

A newborn baby is lying in a hospital bed, wrapped in a light-colored blanket. A nurse in a white uniform is leaning over the baby, adjusting a clear oxygen mask over their face. The background is slightly blurred, showing the hospital room environment.

Preterm Birth: Helping Moms Reduce Risk

Marta Bills, MPH
MCH Program Director
Inland Empire & San Diego

Overview

- Prematurity Stats & Risk Factors
- Prematurity Prevention Interventions
 - Birth Spacing
 - Contraception
 - 17P Progesterone
 - Low Dose Aspirin
- Interconception teaching points
- Photos of Cute Babies!





March of Dimes Mission

To improve the health of babies by preventing birth defects, premature birth and infant mortality.

Fund research



Help moms



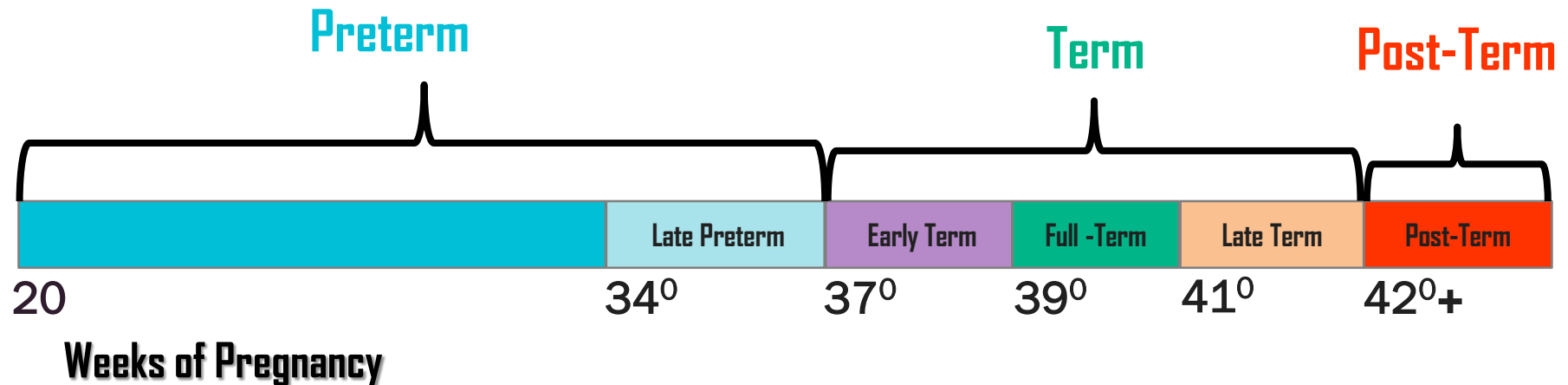
Support families





Definition of Pregnancy Terms

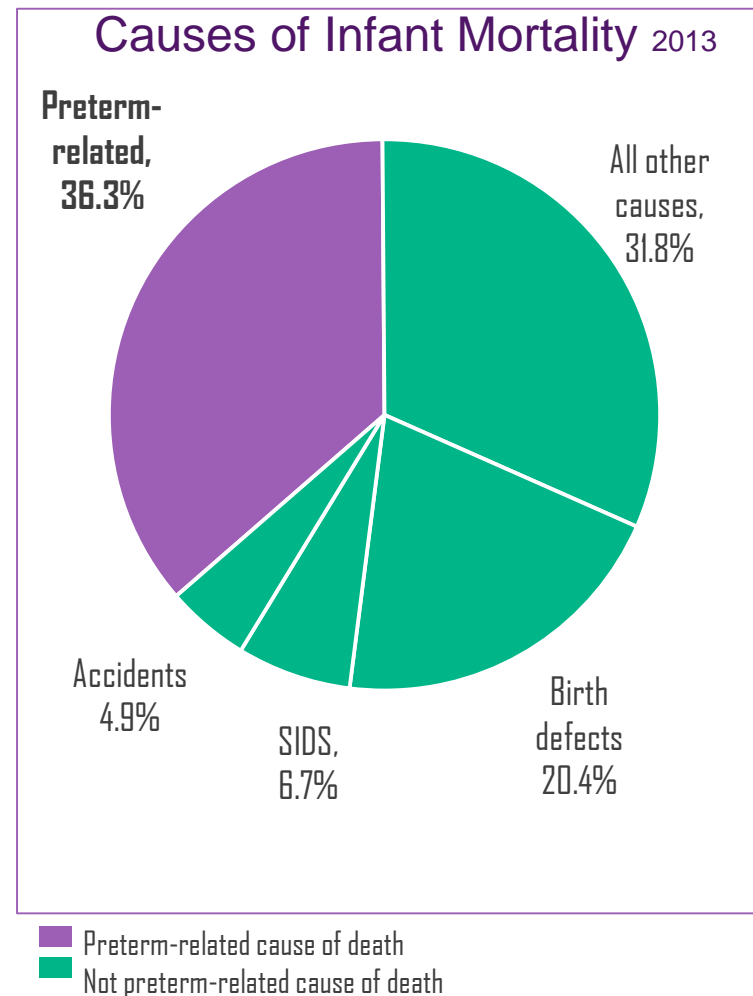
Preterm is birth before 37 weeks of pregnancy



The Urgency of Preterm Birth in the U.S.

