



BUILDING HOPE *for the* FUTURE

PREECLAMPSIA FOUNDATION ANNUAL REPORT 2006



PREECLAMPSIA

*foundation*

THE PREECLAMPSIA FOUNDATION is a 501(c)(3)  
non-profit organization whose mission is to  
reduce maternal and infant illness and death  
due to preeclampsia. It is dedicated to funding

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*faster* DIAGNOSIS    *better* CARE    *healthier* OUTCOMES

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innovative research, raising public awareness, and  
providing support and education for those whose  
lives have been touched by preeclampsia and other  
hypertensive disorders of pregnancy.

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# LETTER *from the* PRESIDENT

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SINCE THE PREECLAMPSIA FOUNDATION'S BEGINNINGS, "ORGANIZATIONAL SUSTAINABILITY" HAS ALWAYS BEEN OUR BIGGEST CHALLENGE. 2006 PROVED TO BE OUR WATERSHED YEAR, AS WE CROSSED THE CHASM FROM ONE-DAY-AT-A-TIME TO A PLANFUL, SUSTAINABLE ORGANIZATION THAT CAN MEET THE NEEDS OF OUR WOMEN, THEIR FAMILIES, HEALTH PRACTITIONERS, RESEARCHERS, AND PARTNERS IN MATERNAL HEALTH, NOT JUST FOR TODAY BUT FOR MANY TOMORROWS, AS WELL.

Our goals for 2006 were largely met and, more importantly, paved the way to meet our primary 2007 goal — to hire a full-time, experienced director to lead us to the next level of success.

Operationally, we achieved several higher standards such as completing our transition to an accrual accounting system. We also firmly established a track record with our two primary

fundraisers — the annual Mother's Day weekend awareness walk-a-thon, held in several cities throughout the country for the second year in a row, and the annual Saving Grace: A Night of Hope benefit dinner, held this year in San Francisco. In the fundraising department, we sought out new sources of funding from corporate donors and were met with overwhelming support — a pivotal step toward achieving our research and education objectives.

Most encouraging is not just the financial support from corporate supporters, but the commitment of key biotech and pharmaceutical companies into the previously limited industry of preeclampsia research and development. Diagnostic tests and therapeutic approaches finally shine like a beacon on the horizon.

Other 2006 objectives included expanding the breadth of our programs and services and driving a more specific research agenda. The launch of our online Continuing Medical Education curriculum to improve diagnosis and management, the development of a comprehensive position statement underscoring the relationship between preeclampsia and women's heart disease, and our active participation in a research agenda-setting workshop with the NIH's National Institute of Child Health and Human Development (NICHD) are but three examples of our meeting these objectives. Of course, all this and more was achieved without faltering in our primary outreach — our online community of support and education.

In any reflection over a year of milestones and achievements, we must always pause to remember the losses and challenges we suffered. The women — like Susan Waller — who lost their lives to preeclampsia after bringing their babies into the world. The thousands of babies — like Fransesca, Griffin and Kaitlyn — who did not live to feel the warm embrace of a mother's or father's arms, or the babies who struggled days, weeks or months in neonatal intensive care units to compensate for too-early deliveries. Each of their stories remind us that we celebrate our growth as an organization so that we can better serve these families and, ultimately, render ourselves and all hypertensive disorders of pregnancy obsolete.

Your ongoing support is critical to that vision and for that we thank you.



ELENI Z. TSIGAS  
CHAIRMAN, BOARD OF DIRECTORS

## MYTH:

Preeclampsia is rare.

## FACT:

Preeclampsia occurs in 5-8% of all pregnancies. Internationally, this accounts for 6-8 million births per year; in the USA, at least 200,000 pregnancies. Preeclampsia is as common in the USA as breast cancer. Preeclampsia is the most dangerous of the leading common complications of pregnancy.

# WHAT *is* PREECLAMPSIA?

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**PREECLAMPSIA IS A DISORDER THAT OCCURS ONLY DURING PREGNANCY AND THE POSTPARTUM PERIOD, AND AFFECTS BOTH THE MOTHER AND THE UNBORN BABY.**

Affecting at least 5-8% of all pregnancies, it is a rapidly progressive condition characterized by high blood pressure and the presence of protein in the urine. Swelling, sudden weight gain, headaches and changes in vision are important symptoms; however, some women with rapidly advancing disease report few symptoms.

