MARCH STRONG

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INSIDE

The Financial Impact of Preterm Birth

pg. 42

PRESENTED BY

Philadelphia

MARCH OF DIMES

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WELCOME TO

March Strong 2026



EVERY DAY, families across our region are navigating some of the most important and vulnerable moments of their lives, from pregnancy and childbirth to the neonatal intensive care unit (NICU) and the journey home with a new baby. At March of Dimes, we believe every family deserves the opportunity for a healthy start and that creating that future requires all of us to March Strong.

From the growing shortage of maternity care providers and the communities living in maternity care deserts, to the expansion of midwifery care here in Pennsylvania, access to quality, evidence-based care can make a profound difference. We are championing legislation and innovative programs that are helping expand options for families and strengthen the maternal health workforce.

We are looking beyond the hospital walls at the realities families face when a baby arrives too soon. One in 10 babies is born preterm, and for families whose babies require time in the NICU, the emotional, physical and financial impact can be overwhelming. These challenges extend into the workplace, making maternal and infant health a workforce and business issue as well.

And sometimes, meaningful support comes in the simplest forms. Through programs like Meals That Matter, March of Dimes helps ensure that parents spending long days beside their babies in the NICU have access to a healthy, nourishing meal, reminding families that they are not alone.

Finally, we are sharing stories of families who have made March of Dimes part of their lives across generations. Their stories remind us that our mission is more than an organization or a collection of programs. It is a movement that is passed from one generation to the next through advocacy, philanthropy, volunteerism and the simple act of showing up for moms and babies.

None of this work happens alone.

To our donors, partners, volunteers and advocates: thank you. Your generosity moves this mission forward every single day. Whether you are funding research, supporting families in the NICU, investing in programs, advocating for policy change or simply lending your voice to the cause, you are helping to create healthy pregnancies, babies and families.

There is still so much work to do. But together, we are proving that progress is possible and that when a community comes together with purpose, we can change the future for moms and babies. Thank you for continuing to March Strong with us.

Allison Lang
Sr. Executive Director, Market Impact
March of Dimes

2026-27 EVENTS

Signature Chefs, Philadelphia
Nov. 14, 2026
Four Seasons Hotel Philadelphia at Comcast Center
Philadelphia

March for Babies: Greater Philadelphia
April 17, 2027
9:30–10:30 a.m.
The Navy Yard
Philadelphia

For even more ways to March Strong this year, visit **phillymag.com/marchstrong.**

Or **scan here** to discover **March Strong** online:

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Join the March of Dimes Advocacy Network and take action calling for policies that promote **the health of moms and babies.**

MARCH OF DIMES®

Preventing Preterm Birth

Preterm birth remains one of the biggest challenges in obstetrics—but new research is starting to change that picture. **Kristin Gerson, MD, PhD, of Penn Medicine's Department of Maternal Fetal Medicine**, explains how her groundbreaking research may be able to improve outcomes.



» What are some of the biggest misconceptions about preterm birth? **Dr. Kristin Gerson:** One of the biggest misconceptions surrounding preterm birth is that the patient did something to cause it. We know patients can optimize health coming into pregnancy, have routine prenatal care, adhere to medical advice—do all the "right things"—and still have this undesired outcome. This sad reality is rooted in our limited understanding of the diverse molecular causes of preterm birth and stresses the critical need for more mechanistic research in this space.

» How do the vaginal and cervical microbiomes affect preterm birth risk? **KG:** The cervix is key to keeping a fetus inside the uterus during pregnancy. During the birth process, the cervix softens, shortens and opens to allow passage of the fetus through the birth canal. My research aims to understand biologic mechanisms of spontaneous preterm birth with a specific focus on premature cervical remodeling, or early softening and shortening of the cervix. Certain vaginal bacteria and bacterial communities have been associated with increased risk of preterm birth. Our lab studies how these vaginal bacteria interact with the host immune system to drive premature cervical remodeling on the pathway to preterm birth. As part of this work, we study the vaginal metabolome, which is the collection of small biochemicals called metabolites produced by metabolism of both cervical cells and vaginal bacteria. We have identified certain vaginal metabolites that protect against cervical remodeling in the presence of high-risk bacteria. Our findings raise the possibility that vaginal metabolite supplementation, similar to probiotics used to support gut health, may be a promising therapeutic for preterm birth prevention in the future.