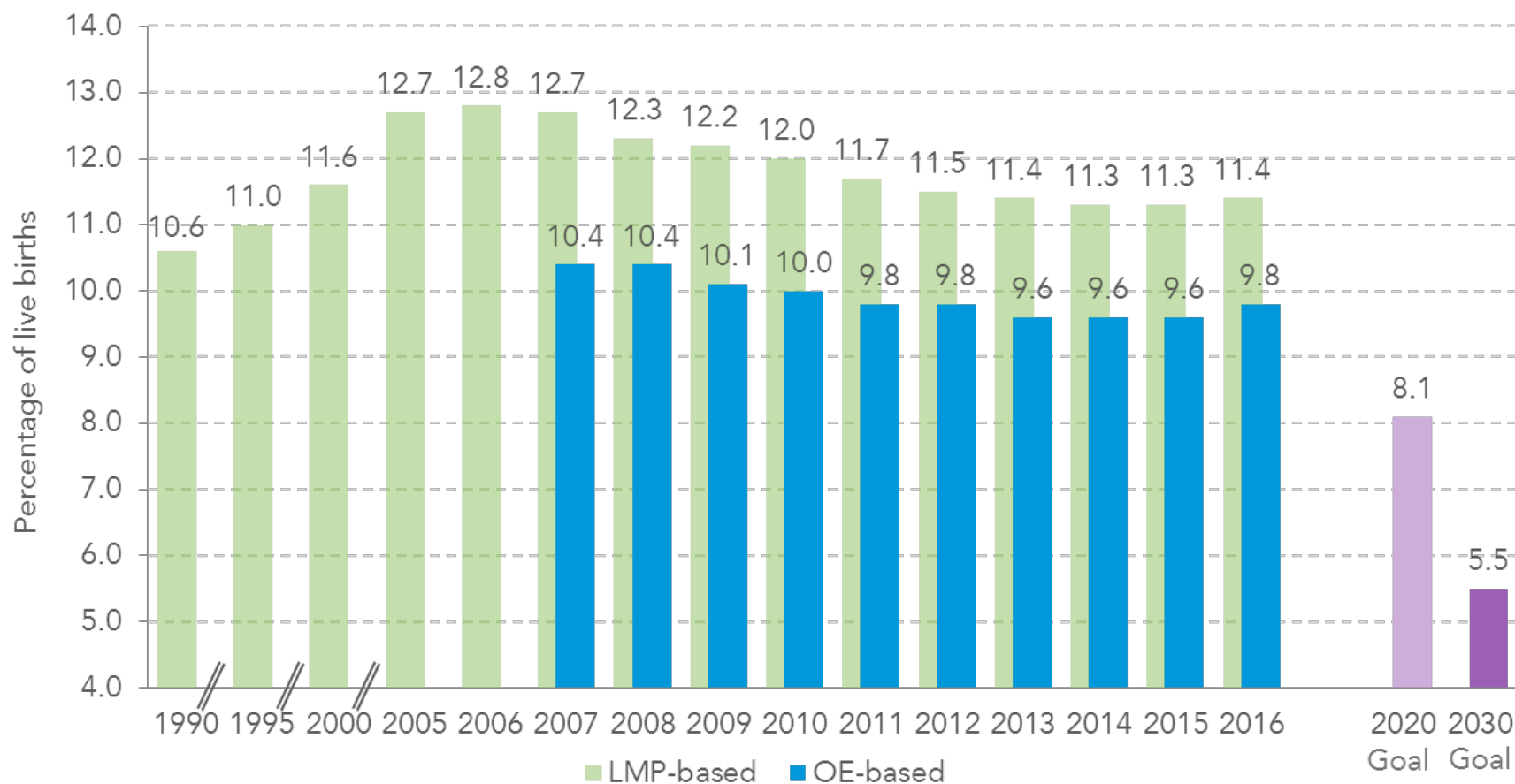
#1 cause of infant death, cause of long-term health problems

- **4 million babies born each year**
- **380,000 are premature**
- **1 in 10 are premature**
- **\$26 billion excess annual health and societal costs**
- **Long term problems can include cerebral palsy, intellectual disabilities, chronic lung disease, blindness, and hearing loss**



Preterm birth rates

United States, 1990, 1995, 2000, 2005-2016



LMP=gestational age based on date of mother's last menstrual period

OE=gestational age based on obstetric estimate.

Preterm is less than 37 weeks gestation.

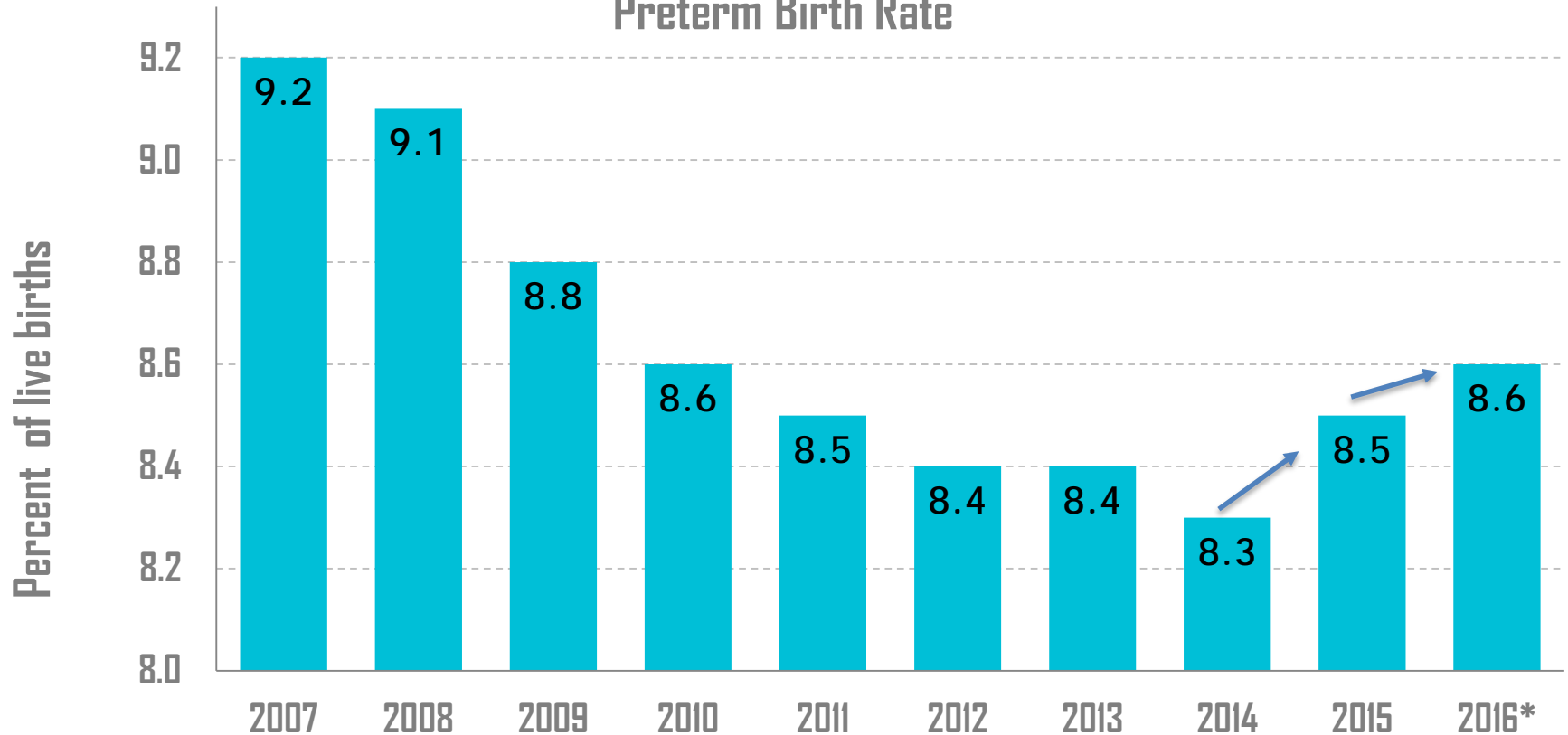
Source: National Center for Health Statistics, 1990-2016 final natality data.