Typically, preeclampsia occurs after 20 weeks gestation (in the late 2nd or 3rd trimesters or middle to late pregnancy), though it can occur earlier. Proper prenatal care is essential to diagnose and manage preeclampsia (sometimes called by its old name, toxemia). Pregnancy

Induced Hypertension, HELLP Syndrome, and eclampsia are other manifestations of the syndrome. It is important to note that research shows that more women die from preeclampsia than eclampsia and one is not necessarily more serious than the other.

Preeclampsia and other hypertensive disorders of pregnancy are a leading global cause of maternal and infant illness and death. By conservative estimates, these disorders are responsible for 76,000 maternal and 500,000 infant deaths each year worldwide.



# OUR VISION

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THROUGH RESEARCH, PUBLIC AWARENESS, PROFESSIONAL AND PATIENT EDUCATION AND SUPPORT, THE PREECLAMPSIA FOUNDATION IS DEDICATED TO REDUCING MATERNAL AND INFANT ILLNESS AND DEATH.

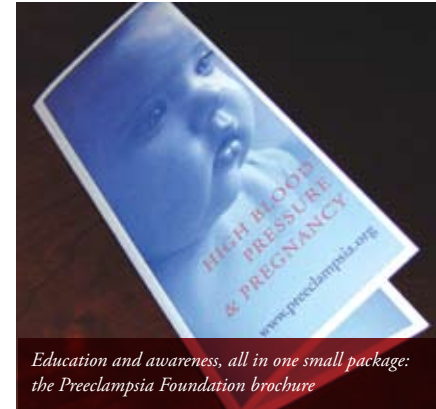
## *Research*

Although it affects 5-8% of all pregnancies, and is responsible for the deaths of thousands of infants and hundreds of mothers each year in the United States, preeclampsia is one of the least funded areas of research, according to the World Health Organization. For this reason, the Preeclampsia Foundation has provided vision grants to fund medical research pertaining to the pathophysiology, diagnosis and treatment of hypertensive disorders of pregnancy. During this reporting period, the Foundation suspended its grants program due to funding limitations, but is seeking to reinstate it in the near future.

## *Public Awareness & Education*

The Preeclampsia Foundation has always been of the opinion that an educated woman is a prepared woman. The more women are aware of the signs and symptoms of the disorder, the more women can be proactive and seek qualified care.

In 2006 the Foundation continued its brochure campaign aimed at putting accurate information about preeclampsia into the hands of every pregnant woman. For women who have already been diagnosed with the illness, this information will help them know what to expect and empower them to ask more questions. For others, this information will help them understand that



preeclampsia exists and educate them on the warning signs and symptoms. During this reporting period, nearly 22,000 brochures were distributed to doctor's offices, clinics and patients. Also during



## OUR VISION *continued*

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period, a Spanish language version of the brochure was developed and 50,000 copies were printed for distribution.

Recognizing that public awareness is largely driven by what people see and read in the media, we try to be very responsive to media requests for interviews, data or patient stories. We have also leveraged our volunteers to drive awareness through their local media channels.

A sampling of our media coverage received for this period:

- “Parents Hope, Pray after Baby Arrives too Early and so Tiny,” *The Seattle Times Local News*, January 16, 2006 – Foundation member Lori Dow and her husband, Brandon, are profiled in this story about the premature birth of their son.
- “Preeclampsia Turns Pregnancies Dangerous, Sometimes Fatal,” “Preeclampsia Babies – 1 Victim,

1 Survivor,” “Foundation Provides Online Support Nationwide,” “About Preeclampsia,” “Preeclampsia’s Return Unwelcome,” and “Bed Rest Brings Healthy Baby,” *The Capital Times*, March 16 & 23, 2006 – Foundation members Alissa Bagneski, Kelly Sullivan and Barb Lawrence are profiled in this comprehensive series of articles written by Foundation member Amy Mertz that emphasize the dangers of preeclampsia and recognize the Foundation’s role in educating and supporting anyone seeking additional information on preeclampsia.

- “Vitamins fail to Ease Preeclampsia Risk,” *Deseret News and AP Online Newswire*, April 27, 2006 – Foundation is cited as source for more information.
- “Help Us Take Strides Towards Fighting Preeclampsia,” *Commit to be Fit e-newsletter*, DeKalb Memorial Hospital, Spring 2006 – One of several walk-a-thon related articles.
- “The Preeclampsia Puzzle,” *The New Yorker*, July 24, 2006 – Foundation supporter Dr. Ananth Karumanchi and his

research are featured in this informative and comprehensive article subtitled “Making sense of a mysterious pregnancy condition”.