» How does lipid nanotechnology play a role in preterm birth prevention? **KG:** Lipid nanotechnology is a powerful and evolving medical platform that has been used historically in vaccine development, cancer treatment and gene therapy. Our research team is investigating how lipid nanoparticles, essentially small fat droplets that encapsulate different types of therapeutic molecules, can be administered vaginally to disrupt premature cervical softening and shortening. We believe this tool carries enormous translational potential to advance the field and shape preterm birth prevention strategies.

» Preterm birth rates vary greatly by race and geography. What does your research tell us about that? **KG:** From a biologic perspective, a high-risk vaginal microbiome confers increased risk of preterm birth and is more common in BIPOC populations. This higher prevalence is likely determined by the environment and not biologic differences. Still, not all individuals with this microbiome-related risk have preterm birth, suggesting other factors are at play. To reduce rates, we need a more granular understanding of the molecular mechanisms that link known risk factors to preterm birth so that we develop better diagnostic tools and effective targeted therapies.

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The first hospital in the region to deliver babies.

At Penn Medicine, we're still leading the way in helping mothers and babies thrive. We combine breakthrough research, world-class clinical care, and deep community partnerships to improve maternal and infant health. From advancing new approaches to prevent preterm birth to addressing the factors that contribute to disparities in pregnancy outcomes, we're committed to delivering better care and creating healthier beginnings for every family.

Penn Medicine



WORKPLACE

The Financial Impact of Preterm Birth

Early births impact families in ways big and small. But often overlooked is the impact on the workplace.

WHEN AN EMPLOYEE IS EXPECTING a baby, the workplace contribution may seem like little more than a luncheon and well-wishes.

But investing in maternal and infant health is an investment in the entire ecosystem surrounding a family—and that includes the workplace.

This is particularly true when a baby arrives early and requires care in the neonatal intensive care unit (NICU), sometimes for weeks or months. The impact of that experience extends far beyond the hospital walls by affecting a family's finances, mental health and ability to work.

One in 10 babies in the United States is born preterm, before 37 weeks gestation, according to March of Dimes. Most of those babies require care in the NICU.

For parents, the baby's health is their foremost concern. But alongside that medical uncertainty come a range of practical and financial challenges, such as transportation to and from the hospital, childcare for older siblings, expensive meals in hospital cafeterias, and often, time away from work.

An analysis of U.S. NICU stays from 2017 to 2022, published earlier this year, found that NICU admission rates increased by 37%, while the medical complexity of cases also increased, resulting in longer hospital stays and higher costs. Costs ranged from $15,449 to $275,208, depending on gestational age, an expense many families have difficulty shouldering.

A NICU stay is not just a healthcare issue—it's also a workforce one. "If an employer has plans in place to cover leave, and the parents can focus on the baby's care, that would really empower parents who are often overwhelmed emotionally and also worried about money and their jobs," says Dr. Jay Greenspan, medical director of neonatology at CHOP Newborn Care at Virtua Health. "When you have an employer who doesn't have these benefits, it makes it an additional area of stress and worry."

Employers have an opportunity to reduce some of that burden by creating a workplace culture that supports working parents with meaningful parental leave for families facing unexpected medical challenges and by helping employees navigate pregnancy and postpartum care.

"If we want to do right by women, we need to agree that having a baby is an incredibly stressful time, and having a baby in the NICU is even more so," Dr. Greenspan says. "They need services and support."

RETHINKING PARENTAL LEAVE

One of the most important steps employers can take is offering longer, more flexible leave that accounts for the realities of a preterm birth.