Prepared by March of Dimes Perinatal Data Center, September 2017.

Preterm Birth in California

**LA County
2014-15 Rates:
8.5 » 8.8**

Preterm Birth Rate

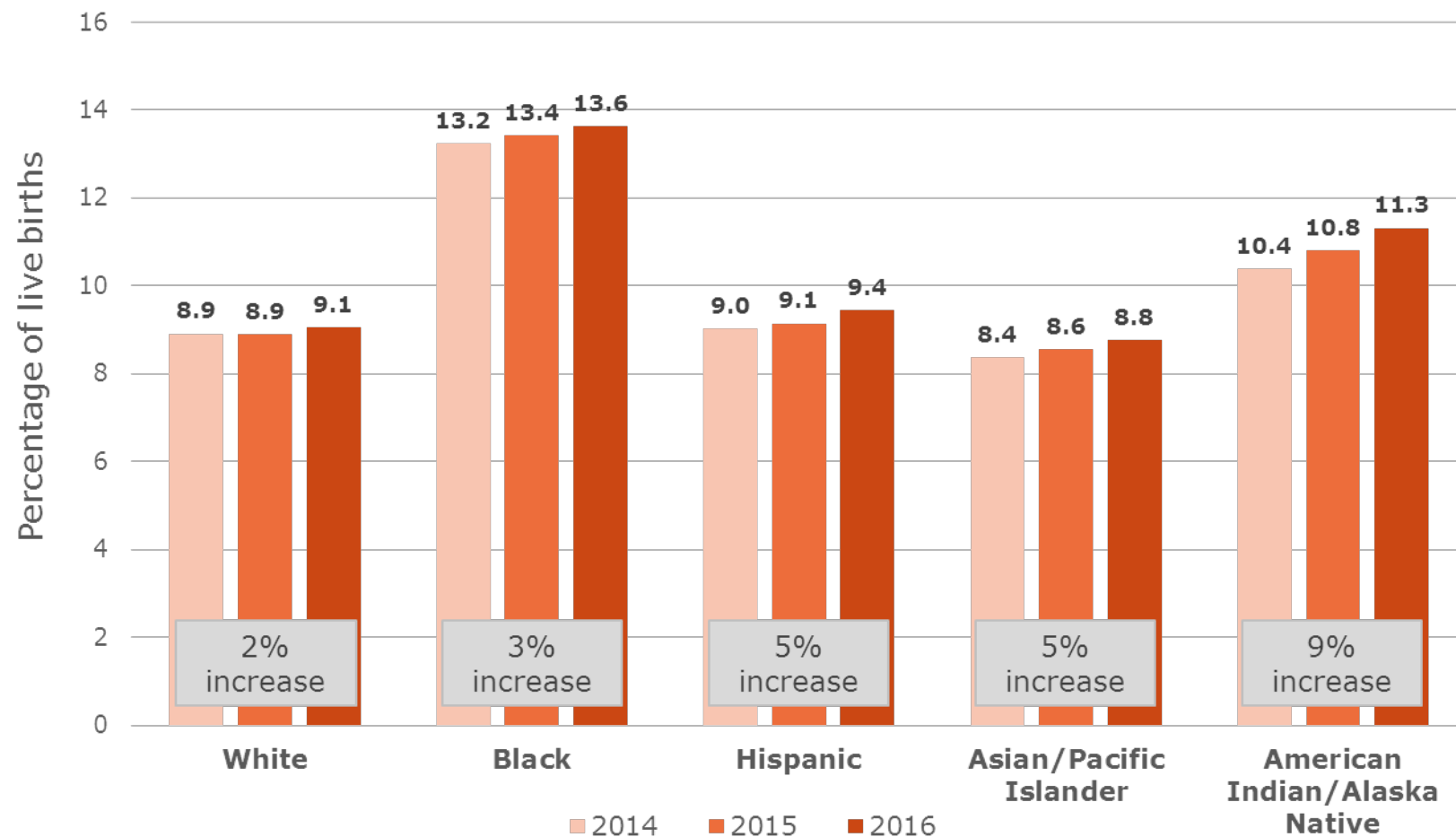


Source: California Birth Certificate Master Files (2007-2013) and National Center for Health Statistics, 2014, 2015,

*2016 preliminary natality data. (based on obstetric estimate)

Preterm birth rates by maternal race/ethnicity

United States, 2014, 2015, and 2016



*2016 data are provisional. Gestational age based on obstetric estimate.

Maternal race based on "bridged-race" of non-Hispanic mothers. Multiple race data for the reporting states and DC were imputed or bridged to the single race categories. Percent increase between 2014 and 2016 is calculated based on more than one decimal place and is significant at the $p < 0.05$ level for all racial/ethnic groups.

Source: National Center for Health Statistics, natality data.

Prepared by March of Dimes Perinatal Data Center, June 2017

Preterm Birth Rates by Maternal Race/Ethnicity California, 2013-2015 (Average)

Percentage of live births in 2013-2015 (average) that are preterm



In California, the preterm birth rate among **black women** is **46%** higher than the rate among all other women.

Preterm is less than 37 weeks gestation. Gestational age is determined using obstetric estimate.
Source: National Center for Health Statistics, 2011-2013 final data.
Prepared by March of Dimes Perinatal Data Center, 2015.



What Can Cause Premature Labor or Birth?

- The cause of premature labor and birth are often unknown
- Even if a woman has done everything “right” during her pregnancy, she can go into premature labor and give birth early





Risk Factors for Preterm Birth

Greatest risk

- Previous preterm birth
- Multiple gestation
- Cervical or uterine anomalies

Lifestyle and environmental risks

- Late or no prenatal care
- Short pregnancy interval
- Cigarette smoking, drinking alcohol, drug use
- Underweight or obesity
- Lack of social support
- Stress
- Long working hours with prolonged standing

Medical risks

- Infections
- Diabetes
- Hypertension
- Thrombophilias
- Birth defects
- In Vitro Fertilization

Other

- African-Americans and American Indians
- <17 or >35 years of age
- Low socioeconomic status (SES)



Prematurity Campaign

The Prematurity Campaign sets out our plan for achieving the 2020 and 2030 goals. To achieve them, we must:

- Optimize evidence based interventions
- Target areas and populations with high preterm rates
- Improve health equity.