- “Vitamins, Weight Key to Pregnancy Risk,” *Pittsburgh Post Gazette*, July 27, 2006 – Foundation co-founder Anne Garrett is quoted in this article about recent research.
- “Hypertension in Pregnancy Needs Checking,” *The Toronto Star*, August 18, 2006 – Diagnostic criteria is quoted from the Foundation’s website in this story written by Foundation member Christina Halliday.
- “Progress vs. Serious Pregnancy Ailment,” *The Early Show – CBS News*, September 7, 2006 – Foundation is cited as source of additional information in this online story providing additional follow-up information to a *The Early Show* feature by Emily Senay, MD about occurrence rates, sign and symptoms and recent research findings.
- “Scientist May Have Found Predictor for Potentially Life-Threatening Condition Common in Pregnancy,” *Voice of America*, September 8, 2006 – Foundation Board President Eleni Tsigas is quoted in this article discussing recent research findings.





## OUR VISION *continued*

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### *Support*

One of our primary missions is to support women and their families through the impact of preeclampsia. Our toll-free hotline (800-665-9341) and [info@preeclampsia.org](mailto:info@preeclampsia.org) email address are two channels of communication that are frequently used. We field about 10-12 calls per month from families that have just been diagnosed.

Every day more than 3000 people visit the Foundation's Website, [www.preeclampsia.org](http://www.preeclampsia.org), to learn more about the illness, ask questions from the experts, share stories of loss and survival and find out how they can get involved. The website's online forum is buzzing with questions, advice and stories from 4,585 members who have created 145,875 postings.

### MYTH:

Women do not die in childbirth in this day and age.

### FACT:

Every year 585,000 women die in childbirth, most in developing countries. 76,000 of those are from preeclampsia/eclampsia. In the USA 18% of pregnancy-related deaths are due to the disease - approximately 3 women a week. Even women who do not die may experience trauma, lose babies and suffer lifelong disabilities including paralysis, blindness, permanent neurological impairment, hypertension, and other physiological or psychological problems.



# HISTORY *of* ACHIEVEMENTS

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## **NOVEMBER 1999**

Preeclampsia Foundation founded.

## **FEBRUARY 2000**

First strategy meeting with Dr. Gordon Perkin, Bill & Melinda Gates Foundation; \$50,000 anonymous pledge; \$12,000 matching funds received.

## **JUNE 2000**

[www.preeclampsia.org](http://www.preeclampsia.org) launched.

## **MARCH 2001**

Preeclampsia Foundation awards two \$15,000 Vision Grants.

## **APRIL 2001**

Appointed to the National Heart Lung and Blood Institute's (NHLBI) Public Interest Research Task Force to help prioritize preeclampsia funding at NIH.

## **JUNE 2001**

Partnered with NICHD to help develop proposal for genetic study using our registered members and the NIH research facilities.

## **APRIL 2002**

Spoke at U.S. Senate Press Conference to introduce SMART Moms Act (Safe Motherhood Act for Research and Treatment), S. 2328/H.R. 4602.

## **APRIL 2003**

Convened the first International Preeclampsia Summit (IPS) in Seattle with a grant from the Bill & Melinda Gates Foundation.

## **JULY 2003**

Issued the Seattle Mandate, an international call-to-action, arising from the IPS.

# HISTORY *of* ACHIEVEMENTS *continued*

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## JULY 2004

Held 1st Annual Preeclampsia Foundation patient conference in Seattle, WA; Participation began in a joint research study with the National Institute of Health (NIH), National Institute of Child Health & Human Development (NICHD).

## NOVEMBER 2004

Participated in patient advocacy panel at the 14th World Congress of the International Society for the Study of Hypertension in Pregnancy, Vienna, Austria.

## MAY 2005

Launched inaugural nationwide walk-a-thon (2,000 walkers in 18 cities) Mother's Day weekend to raise awareness and financial support, surpassing initial goal by nearly 300%.

## JUNE 2005

Produced patient informational brochure and began distribution to doctors' offices, clinics, patients, etc.; Secured endorsement of Society for Maternal Fetal Medicine for brochure distribution to their membership.