Dr. Greenspan looks to European countries as a model, where preemies are given universal medical coverage and parents receive additional parental leave if their newborn is hospitalized.

GETTY IMAGES: KRISTINAGREKE



"In Europe, maternity leave doesn't start until the baby comes home from the NICU—it's additional time, so they don't have to make hard choices," Dr. Greenspan says. "I see moms struggling all the time with whether to take their six-week maternity leave when the baby is sick in the NICU, or when the baby is able to come home."

This can force parents to use precious leave when they are spending their days in a hospital, only to return to work just as their baby is finally discharged.

Dr. Greenspan says the co-parent should also receive six weeks of leave when a baby is in the NICU, in addition to parental leave. The birthing parent may not yet be able to drive and may need help caring for the baby while recovering from childbirth. And the non-birthing parent also needs time to bond with their baby.

The Family and Medical Leave Act provides eligible employees with job-protected leave for qualifying family and medical reasons, including caring for a newborn with a serious health condition. Paid leave remains limited in the United States, though some states are changing that. New Jersey, for example, expanded eligibility and benefits this year so eligible parents would receive wage replacement of up to 85% of their weekly wage for 10 to 12 weeks after delivering a preterm baby, up to 12 weeks of paid bonding time and 12 weeks of unpaid, job-protected leave. Policies such as these can help address the financial pressures of a NICU stay.

FROM 2017 TO 2022, NICU ADMISSION RATES INCREASED BY 37%. THE MEDICAL COMPLEXITY OF CASES ALSO INCREASED, RESULTING IN LONGER HOSPITAL STAYS AND HIGHER COSTS.

SUPPORTING PARENTS BEYOND THE HOSPITAL

Leave is only one part of the equation. Parents also need support for their own physical and mental health. Dr. Greenspan advocates for better mental health services for parents of premature or sick infants, a need that can be overlooked while the baby is receiving intensive medical care.

Many women skip their postpartum appointments because they don't want to leave the baby. Insurers should be more proactive and reach out to mothers who miss those appointments, as they provide an opportunity to check blood pressure and glucose levels and conduct a mental health assessment, Dr. Greenspan says. "This would save mom's lives, and costs as well."

AN INVESTMENT IN THE WORKFORCE

Providing several months of leave may come with a short-term cost to employers with reduced productivity, staffing challenges or extended absences. But a NICU stay is a temporary crisis in a long career. A benefits system that is established before a family needs it allows parents to focus on their baby and their own recovery rather than scrambling to figure out how to balance a medical emergency with their job.

Supporting maternal and infant health is not simply an act of goodwill. It can help create a workplace where employees can step away when their families need them most and return with greater stability once the crisis has passed. The return on that investment is measured not only in dollars saved, but in parents who can be present for their babies, employees who can return to work with greater stability, and families who have the opportunity to thrive.



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ADVOCACY

Calling the Midwives

There's a maternal and infant crisis in the United States. One solution is to invest in midwives.

WHEN CHESTER-CROZER MEDICAL CENTER closed its doors in May 2025, Delaware County didn't just lose a trauma center; it lost the security of knowing that care was nearby.

In light of this closure, Delaware County is now a maternal and infant healthcare desert—and it isn't alone. One in 10 counties in Pennsylvania have the designation, affecting nearly 26,000 women and 2,000 births each year, according to March of Dimes.

One way to offset this care crisis is to increase the number of certified midwives and certified nurse midwives. "Midwives are great providers to include in the healthcare system and there should be more of us, especially in rural areas," says Yuliya Labko, a certified nurse midwife practicing at Jefferson Abington Hospital. "We are great healthcare providers to invest in because the return on investment is quite high, and we can address many of those needs."

Midwife care during pregnancy has been shown to lead to a lower rate of intervention during delivery and a reduction of preterm birth. During the postpartum period, they can help with breastfeeding support and mental healthcare, and they can provide newborn care for the first 29 days of life, reducing stress for birthing parents.

