

The March of Dimes

CHA has received several inquiries over the past few months regarding the participation of Catholic health care organizations in the March of Dimes' (MOD) Walk for Babies and other MOD fund-raising activities. These inquiries were sparked by claims from various sectors that the MOD supports embryonic stem cell research, pre-implantation diagnosis, abortion, contraception, and mandatory contraceptive coverage in insurance plans.

The following is information about the MOD's positions on some of these issues drawn directly from their website.

- The March of Dimes has maintained neutrality on the issue of abortion. Abortion plays no part in MOD-funded research or community programs. All MOD grantees are prohibited from using MOD funds for abortion research, to pay for abortions, or to give directive advice or counseling concerning abortions and are required to sign acknowledgment of this policy.
- The March of Dimes does not promote abortion as a solution to the problem of birth defects. Rather it funds programs of research, community services, education and advocacy as a way to deal with birth defects.
- The March of Dimes makes no recommendations to individuals to undergo prenatal diagnosis and does not provide grants to fund prenatal screening or diagnosis services to individuals.
- The March of Dimes has and continues to support fetal tissue research as one technique to broaden understanding of human biology and pregnancy outcome. All MOD-funded research involving fetal tissue complies with U.S. federal law and regulations with strict safeguards against abuse or incentives for abortion. This research seems to be a very small percentage of the total research funded.
- The March of Dimes believes that research on stem cells, including human adult and embryonic stem cells, holds promise for advancing March of Dimes' mission (i.e., to improve the health of babies). MOD policy for funding adult and hES cell research, and all other research involving human tissues, is to adhere to U.S. federal law, regulation and policy on funding and conduct of such research.
- The March of Dimes recognizes the value of family planning as well as preconception and interconception care, in improving the health status of mothers and reducing the risks of birth defects, low birth weight, prematurity and infant mortality. The

MOD does not offer family planning services. However, effective family planning, as viewed by the MOD, must cover reproductive awareness, including contraception options. The MOD does not consider abortion to be an element of family planning.

MOD Mission

- “We help moms have full-term pregnancies and research the problems that threaten the health of babies.”

MOD History and Mission

“President Franklin Roosevelt's personal struggle with polio led him to create the National Foundation for Infantile Paralysis at a time when polio was on the rise. Better known as the March of Dimes, the foundation established a polio patient aid program and funded research for vaccines developed by Jonas Salk, MD and Albert Sabin, MD. These vaccines effectively ended epidemic polio in the United States. “

- **Preventing Birth Defects**

“Its original mission accomplished, the foundation turned its focus to preventing birth defects and infant mortality. The March of Dimes has led the way to discover the genetic causes of birth defects, to promote newborn screening, and to educate

medical professionals and the public about best practices for healthy pregnancy. We have supported research for surfactant therapy to treat respiratory distress and helped initiate the system of regional neonatal intensive care for premature and sick babies. Our recent Folic Acid Campaign achieved a dramatic reduction in the incidence of neural tube defects, birth defects of the brain and spine.”

- **Fighting Premature Birth**

“Since 2003, our fight to save babies has been strongly characterized by our Prematurity Campaign. The rising incidence of premature birth has demanded action, and the March of Dimes has responded by initiating an intensive, multi-year campaign to raise awareness and find the causes of prematurity.”

Fund-Raising and Donations

- Financial contributions to the MOD can be directed to any one of several program areas—research, education, mothers and babies, families in the NICU, and military families.

The information above might be useful in thinking through a Catholic health care organization's involvement in MOD fund-raising activities. Also of help in applying the principle of cooperation to this issue might be the tool that appeared

in the March-April 2008 issue of *Health Progress*, pages 50-51—“Reflective Process for Assessing Catholic Health Care Organizations’ Involvement with Philanthropic Organizations.”

Plan B – Update

Plan B (levonorgestrel)—the standard of care to prevent pregnancy in women who have been sexually assaulted—seems to be in the limelight again. It is one of the FDA-approved drugs included in the HHS mandate regarding preventive services for women under the ACA. Ella, or ulipristal, is the other FDA-approved drug for women who have been raped. Unfortunately, in the thousands of statements made regarding the mandate by a host of different people, these two drugs are usually lumped together. Most often, they are both described as “abortion-inducing drugs.” This nomenclature and the increased attention to Plan B in the current debate about the mandate and religious liberty in turn seem to be raising concerns among some about the drug’s use in Catholic hospitals. This debate—whether Plan B can be used in Catholic hospitals and under what circumstances—has been going on for years. It is still unresolved.

However, it needs to be said that levonorgestrel (LNG) is not ulipristal (Ella) and they should not be lumped together. Doing so betrays ignorance of the science and ultimately weakens one’s

claims and one’s position. All the scientific evidence on the mechanism of action of ulipristal points to its having an abortifacient effect if it does not prevent ovulation. Chemically, ulipristal is a cousin of RU486. It should not be used in a Catholic hospital even though it can be administered and be effective up to 120 hours after an act of unprotected sex.

The vast preponderance of scientific evidence on the mechanism of action of levonorgestrel, especially more recent scientific studies, suggests that it does not have an abortifacient effect, that is, it does not make the endometrium unreceptive to the implantation of an embryo. The conclusions of a few of the more recent studies were summarized in “Ethical Currents” in the Spring 2011 issue of *Health Care Ethics USA* (19, no. 2, pp. 28-30). Here is a further update.

- M. Durand and colleagues, in a paper published in the December 2010 issue of *Contraception* (“Hormonal Evaluation and Midcycle Detection of Intrauterine Glycodelin in Women Treated with Levonorgestrel as in Emergency Contraception,” 82, pp. 526-33), studied the effects of levonorgestrel (LNG) on hormonal behavior and on the secretory pattern of intrauterine glycodelin at the midcycle of ovulatory women. Thirty women were administered LNG approximately two days prior to the LH surge when LNG is less likely to