## AUGUST 2005

Held 2nd Annual Preeclampsia Foundation patient conference at Oglebay Resort in Wheeling, W.V.

## SEPTEMBER 2005

Participated in special task force to develop Canadian Perinatal Network, providing early input as a stakeholder, and planning initial and future CPN projects.

## NOVEMBER 2005

Successfully launched annual benefit gala - "Saving Grace: A Night of Hope" - to raise awareness and financial support; Co-sponsored Continuing Medical Education (CME) Seminar: "*Preeclampsia Update*" with the Deborah E. Powell Center for Women's Health at the University of Minnesota.

## DECEMBER 2005

Concluded participation in NICHD research study.



*Walkers in Minnesota taking steps to raise awareness. Two thousand walkers around the country inaugurated this annual walk-a-thon.*

# 2006 MILESTONES

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## **MAY 2006**

Held 2nd annual nationwide walk-a-thon Mother's Day weekend to raise awareness and financial support.

## **JUNE 2006**

Presented results of joint research study with the National Institute of Health (NIH) and the National Institute of Child Health & Human Development (NICHD) at the Society for Pediatric and Perinatal Epidemiology annual meeting in Seattle, WA.

## **AUGUST 2006**

Launched online survey developed by Dulcian, Inc. to gather information about our membership for use in future research (1,767 responses received as of end of reporting period).

## **JULY 2006**

Hosted Leadership Training Conference to provide training and education to volunteers; Presented results of joint research study with the National Institute of Health (NIH) and the National Institute of Child Health & Human Development

(NICHD) at the 15th World Congress of the International Society for the Study of Hypertension in Pregnancy in Lisbon, Portugal.

## **SEPTEMBER 2006**

Participated as patient advocacy organization in National Institute of Health (NIH) sponsored research workshop aimed at bringing together the top researchers in the field to present their newest work; formalized an alliance with the March of Dimes (MoD).

## **OCTOBER 2006**

Held 2nd annual benefit gala – “Saving Grace: A Night of Hope” – in San Francisco, CA with sold-out crowd of approximately 400 in attendance to raise awareness and financial support; Co-sponsored Continuing Medical Education (CME) Seminar: “The Heart of a Woman: Pregnancy and Beyond” with University of California at San Francisco to educate physicians and nurses about preeclampsia diagnosis, management and the ongoing issues related to cardiovascular disease; Issued position statement entitled: “Preeclampsia Identifies Women at Risk for Cardiovascular Disease.”

## **NOVEMBER 2006**

Translated patient informational brochures into Spanish and printed 50,000 copies for distribution; Professional Education Committee identified.

## **THROUGHOUT 2006:**

1272 members (724 outside of U.S) joined our online Forum in 2006, creating a total of 4585 members (2799 from outside the U.S.) with a total of 145,875 postings. Approximately 150 calls for support and information were taken on the Foundation's hotline.

Aside from executing on mission, the primary focus for this period was to continue to nurture the financial strategy implemented during the preceding reporting period to ensure sustainability and to meet financial milestones, including the establishment of a reserve fund – all with the goal of converting from an all-volunteer staff to a paid staff by the next reporting period.



# A PLAN *that's* WORKING

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FROM THE EXECUTIVE DIRECTOR:

As the Foundation's first paid Executive Director, I am exceptionally pleased to submit this annual report for review and consideration by our steadfast friends and supporters. It is your commitment to our mission that has made this past fiscal year such a success.

I also wish to address this note to new friends and potential supporters. Ours is a critically important mission: to reduce maternal and infant illness and death due to preeclampsia. It is my deepest hope that you will read this report and come away with a fervent commitment to help sustain our work.

In these pages you will find a wealth of information about the Preeclampsia Foundation. You will also see the hallmarks of a well managed 501(c)(3) organization whose Board has developed and is implementing a strategic plan that is working.

First, no Executive Director hears sweeter words from auditors than, "the financial statements present fairly, in all material respects, the financial position of the Preeclampsia Foundation . . . and the changes in its net assets and cash flows." This means that our books were in order and that the Foundation received a clean audit review.