Still, midwives are often misunderstood. "One misconception is that we only deliver babies or we only deliver babies at home," Labko says. "People also don't know that midwives are trained to take care of a person through their lifetime." That means preventive care, contraception for teenagers, pregnancy checkups and postpartum support, breast health, and care through perimenopause and menopause. They can also prescribe some medications.

The approach is what sets midwifery apart. "Midwives have a different approach. And this obviously doesn't mean some physicians don't already do this, but midwives view care in a more holistic way," says Paige Rowland, CNM, DNP, program director of Thomas Jefferson University's Midwifery & Women's Health Programs. "Typically when midwives are in a midwifery-led space, they have appointments that are 30 minutes-plus so that they have time to talk with the patient—not just check their vital signs and let them go."

Jefferson offers both certified nurse midwife (CNM) and certified midwife (CM) pathways, one of only three programs in the country offering the latter. As more and more people see the importance of training more midwives, Rowland says the goal is simple: a midwife for every community.

To support the March of Dimes' midwife efforts, visit **marchofdimes.org/get-involved/advocate.**

BY THE NUMBERS*

2.2 million
The number of midwives worldwide

14,000
The number of midwives in the U.S.

8,200
The number of additional midwives needed for optimal standard of care



*SOURCE: AMERICAN COLLEGE OF NURSE MIDWIVES; GETTY IMAGES: MARSBARS; IMG VISUALS CHARACTERS

Bridging the Gap



The U.S. has one of the highest preterm birth rates among developed nations. **Michael Warren, MD, MPH, FAAP, Chief Medical and Health Officer of March of Dimes,** talks about this urgent public health crisis and how his organization is focused on ending inequity in maternal and infant healthcare.

» What are the leading causes of inequities in maternal and infant healthcare in the Philadelphia region? **Dr. Michael Warren:** There isn't one single cause. Economic, political, social and environmental conditions all influence the health of moms and babies. When those conditions aren't supportive of health, people are more likely to experience poor health outcomes, and their babies and families have fewer opportunities to thrive.

» How is March of Dimes working to bridge these inequities? **MW:** We're prioritizing moms, moms-to-be and babies who bear the greatest burden of unjust health outcomes while working to improve health and well-being for all families. This includes advocating for policies that expand affordable healthcare coverage, protect Medicaid and address maternity care deserts where essential services are lacking. We're also investing in research to understand better the impact of systemic racism and social determinants of health and using those insights to advance solutions that can create lasting change.

At the community level, we're bringing care and resources closer to families through programs such as our March of Dimes Mom & Baby Mobile Health Centers®, which help connect families with essential maternal and infant health services. In 2025, we served nearly 2,000 patients through more than 5,200 visits across our mobile centers. We're also addressing gaps in access to care by supporting the vital role of midwives in providing prenatal, delivery and postpartum care. In 2026 in Pennsylvania, our advocacy helped expand access to midwifery coverage.

We are also working to expand access to doulas, professionals who offer vital support to improve the pregnancy and birth experience. In 2025, we trained over 200 doulas, aided more than 330 families, and provided education to over 300 professionals.

» Pennsylvania itself has counties classified as maternity care deserts. How do we fix that? **MW:** One in 10 counties in Pennsylvania is classified as a maternity care desert, affecting nearly 26,000 women and about 2,000 births each year.

What does closing that gap look like? It looks like bringing care closer to where families live. It also means investing in research and turning what we learn into better care. Finally, it requires policy change.

These efforts are about more than addressing a shortage of maternity care. They're about making sure families—regardless of where they live—can access the care, support and resources they need for a healthy start.

» What initiatives at March of Dimes are you most excited about? **MW:** What excites me most about the work we're doing at March of Dimes is that we have the opportunity to change the trajectory of health for both moms and babies—and for generations to come.

I feel incredibly grateful to be part of an organization whose mission is to end preventable maternal and infant mortality and close the health equity gap. When we invest in the health of moms, we're also investing in the health and future of their babies—and in healthy families and communities for generations to come.