Prematurity Campaign Interventions

1. Optimize birth spacing and pregnancy intentionality
2. Eliminate non-medically indicated early elective deliveries (inductions and c-sections)
3. Group prenatal care
4. Smoking cessation
5. Low-dose aspirin to prevent preeclampsia
6. Access to progesterone shots for women with a previous preterm birth
7. Vaginal progesterone and cerclage for short cervix
8. Reduce multiple births conceived through Assisted Reproductive Technology

Survey Time!



Birth Spacing / Interpregnancy Interval (IPI)

- **IPI is time between a live birth and the conception of the next pregnancy**
 - **begins at the end of one pregnancy and ends with the conception of the next pregnancy**



- **Pregnancies spaced less than 18 months after a live birth are associated with delayed prenatal care and increased risk for adverse birth outcomes.**
- **Risks increase as birth interval decreases.**



Risks of Short Interpregnancy Interval

For each month that birth spacing was less than 18 months:

- *Preterm births increased 1.9%*
- *Low birthweight increased 3.3%*
- *Poor intrauterine growth increased 1.5%*



Our Current System is NOT Working

- **33.1% of US births have short IPI (<18 months)**
- **45% of pregnancies are unintended (unwanted or mistimed)**
- **Half of unintended pregnancies are to women on some form of birth control**
- **Women often do not seek care for themselves OR have no insurance coverage until they are already pregnant**

37,000 preterm births could be prevented annually if all women had an IPI > 18 months!

How can we turn this around?



Strategies to Improve Birth Spacing

1. Provider education and engagement.
2. Increase postpartum visits among women and educate!
3. Home visiting programs.
4. Utilize established initiatives to reach women
 - One Key Question®
 - Every Woman, Every Time
 - IMPLICIT Interconception Care Model
 - CDC “Show Your Love” Consumer Campaign
5. Increase access to highly effective birth control (Long Acting Reversible Contraception).

One Key Question® Initiative: Recommended in ACOG Committee Opinion

This campaign promotes direct screening for women's pregnancy intentions by asking the following question

"Would you like to become pregnant in the next year?"

If the answer is "no," discuss pregnancy prevention, including education and counseling on all available contraceptive options.

If the response is "yes" or "unsure", provide preconception counseling and discuss lifestyle strategies, including birth spacing, to optimize health status in preparation for future pregnancies.

Downloadable flyer for self-printing

HEALTH
ACTION
SHEET

How long should you wait before getting pregnant again?

For most women, it's best to wait at least 18 months between giving birth and getting pregnant again. This means your baby will be at least 1½ years old before you get pregnant.



It's OK to start trying to get pregnant again when your baby's 18 months old.

Too little time between pregnancies increases your risk of premature birth. Premature birth is when your baby is born too soon. Premature babies are more likely to have health problems than babies born on time. The shorter the time between pregnancies, the higher your risk for premature birth.

Your body needs time to fully recover from your last pregnancy before it's ready for your next pregnancy.



Watch videos about having a healthy pregnancy at: marchofdimes.org/videos

What you can do:

- ✓ Wait 18 months or more after having a baby before getting pregnant again. If you're older than 35 or had a miscarriage or stillbirth, talk to your provider about how long to wait.
- ✓ Use effective birth control until you're ready to get pregnant.
- ✓ Talk to your health care provider about birth control options.



Waiting at least 18 months doesn't mean for sure that your next baby will be born on time. But it can help. To learn more about risks for premature birth, talk to your provider or go to marchofdimes.org/prematurebirth.

Fill this out with your provider so you know when you can start trying to get pregnant again:

Example

Date your baby was born May 16, 2017
Add 1 year and 6 months ... Nov. 16, 2018

Now you try

Date your baby was born _____
Add 1 year and 6 months _____

What resources do women need to effectively space their births?