As important as this is – I cannot stress enough the importance of the Board's decision in 2005 to build reserves in FY06 in order to begin hiring paid staff and transition from an all volunteer organization, to a structure that will enable and enhance growth as well as mission fulfillment. You will note that the "change in net assets" increased by over \$400,000 in the fiscal year. While much of that value was in the form of "in kind" donations for the development of the website, our cash position also rose significantly. This represents the purposeful and thoughtful planning of

the Preeclampsia Foundation Board of Directors.

You will note by reading this annual report in its entirety (and I hope you do), that FY06 was also successful for the Foundation on many other fronts. Our goal, of course, is to increase these achievements and help reduce the sadness and suffering that preeclampsia too often brings.

I invite you to join us in this struggle . . . it is surely one worth winning.

With all best wishes,



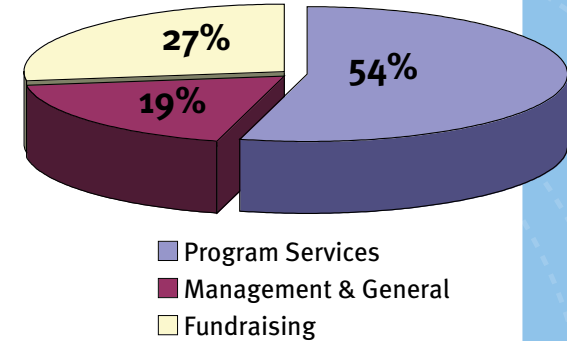
J. THOMAS VIALL  
EXECUTIVE DIRECTOR

## Statement of Activities and Changes in Net Assests

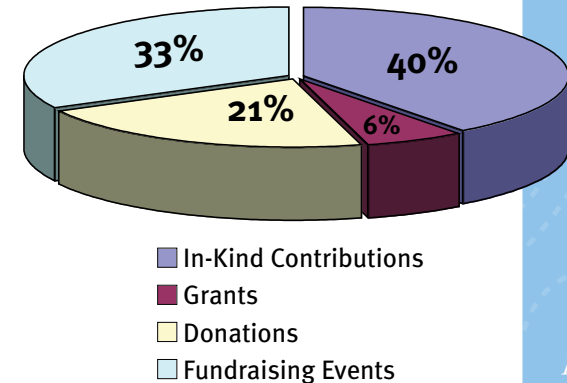
### For the Year Ended December 31, 2006

	Unrestricted	Temporarily Restricted	Total
<b>PUBLIC SUPPORT AND REVENUE</b>			
Contributions	\$155,374	\$54,700	\$210,074
Contributed Services	\$24,290	\$-	\$24,290
In Kind Contributions	\$229,359	\$-	\$229,359
Conference Registration	\$2,434	\$-	\$2,434
Miscellaneous Income	\$1,450	\$-	\$1,450
	<u>\$1,035</u>	<u>\$-</u>	<u>\$1,035</u>
	<u>\$413,942</u>	<u>\$54,700</u>	<u>\$468,642</u>
<b>SPECIAL EVENTS</b>			
Revenue	\$90,296	\$-	\$90,296
Contributions	\$156,996	\$-	\$156,996
In Kind Contributions	\$44,463	\$-	\$44,463
Event Expenses	<u>\$(130,731)</u>	<u>\$-</u>	<u>\$(130,731)</u>
	<u>\$161,024</u>	<u>\$-</u>	<u>\$161,024</u>
<b>NET ASSETS RELEASED FROM RESTRICTION</b>			
Satisfaction of restriction	<u>\$46,700</u>	<u>\$(46,700)</u>	<u>\$-</u>
Total support and revenue	<u>\$621,666</u>	<u>\$8,000</u>	<u>\$629,666</u>
<b>FUNCTIONAL EXPENSES</b>			
Program Services	\$105,968	\$-	\$105,968
Management and General	\$36,776	\$-	\$36,776
Fundraising	<u>\$53,064</u>	<u>\$-</u>	<u>\$53,064</u>
	<u>\$195,808</u>	<u>\$-</u>	<u>\$195,808</u>
<b>CHANGES IN NET ASSETS</b>	\$425,858	\$8,000	\$433,858
<b>NET ASSETS, BEGINNING OF YEAR</b>	<u>\$75,637</u>	<u>\$15,000</u>	<u>\$90,637</u>
<b>NET ASSETS, END OF YEAR</b>	<u>\$501,495</u>	<u>\$23,000</u>	<u>\$524,495</u>

### FUNCTIONAL EXPENSES



### REVENUE SOURCES





# LOOKING AHEAD

## MYTH:

Only *certain kinds* of women (heavy, old, young, black, Hispanic, twin pregnancies, etc.) get preeclampsia.