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COMMUNITY

A Family Affair

Supporting March of Dimes has become a multi-generational tradition for many families. Here are two of their stories.



IMANI AND KIMBERLY BRADFORD

After a miscarriage in 1998, doctors told Kimberly Bradford she'd never have children. When she had a daughter a year later, she named her Imani, which means faith.

Kimberly connected with March of Dimes after her loss, and Imani went to her first walk at age 1. Twenty-three years later, while working for the PA House of Representatives, Imani was at the Black Maternal Health Press Conference while 20 weeks pregnant. "I just remember thinking: I love this impact. I want to be involved," she says.

Three months later she nearly died from postpartum preeclampsia, a blood pressure spike that can lead to seizures, stroke and death if not treated. Her nursing training helped her recognize the symptoms and she went to the ER. "Since then, there's been a fire in me to advocate for moms and babies," she says.

Like her mom, Imani volunteers with March of Dimes, lobbying in Harrisburg and distributing "I gave birth bracelets" that flag postpartum emergencies. She also founded Maternal Intelligence Technologies, a maternal health tech platform.

At the last walk, Imani was with her mom and son and called it "a full-circle moment."

OLIVIA AND MARE HERMAN

For Olivia Herman, an influencer known as "Philly Mom," supporting March of Dimes was a natural fit. Before she was born, her mom, "Mare," worked for March of Dimes organizing Walk America. "She absolutely loved her time there and always spoke highly of it," Olivia says.

When March of Dimes reached out to her, Olivia offered to use her social media platform to shine a light on maternal and infant health needs. "It was a very fulfilling full-circle moment to be playing a character that is an homage to my mother and then have the opportunity to give back to this community," she says. "My mom and I have talked for years about how we can give back, specifically to women, and this was the perfect way to get involved.

Olivia joined her first walk this year, and says she values the mission. "As my mother has said for many years, 'The hand that rocks the cradle rules the world,'" she says. "I think it's as simple as that, where would we be without the women who bring us into the world? What could be more important than supporting them?"





NUTRITION

Meals That Matter

According to the Centers for Disease Control and Prevention, 9.8% of all infants born in 2023 were admitted into the neonatal intensive care unit (NICU). And for every one of those newborns is a mother, father or caregiver spending long hours at their bedside until they are able to come home.

For the postpartum parent, a child's stay in the NICU can coincide with a period of physical healing, while the entire family deals with the emotional and financial stress.

One of the key components of good postpartum care is proper nutrition, which can be a struggle for new parents in general, but infinitely more difficult for parents spending long hours in the NICU. With that in mind, March of Dimes launched Meals That Matter, a program that provides NICU families with healthy, nourishing meals and snacks when they need it most. It gives parents and caregivers one less thing to worry about so they can focus on their baby.

The program is supported by donors, culinary partners and volunteers. To learn more about it, visit **marchofdimes.org/meals-that-matter.**

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Ask the Expert

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Meet Alana Semezier,
Founder, CEO & Routine & Sleep Strategist at
Sleeping Beauties Newborn Care Agency.

Q. What sets Sleeping Beauties apart?
A. *Our approach is personalized, comprehensive, and results driven. We combine expert newborn care with individualized routines, schedules, feeding support, and healthy sleep foundations. Every aspect of care is tailored to the family we serve, with practical solutions, exceptional support, and a commitment to achieving results while going above and beyond.*

Q. What has caring for hundreds of newborns taught you about babies?
A. *No two babies are the same! Books, online advice, and what worked for others can offer guidance, but there is no universal formula. We take time to learn each baby, how they feed, sleep, and what soothes them best. We use that knowledge to create personalized routines and schedules, making our approach successful.*

Q. What should every parent know about newborn sleep in the first few months?
A. *Great sleepers aren't simply born that way! What happens throughout the day plays a major role in how a baby sleeps at night. Feeding, naps, wake windows, routines, consistency, and sleep associations all work together. Establishing healthy sleep habits early creates a strong foundation for longer stretches and more independent sleep as babies grow.*

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