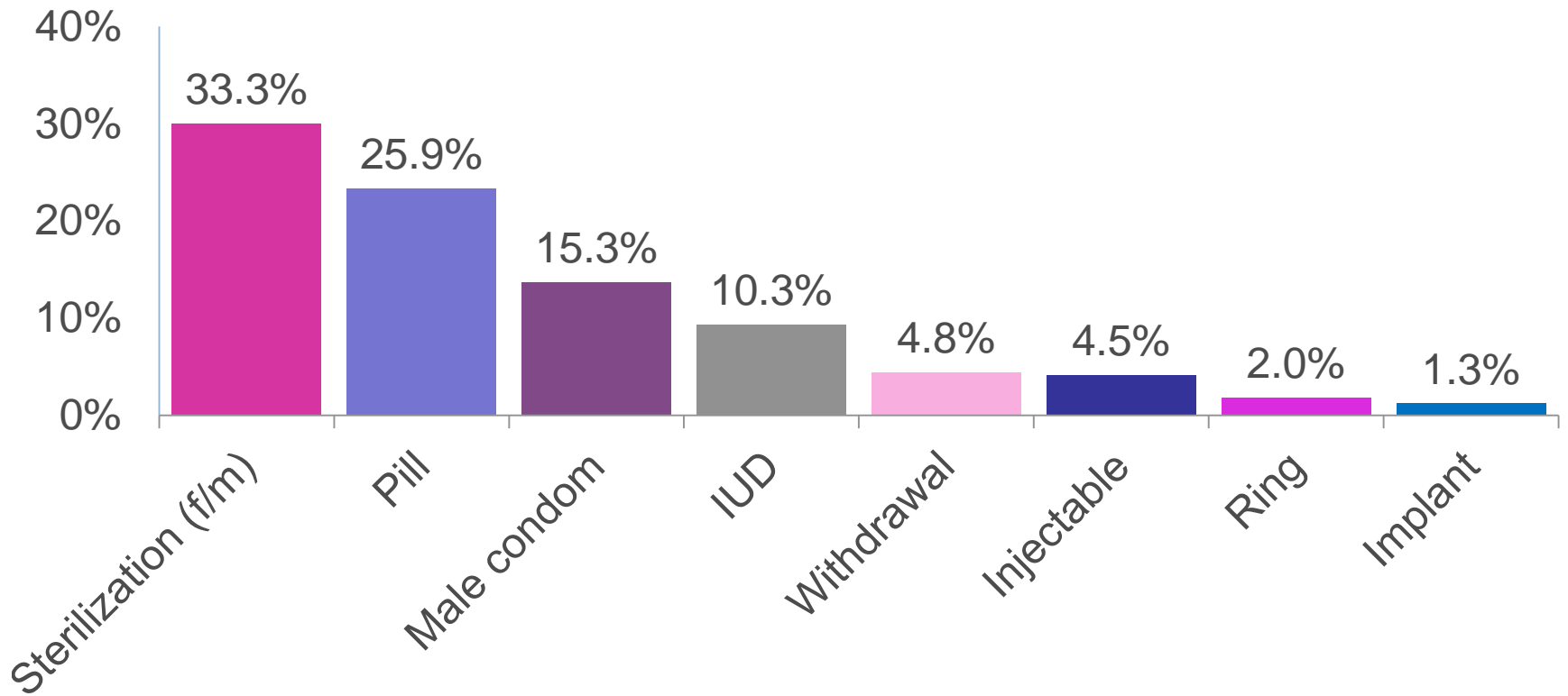


Survey Time!



Which Methods Are Women Using?

Method Use Among US Women Using Contraception, 2012



Highly Effective Contraception: LARC

- Long Acting Reversible Contraception (LARC) includes intrauterine devices (IUDs) and contraceptive implants that prevent ovulation
- Highly effective in preventing unintended pregnancy
 - **Less than 1 pregnancy per 100 women in a year!**
 - contraceptive pills: 6-12 pregnancies per 100 women
 - condoms: >18 pregnancies per 100 woman
- LARC requires no user intervention, works long term, and can be reversed



LARC- Long Acting Reversible Contraception

- Modern LARC methods are safe (low risk of pelvic infection after the first 20 days following insertion, uterine perforation, or expulsion)
- Updated practice guidelines encourage LARC methods for women of any age or parity and **those who are postpartum or post-abortion** (ACOG 2015, AAP 2014)
- Increased access to and knowledge of LARC methods helps to decrease unintended pregnancy and improve birth outcomes
- States have found success in improving birth outcomes and birth spacing by promoting access to LARC



Contraception/Birth Spacing Discussion with Patients

- Discuss effective and appropriate contraceptive methods, starting with the most effective methods
- If a woman's doctor doesn't provide LARC, know where you can refer her to obtain it.
- If you are referring a woman for LARC, be sure she has an interim plan for contraception.

Effectiveness of Contraception

HOW WELL DOES BIRTH CONTROL WORK?

What is your chance of getting pregnant?

Really, really well

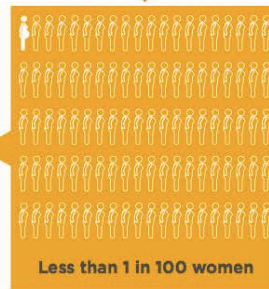







Works, hassle-free, for up to...

The Implant (Nexplanon)	IUD (Skyla)	IUD (Mirena)	IUD (ParaGard)	Sterilization, for men and women
3 years	3 years	5 years	12 years	Forever



Okay

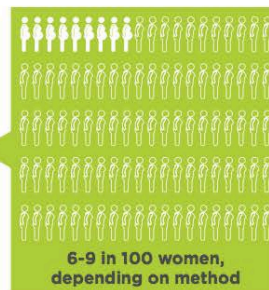






For it to work best, use it...

The Pill	The Patch	The Ring	The Shot (Depo-Provera)
Every. Single. Day.	Every week	Every month	Every 3 months



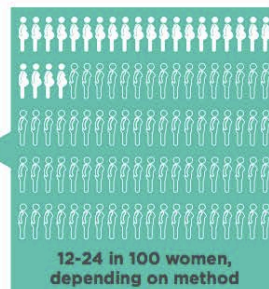
Not so well







For each of these methods to work, you or your partner have to use it every single time you have sex.



FYI, without birth control, over 90 in 100 young women get pregnant in a year.

Colorado Initiative's Impact



Aimed to reduce unplanned pregnancies by providing intrauterine devices and implants at no cost to young, low income women.

- Birth rate decreased 48% in women ages 15-19 and 19.4% in women ages 20-24
- Repeat teen births dropped by 58%
- 12% decreased risk of preterm birth
- The state estimates that every dollar spent on this initiative saved \$5.85 for the state's Medicaid program due to improved birth outcomes

Helping Prevent Recurrent Preterm Birth



Survey Time!



17 alpha-hydroxyprogesterone caproate (17P)