## FACT:

While women with a body mass index (BMI) of 30 or higher, of advanced maternal age (over 35), teenagers, African Americans, Hispanics and those expecting multiples are among those at an increased risk, studies show that these “risk factors” do not predict who will get the disease and with what severity it will occur.

A WELL CONCEIVED STRATEGIC PLAN IS ESSENTIAL TO THE GROWTH AND STABILITY OF ANY ORGANIZATION. THE PREECLAMPSIA FOUNDATION BOARD HAS SUCH A PLAN AND THE FOLLOWING ACTIVITIES ARE INTEGRAL COMPONENTS OF THE ACTION PLAN FOR THE COMING FISCAL YEAR:

- **SECURE FUNDING FOR AN ASSESSMENT SURVEY** of health care providers to determine base line data on how preeclampsia is defined, diagnosed, and managed. Such data can then inform professional education initiatives with an eventual goal of developing standards of “best practice” for treatment and care.
- **ENHANCE OUR PUBLIC AWARENESS ACTIVITIES** to include such possible initiatives as a national Public Service Announcement (PSA) campaign and recruit a spokesperson of national prominence to draw more public attention to our cause.
- **INCREASE OUR ADVOCACY IN WASHINGTON, DC** to support increased funding for the National Institutes of Health (NIH) and, within NIH, for more funding directed toward preeclampsia research.
- **AUGMENT EXISTING FUNDING** to create an educational DVD that could be tailored to several different markets (nurses, medical students, women’s groups, etc.).
- **EXPAND OUR VISION GRANT AWARD PROGRAM** to include 4 grants in FY08 at a total of \$100,000. Our longer term goal is to have a grant pool of \$1,000,000 available for funding at least 10 research projects within 5 years.

# MEMBER HOSTED FUND - RAISER *and* AWARENESS EVENTS <sup>1</sup>

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## *Professional Tarpon Tournament Series' Silver King Banquet and Silent Auction in Boca Grande, FL*

In June 2006, Foundation member Alli Creek, along with her husband Doug, organized a banquet and silent auction with the Professional Tarpon Tournament Series with proceeds benefiting the Foundation. In addition to raising money for the Foundation, Alli spread preeclampsia awareness by telling those in attendance about her two preeclampsia pregnancies.

## *New York City Marathon*

In November 2006, Foundation member Jill Siegel finished the New York City Marathon less than two years after preeclampsia's rapid onset resulted in the emergency Caesarian delivery of her daughter. Thereafter, Jill suffered a stroke and spent the next 98 days in the hospital. After being discharged from the hospital, Jill required another three months of full-time, five-days-a-week rehabilitation to help her regain the ability to walk and talk. Building on what she learned at the Foundation's Leadership Training Conference, Jill turned her marathon quest into a fundraiser for the Foundation and a way to spread awareness of the disorder that nearly killed her.

<sup>1</sup> Is not intended to be an exhaustive list of all member-hosted events.

# MEMBER HOSTED FUND-RAISER *and* AWARENESS EVENTS *continued*

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## *Local Golf Tournaments*

Several Foundation members and supporters organized local golf tournaments in memory of loved ones lost to preeclampsia to raise money for the Foundation and spread awareness about preeclampsia. Many golfers participated in the Susan Denise Lowrimore Golf Tournament in Mansfield, TX (in memory of Susan Denise Lowrimore and her son, Logan), the Charity Golf Scramble in Gilbertville, PA and the Charity Golf Tournament in memory of Dallin J. Baker in Phoenix, AZ.



### MYTH:

You can prevent (or you *caused*) preeclampsia with diet/exercise/attitude/not working (or working) outside the home.

### FACT:

Preeclampsia occurs in every country in the world regardless of diet, body size, and lifestyle. No significant study has shown that any of these factors are the cause or the cure for preeclampsia.

