to participate in WPD. Anne Geddes' image of Celine Dion with a baby appeared in print ads and materials used by March of Dimes global partners, and Celine Dion's television ad aired all over the world.



World Prematurity Day Facebook map of family stories

One impressive measure of the mushrooming success of WPD is the growth in the number of participating countries, from 24 in 2011 to 83 in 2013. In addition to country events detailed below, global events were held at the United Nations (U.N.) in New York (with March of Dimes President Dr. Jennifer Howse as the lead speaker), and in Geneva. These events involved U.N. country missions and other partners, and linked to the *Every Newborn* action plan initiative. Efforts in the European Union included a petition for improving perinatal care standards in 26 European languages, and a conference at the European Parliament that

included patient representatives, health experts, parent groups, academics from different Member States and the World Health Organization.

Selected World Prematurity Day Country Activities

Afghanistan. The Ministry of Health and Population and other health partners, with the support of UNICEF, marked World Prematurity Day in Malalai Maternity Hospital with the participation of 70 health providers from four maternity hospitals. Presentations included facts about prematurity in Afghanistan and the world, and interventions related to care and prevention.

Australia. Parliament Day in the Australian parliament on November 18, with discussion and awareness focused on prematurity; five major building lightings.

Ghana. Annual Walk and Celebration, NICU Care packages delivered to hospitals, media coverage and advertising placement.

Italy. Symposium "Prematurità: prevenzione, cura, famiglie" in Florence to mark World Prematurity Day. Hospital events, building lightings, flash mobs, charity concerts and art exhibitions were among the many activities in different regions of the country. Vatican Radio covered WPD, including an interview with the March of Dimes.

Mexico. Five events, including two large educational programs at hospitals attracting 300 clinicians and parents. Balloon Festival attracting more than 375,000 people, with the World Prematurity Day theme.

Nigeria. Hospital events; delivery of WPD care packages to families.

Pakistan. Presentation on evidence-based interventions at the NUST University, Islamabad with more than 200 participants, led by the Ministry of National Health services. Extensive media coverage of WPD and social media activity.

United Kingdom. First-ever London walk at the Tower Bridge; Leeds Arena lit purple; extensive social media outreach.

Social media activities included the Facebook WPD page, created by the March of Dimes in 2011; a 24-hour Twitter relay; Twitter chats; and memes. The Facebook page featured a global interactive map used by families to share personal stories and a new online media kit for anyone to use to “spread the word.” Facebook reach increased year over year by 373 percent, reaching 7.3 million people worldwide.



World Prematurity Day Facebook page



Mexico



United States



Poland



Italy



Germany



Canada



Australia



China



United Kingdom

Lightings around the world in recognition of World Prematurity Day

Partners, alliances and sponsors

National Campaign Partners

American Academy of Pediatrics
American College of Obstetricians and Gynecologists
Association of Maternal & Child Health Programs
Association of State and Territorial Health Officials
Association of Women's Health, Obstetric and Neonatal Nurses
National Association of County and City Health Officials

National Campaign Alliance Members

American Academy of Family Physicians
American Academy of Periodontology
American College of Nurse-Midwives
American College of Osteopathic Obstetricians and Gynecologists
American Dental Association
American Dental Hygienists' Association
American Hospital Association
American Public Health Association
American Society of Reproductive Medicine
Association of Reproductive Health Professionals
Black Women's Health Imperative
CityMatCH
Council of Women's and Infant's Specialty Hospitals
FirstCandle/SIDS Alliance
International Childbirth Education Association
League of Black Women
National Alliance for Hispanic Health
National Association of Children's Hospitals & Related Institutions
National Association of Neonatal Nurses
National Association of Nurse Practitioners in Women's Health
National Association of Pediatric Nurse Practitioners
National Association of Public Hospitals and Health Systems
National Birth Defects Prevention Network
National Black Nurses Association
National Coalition for Ethnic & Minority Nurses
National Healthy Mothers, Healthy Babies Coalition
National Healthy Start Association
National Indian Health Board
National Medical Association
National Perinatal Association

National Rural Health Association
National WIC Association
Office of Minority Health (HHS)
Partnership for Prevention
Preeclampsia Foundation
RESOLVE: The National Infertility Association
Sidelines National Support Network
Smoke-Free Families
Society for Gynecologic Investigation
Society for Maternal Fetal Medicine
Society for Public Health Education
Society of Pediatric Nurses
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NICU Family Support Sponsors and Supporters

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Global Alliances

Bliss Baby Charity, United Kingdom
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European Foundation for the Care of Newborn Infants (EFCNI), Europe
Global Coalition to Advance Preterm Birth Research
Home for Premature Babies, China
International Federation of Gynecology and Obstetrics
Little Big Souls International Foundation, Africa
National Premmie Foundation, Australia

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