ACOG Practice Bulletin, October 2012

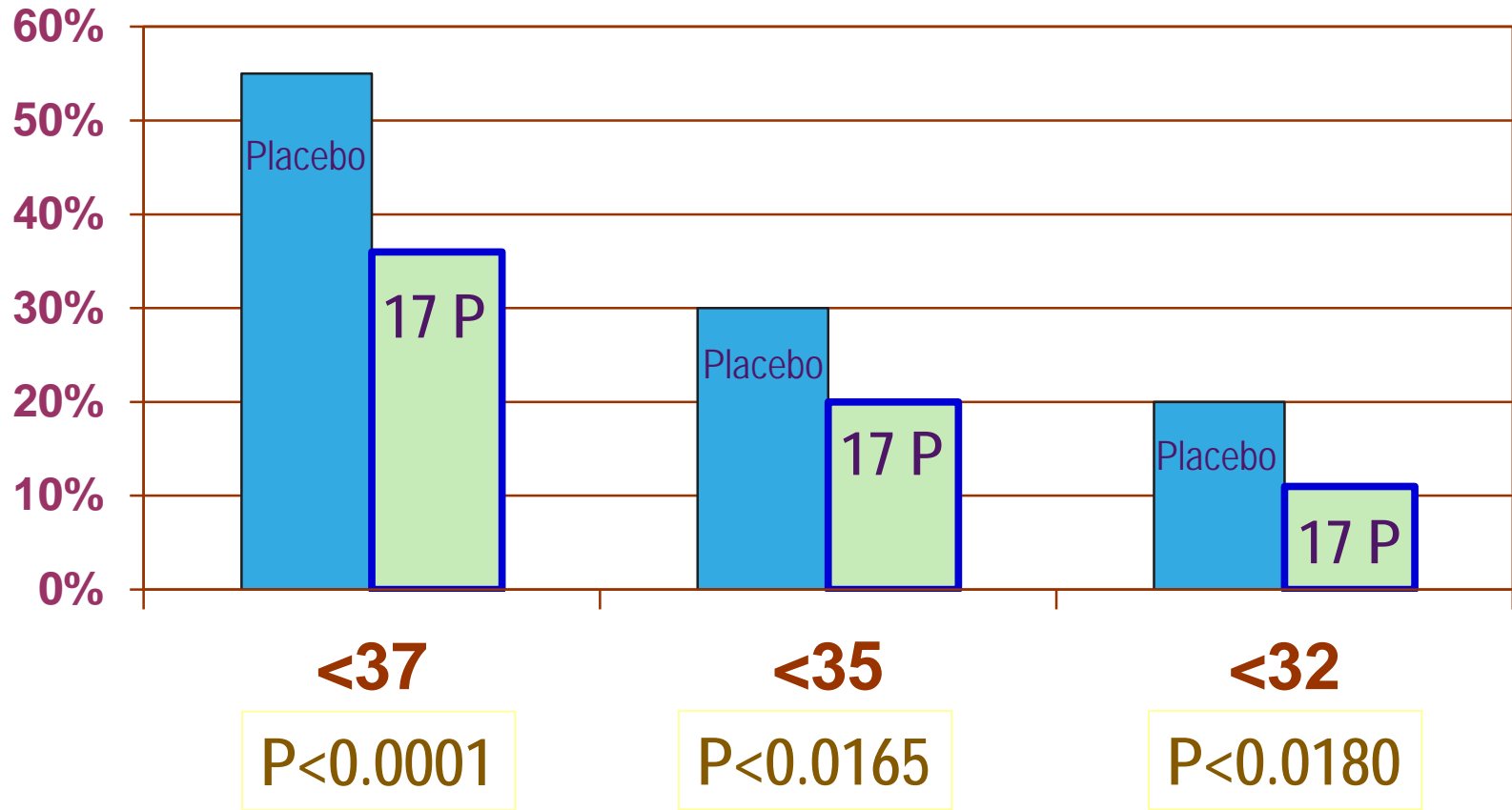
- One of the strongest clinical risk factors for preterm birth is a prior preterm birth.
- Maternal history of preterm birth confers a 1.5-fold to 2.0-fold increased risk in a subsequent pregnancy



17P

- Synthetic form of progesterone given by injection in the gluteus muscle or anterior thigh
- **Reduces a woman's risk of recurrent preterm birth by 33%**

17P Progesterone: Effect on Rates of Preterm Birth





Who should receive 17P?

- ✓ History of a previous singleton spontaneous preterm birth (20⁰ to 36⁶ weeks)
- ✓ Current singleton pregnancy
- ✓ Initiate treatment between 16⁰ - 21⁶ weeks gestation*
- ✓ Receive 17P injections weekly until 36⁶ weeks gestation or she delivers

If all eligible women received treatment, nearly 10,000 preterm births could be prevented annually!



Are all eligible women receiving 17P? NO! Why Not?

- Some MDs don't understand the benefit of 17P and/or perceive that the hassle prescribing it is too great.
- Screening women for previous preterm birth may not be adequate.
- Not all women who are offered 17P agree to receive it
 - The earlier the prior preterm birth, the more likely a woman was to be both offered and accept 17P.
 - Women in rural areas less likely to be offered 17P.
 - Women were also more likely to refuse 17P if their most recent pregnancy was a term delivery (after having a previous preterm delivery).

Identifying/Screening for Previous Preterm Birth



Women may not understand that they had a preterm birth, so we may need to ask some questions at intake when we don't have her medical record.

- Were **any** of your previous pregnancies preterm?
- How many weeks did doctor tell you your baby was at birth?
- Was your baby born before his/her due date?
- Did baby spend any time in NICU? Why?
- Was there a medical reason your baby was delivered early?
- If your baby was born before 37 weeks, he/she is considered preterm and that is important for us to know as we plan your prenatal care.




Steps for Improving Use of 17P

- ✓ Increase awareness of 17P treatment and preterm birth to the general public and to reproductive age women.
- Ensure MDs are aware of guidelines (ACOG and SMFM).
- Minimize barriers related to insurance coverage.
- Reduce difficulty for mom in receiving a weekly medication.
- ✓ Providers should provide ongoing encouragement and support during 17P treatment.
- ✓ Patients need to be reassured that 17P is safe for mom and baby.
- ✓ **Providers should discuss 17P treatment during the postpartum visit with all patients who had spontaneous preterm births.**

March of Dimes 17P Patient Education

Pregnancy after a premature birth: Treatment with progesterone shots (17P)



Because you've had a premature birth in the past, you're more likely to have one in your next pregnancy. But progesterone shots (17P) may help you stay pregnant longer next time.

Taking 17P increases your chances of having a full-term baby in your next pregnancy by one-third (about 33 percent).

Progesterone is a hormone that can help you stay pregnant. You start getting shots between 16 and 24 weeks of pregnancy, and you get a shot each week until 37 weeks.

Progesterone shots (17P) to prevent another premature birth

march of dimes
pregnancy & newborn health education center

Premature birth is birth that happens too early, before 37 weeks of pregnancy. Premature babies may need to stay in the hospital longer or may have more health problems than babies born full term. Full term means your baby is born between 39 weeks and 40 weeks, 6 days of pregnancy.

Progesterone shots may help prevent premature birth for some women. Talk to your provider to see if progesterone shots are right for you.

What is progesterone?

Progesterone is a hormone. Hormones are chemicals made by the body.

Progesterone plays a key role during pregnancy. In early pregnancy, it helps your uterus (womb) grow and keeps it from having contractions. If you have contractions in early pregnancy, they may lead to miscarriage. This is the death of a baby in the womb before 20 weeks of pregnancy.

In later pregnancy, progesterone helps your breasts get ready to make breast milk. It also helps your lungs work harder to give oxygen to your growing baby.

What are progesterone shots?

Progesterone shots are a kind of progesterone called 17 alpha-hydroxyprogesterone caproate (also called

The shots are available in two ways:

1. As a brand-name drug called Makena®
2. Prepared (also called compounded) at special pharmacies. You can get this kind of shot only if you have certain health conditions, like an allergy to something in Makena.

Insurance companies and state Medicaid programs may help pay for the shots.

Even if you get progesterone shots, they don't always work to prevent another premature birth. They don't reduce your chances of giving birth early if you're pregnant with multiples (twins, triplets or more). And they don't reduce your chances of giving birth early if your previous premature birth wasn't spontaneous.