# CONTRIBUTORS

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THE PREECLAMPSIA FOUNDATION WISHES TO THANK THE FOLLOWING FOR THEIR FINANCIAL SUPPORT:

**\$75,000 +**  
Dulcian Inc.\*

**\$50,000 +**  
Johnson & Johnson

**\$15,000 +**  
BAS Medical  
National Institute of Health†

**\$10,000 +**  
All Chemical Disposal S.C. Inc.  
Black River Asset Management LLC†  
Mckinsey & Company  
Mr. & Mrs. Terry Moore  
Ortho-Clinical Diagnostics  
Pediatrix  
Scios Inc.  
Schering Corporation  
Visa International

**\$5,000 +**  
Abbott Laboratories  
Alza Corporation

Baxter Healthcare Corp  
Howard Campbell  
Douglas & Alli Creek  
Diversified Collection Services  
Helen McGovern  
The Michiels-Kibler Family  
Microsoft Giving Campaign  
Jane Miller  
Performant  
Estreilla Zulch

**\$2,500 +**  
Kraft Foods Matching Gifts Program  
John Jacobson, M.D.  
John & Brenda Warner

**\$1,000 +**  
Rebecca Anderson  
Christopher Baker  
Cargill Incorporated  
Cassidy & Son Construction Co. Inc.  
Comerica Charitable Foundation  
Michael Fuller  
Hennegan Company

Marshall Lindheimer, M.D.  
Laura Lyke  
Ron and Ginny Markos  
Drs. James & Gloria Martin  
Medtronic  
Fred Mercurio  
Barb Moore  
Karine Owens  
Sierra Benefit Solutions  
Walman Optical

**\$500 +**  
Beth Israel Obstetrics and Gynecology  
Foundation  
Jeanette Corris  
Rev. Constantine Efstathiou  
Ben Flajnik  
Dank Garrison  
Genesis Health System  
Aaron Gerst  
Jim & Carol Hamilton  
Heavy, Inc.  
Hendricks Regional Health  
Intergrity Paints Inc.

*Every attempt has been made to be accurate. If a name has been omitted in error, please contact us.*

*\* In-kind contribution † Grant*

## MYTH:

Pregnant women do not need to know about preeclampsia because only 5-10 out of every 100 will get it, and there's no reason to needlessly worry them.

## FACT:

Because we cannot safely predict who will and will not get preeclampsia, all women, particularly those in their first pregnancy, or with known risk factors, should be warned about the dangers of preeclampsia, and be well-educated about the signs and symptoms. Women are taught about Down Syndrome, breast cancer self-exams, pap smears. Most women would rather know.

## contributors *continued*

### **\$500 +** *continued*

Jennifer's Candles, Inc.  
Live Nation  
Alvin Luk  
Daniel Maguire  
Paul & Jennifer Morris  
Merrill Lynch  
Anita Nadelson  
Jeffrey Nichols  
Joseph & Jaime Nolan  
Northwest Bank & Trust Company  
Jennifer O'Quill  
Jay & Karine Owens  
Patterson Family  
Pens Construction Inc.  
PHH Vehicle Management Services  
Phillips Enterprise Inc.  
Randazzo Mechanical Heating  
& Cooling Inc.  
Sandra Arnold Inc.  
Santa Barbara Police Officers Association  
Screen Print Plus  
St. James Evangelical Lutheran Church  
Trinity Medical Center  
University of Iowa Hospitals and Clinics  
Barbara Weldon  
York Building Products Company  
Chad Zagorski

### **\$250 +**

Ameristar Inc.  
Sandra Arnold  
Danae Aitchison  
Jeff Bernknopf  
Vashali Bhargava  
Ron Brabant  
Business Districts Inc.  
Cafepress  
Suzanne Campion, R.N.  
Scott Caswell  
Sharon Caudron  
Cornerstone Wealth Management  
Brian Drucker  
GAP Foundation  
Lynn Garwood  
Linda Giudice, M.D.  
James Lee Goodwin  
Laura Gottsman  
Wayne and Susan Hamilton  
Garrett Hancock  
Harborside Dental Associates  
Heartland Title Company  
Herbert H. Kohl Charities Inc.  
Carrie Holder  
Dixie Horning  
Louise Hull  
Mikael Jacobson  
Joey Jodar  
Subbian & Sreedevi Karumanchi