17P (Makena) is manufactured by AMAG Pharmaceuticals

The Los Angeles County Contact is:

Carly Foster

cfoster@amagpharma.com

Contact her to get info about helping your patients get 17P.

Low Dose Aspirin Use to Reduce Preeclampsia



Preeclampsia

- Affected 3.8% of U.S. deliveries in 2010
 - Ranges up to 8%
 - Higher in first pregnancy
- African American women are at higher risk of entering a pregnancy with chronic hypertension and for developing preeclampsia during pregnancy
- Accounts for 12% - 16% of maternal deaths
- 15% of preterm births are related to preeclampsia



Perinatal Outcomes of Preeclampsia

Leading cause of:

- Fetal growth restriction
- Indicated preterm delivery
- Maternal and perinatal death and morbidity



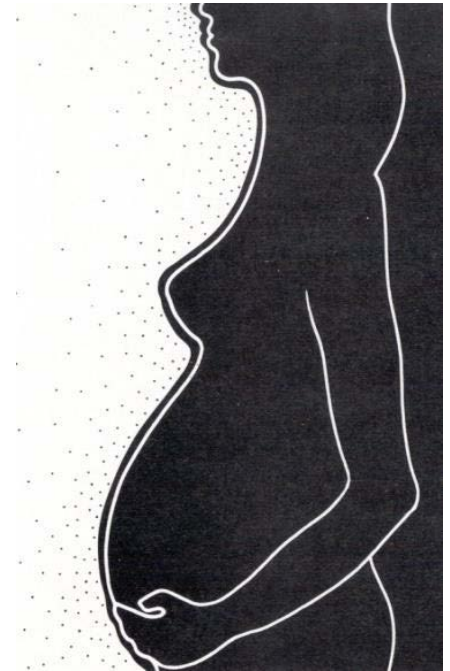


Maternal Health Risks

- More than perinatal outcomes.....
- Preeclampsia impacts subsequent women's health
- Associated with:
 - Increased risk of cardiovascular disease
 - Higher risk if:
 - Recurrent preeclampsia
 - Preterm birth
 - Fetal growth restriction
 - Approximates the rates associated with obesity and smoking

Clinical Risk Factors for Preeclampsia

- Primiparity
- Previous preeclamptic pregnancy (especially if severe) - 7 fold increase
- Chronic hypertension, chronic renal disease, or both
- History of thrombophilia
- Multifetal pregnancy
- In vitro fertilization
- Family history of preeclampsia - 2-4 fold increase
- Diabetes mellitus
- Obesity
- Systemic lupus erythematosus
- Advanced maternal age (> 40 years)



Efficacy of Aspirin

Reviewed 59 RCTs (37,560 women) to determine benefits of aspirin:

- 17% reduced risk of preeclampsia with low dose aspirin
- 14% reduced risk of stillbirth
- 8% reduced risk of preterm birth

Conclusion

- Antiplatelet agents have moderate benefits when used for prevention of preeclampsia





USPSTF Recommendations, 2014

high risk women

Population	Asymptomatic pregnant women who are at high risk for preeclampsia
Recommendation	Prescribe low-dose (81 mg/d) aspirin after 12 weeks of gestation. Grade: B
Risk Assessment	<p>Pregnant women are at high risk for preeclampsia if they have 1 or more of the following risk factors:</p> <ul style="list-style-type: none"> • History of preeclampsia, especially when accompanied by an adverse outcome • Multifetal gestation • Chronic hypertension • Type 1 or 2 diabetes • Renal disease • Autoimmune disease (i.e., systemic lupus erythematosus, the antiphospholipid syndrome)
Preventive Medication	<p>Low-dose aspirin (60 to 150 mg/d) initiated between 12 and 28 weeks of gestation reduces the occurrence of preeclampsia, preterm birth, and IUGR in women at increased risk for preeclampsia.</p> <p>The harms of low-dose aspirin in pregnancy are considered to be no greater than small.</p>
Balance of Benefits and Harms	There is a substantial net benefit of daily low-dose aspirin to reduce the risk for preeclampsia, preterm birth, and IUGR in women at high risk for preeclampsia.
Other Relevant USPSTF Recommendations	The USPSTF recommends that all women planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid. This recommendation is available at www.uspreventiveservicestaskforce.org .

For a summary of the evidence systematically reviewed in making this recommendation, the full recommendation statement, and supporting documents, please go to www.uspreventiveservicestaskforce.org. IUGR = intrauterine growth restriction.

Low-Dose Aspirin Use for the Prevention of Morbidity and Mortality From Preeclampsia: U.S. Preventive Services Task Force Recommendation Statement
Ann Intern Med. 2014;161(11):819-826. doi:10.7326/M14-1884

Key messages for pregnant women

- If your health care provider thinks you're at risk of having preeclampsia, he may want to treat you with low-dose aspirin to help prevent it. *(Reassure mom it is safe during pregnancy.)*
- If not treated, preeclampsia can cause serious problems, like premature birth and even death.



Key messages for pregnant women (continued)

- Preeclampsia symptoms include blurred vision, swelling in the hands and face, severe headaches and belly pain.
- If you have any preeclampsia symptoms, call your provider right away.
- You can have mild preeclampsia without any symptoms, so it's important to go to all of your prenatal care visits, even if you're feeling fine.



Consumer education: Websites and email

The screenshot shows the March of Dimes website page for Preeclampsia. The header includes the logo and tagline "A FIGHTING CHANCE FOR EVERY BABY™". A navigation bar contains links for "OUR CAUSE", "HEALTH TOPICS", "STORIES & MEDIA", "RESEARCH & PROFESSIONALS", and "GET INVOLVED". The breadcrumb trail reads "Home > Complications & Loss > Pregnancy complications > Preeclampsia". The main content area is titled "Preeclampsia" and includes "KEY POINTS" with a bulleted list of information. A video player is embedded, showing a doctor examining a pregnant woman. To the right, a sidebar titled "Complications & Loss" lists categories like "Pregnancy complications", "Preterm labor & premature birth", "The newborn intensive care unit (NICU)", "Birth defects & other health conditions", and "Loss & grief". At the bottom, there is a call to action: "Ask our experts! Have a question? We've got answers. Reach out to our health".

marchofdimes.org/preeclampsia
askus@marchofdimes.org

The screenshot shows the Nacersano website page for Preeclampsia. The header includes the logo and tagline "A FIGHTING CHANCE FOR EVERY BABY™". A search bar is located at the top right. A navigation bar contains links for "Preconcepción", "Embarazo", "Parto y nacimiento", "Bebé", "Padres", "Complicaciones", and "Pérdida". The breadcrumb trail reads "Inicio > Embarazo > Complicaciones del embarazo > Preeclampsia". The main content area is titled "Complicaciones del embarazo" and includes a sub-section for "Preeclampsia". A video player is embedded, showing Dr. José F. Cordero speaking. To the right, a sidebar titled "Embarazo" lists categories like "Un estilo de vida sano", "Alimentación y nutrición", "Actividad física", "El fumar, alcohol y las drogas", "Su cuerpo", "Cuidado prenatal", "Cambios emocionales", "Mantenerse segura", and "Genética". At the bottom, there is a call to action: "¿Tiene preguntas?".

nacersano.org/preeclampsia
preguntas@nacersano.org

Consumer education: Videos



3/6 High blood pressure during pregnancy

Call your **provider** if you have **signs or symptoms** of **preeclampsia**, like:

- Severe headaches
- Blurred vision
- Severe upper belly pain
- Swelling in your face or hands

2:30 / 3:29

march of dimes
A FIGHTING CHANCE FOR HD

marchofdimes.org/preeclampsia
nacersano.org/preeclampsia

Order on:
Preeclampsia.org

Ask Your Doctor or Midwife

Preeclampsia

What Is It?

Preeclampsia is a serious disease related to high blood pressure. It can happen to any pregnant woman during the second half of her pregnancy, or up to 6 weeks after delivery.

Risks to You

- Seizures
- Stroke
- Organ damage
- Death

Risks to Your Baby

- Premature birth
- Death

Signs of Preeclampsia



Stomach pain



Headaches



Feeling nauseous;
throwing up



Seeing spots



Swelling in your
hands and face



Gaining more than
5 pounds (2,3 kg)
in a week

What Should You Do?

Call your doctor or midwife right away. Finding preeclampsia early is important for you and your baby.

For more information go to www.preeclampsia.org

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Interconception Health Teaching Points Summary

Let's help moms prepare for
their
next baby!



Interconception Health Teaching Points



Birth spacing/Contraception:

- 18 months between *pregnancies, not babies*
- What is your plan for birth control after baby?

OR

- Would you like to become pregnant in the next year?
- Do you need help selecting a method?
- Do you need a referral?



Birth Spacing Key Messages

- Getting pregnant again too soon increases your chances of having a premature baby.
- It's best to wait at least 18 months before getting pregnant again. This means your baby will be at least 1½ years old before you get pregnant.
- Your body needs time to fully recover from your last pregnancy before it's ready for your next pregnancy.
- If you're older than 35 or have had a miscarriage or stillbirth, talk to your provider about how long to wait between pregnancies.
- Use effective birth control until you're ready to get pregnant again. Talk to your provider about birth control options.

Key Messages for Moms after a Preterm Birth



- Confirm DOB/gestational age.
- Since your baby was born before 37 weeks, he/she is considered “preterm”.
- If you become pregnant again, we want you to get special care so that your next baby can be as healthy as possible.
- It is best if you have a check-up before you get pregnant again.
- There are shots that might help you to reduce the chance your next baby will be born preterm, so see your doctor as soon as you know you are pregnant.

Interconception Health Teaching Points



- **Folic Acid:**

- Keep taking supplements between pregnancies
- Finish prenatal vitamins if you have some left, then start multi-vitamins with folic acid

- **Postpartum depression**

- Be on the look out for it– 1 in 7 moms will have it
 - Using a tested screening tool is best if possible
- Know where you can refer moms who need help
 - *Postpartum Support International* has virtual resources

Interconception Health Teaching Points



- **Smoking/Substances:**
 - Don't start up if you quit, quit now if you didn't
 - Avoid secondhand smoke
- **Weight reduction:** don't avoid the topic— it is too important!
 - Bonus: breastfeeding supports it!
 - Work gradually toward a healthy weight
 - Make exercise a family affair

Pre/Interconception Resources

- **One Key Question®**

onekeyquestion@thenc.org

- **Every Woman, Every Time**

cdc.gov/preconception/careforwomen/

- **Every Woman California**

everywomancalifornia.org

- **IMPLICIT Interconception Care Model**

www.fmec.net/implicitnetwork.htm

- **CDC “Show Your Love” Consumer Campaign**

ShowYourLoveToday.com

- **March of Dimes**

www.marchofdimes.org

Contraceptive Resources for Professionals

Family PACT: www.familypact.org

Beyond the Pill: Beyondthepill@ucsf.edu

Association of Reproductive Health Professionals (ARHP):
www.arhp.org

CDC – U.S. Medical Eligibility Criteria (US MEC) for
Contraceptive Use:
<http://www.cdc.gov/reproductivehealth/unintendedpregnancy/usmec.htm>

CDC – U.S. Selected Practice Recommendations (US SPR) for
Contraceptive Use:
<http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/USSPR.htm>

Contraceptive Resources for Patients

Bedsider (for teens and young adults)

- <http://bedsider.org>
- Contraception and sexual health information
- Birth control text message reminders
- Available in English and Spanish

Association of Reproductive Health Professionals

- <http://www.arhp.org/>
- Contraception and sexual health information

Emergency Contraception

- 1-888-NOT-2-LATE (*emergency contraception hotline*)
- www.not-2-late.com

March of Dimes Resources for Patients

Website for before, during and after baby:

- marchofdimes.org
- nacersano.org

Pregnancy & Newborn Health Ed Center:

- Email questions: askus@marchofdimes.org (English) or preguntas@nacersano.org (Spanish)

Free Apps available in the iTunes App Store:

- My 9 Months/Mis 9 Meses (iPad)
- Cinemama Video (iPhone)

March of Dimes Resources for Patients

Pregnancy Tips:

- twitter.com/marchofdimes
- twitter.com/nacersano

Baby Tips:

- twitter.com/babytips
- twitter.com/nacersanobaby

News Moms Need Blog:

- newsmomsneed.marchofdimes.org
- blog.nacersano.org



World
Prematurity
Day 17 November



EFCUNI

Thank You for Helping Make a Difference!



Questions?



A young child with dark hair, wearing a purple t-shirt and blue jeans, is sitting on a grassy field. The child is smiling and holding a white rectangular sign with both hands. The sign contains text in purple, blue, and red. The background is a blurred green field with trees.

thank you

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