Mike Bieberitz & Joanne Lagatta  
Thomas & Pamela Laureto  
Kee Hak Lim, M.D.  
Lynne Linale  
Andrea and Andy Luskin  
K. Kim McCleary  
Bradley & Krista McDonald  
Paul Michele  
Nancy Milliken, M.D.  
Mark Moehring  
Amy and Lee Niemann  
Jim Noack  
Joseph & Pamela Nolan  
Robert B. Ott  
Kelly Perkins  
Stephen Pollitt  
NTN Portland One  
Richard Proctor  
Rick Proctor  
Residential Funding Company  
Nicole Riedel  
Bruce Rust  
Dr. William Ryan  
Benjamin Sachs, M.D.  
Mark and Joan Silverman  
Dawn Slettum  
Terry Sopher  
Avrum Spiegel  
John Stecker  
Sierra Benefit Solutions

## *contributors continued*

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Sudeley Financial Management LLC  
The Office Image  
The Prudential Foundation  
Vicki Thomas  
Travis Valpoon  
Kevin Walsh  
Patricia Walters  
Michael Wardwell  
Shane Weber  
Kendra Whiteley  
Yeadon Fire Co. No. 1

### **\$100 +**

Daniel Ahern  
Isaac and Dolores Alvarez  
America's Blood Center  
Geoffrey Anderson  
Richard Anderson  
Charles Askins  
Bill and Linda Athey  
Auburn Appliance Repair  
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### **MYTH:**

Once the baby is delivered, the mother is fine.

### **FACT:**

While it is true that delivery sets in motion the recovery process, most maternal deaths occur in the 24-48 hours after the birth of the baby. Preeclampsia, eclampsia and the complications from it can occur up to six weeks post-partum. Vigilant post-partum care could prevent many of these deaths.

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*Victoria K., born at 29 weeks*

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## MYTH:

Preeclampsia has little to no impact on the baby.

## FACT:

Preeclampsia can cause intrauterine growth restriction and is the #1 reason doctors choose to deliver early. Preeclampsia is the leading known cause of prematurity, accounting for 15% of preterm births in the US or approximately 60,000 premature births. It is also a leading cause of neonatal and infant death, taking the lives of a half-million babies each year, worldwide.

*Ella E., born at 37 weeks*

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**DR. THOMAS R. EASTERLING,  
DIRECTOR**

*University of Washington School of Medicine*

Dr. Easterling received his MD from University of North Carolina Medical School. He is a national expert in the field of hypertension in pregnancy. A professor at the University of Washington Medical School joining the staff in 1985, Dr. Easterling has received numerous awards including: the Young Investigator's Award of the International Society for the Study of Hypertension in Pregnancy, the Society Award for the Society of Perinatal Obstetricians for research on the hemodynamics of preeclampsia, and was honored by the journal *Obstetrics & Gynecology* for conducting one of the four most significant studies of 1999 regarding early antihypertensive treatment to prevent preeclampsia. He and his team at the University of Washington are members of the NIH-sponsored Obstetrical Pharmacological Research Unit network investigating the use of medications in pregnancy. Dr. Easterling continues an active clinical and research practice at the University of Washington and is a co-founder of the Preeclampsia Foundation.

**DR. PHYLLIS AUGUST**

*Weill Cornell Medical College*

Since 1996, Dr. August has been the Chief of the Division of Hypertension and the Cardiovascular Center and a professor of medicine at Cornell University's Weill Medical College. A 1977 graduate of the Yale Medical School, she did her residency in internal medicine and her fellowship in nephrology and hypertension at the New York Hospital-Cornell Medical Center. She is also a practicing physician who brings much clinical evidence to her study of hypertension in pregnancy.

**DR. PETER VON DADELSZEN**

*University of British Columbia*

Peter von Dadelszen, MD, is an Assistant Professor of Obstetrics and Gynecology (Maternal-Fetal Medicine) at the University of British Columbia and a consulting perinatologist at Children's and Women's Health Centre of British Columbia (CWHCBC).

His appointment at the University of British Columbia (UBC) is that of a clinician-scientist, with 60% of his time dedicated to his research interests in

preeclampsia and pregnancy hypertension, from basic science to clinical epidemiology. He is currently investigating the mechanisms involved in the development of preeclampsia, as well as a possible disease-modifying therapy.

Dr. von Dadelszen is currently the President of the North American Society for the Study of Hypertension in Pregnancy (NASSHP) and the President of ERIPED (Equipede Recherche Interdisciplinaire sur la Pre-Eclampsie et ses Determinants), Canada's preeclampsia research alliance.

**DR. MARSHALL LINDHEIMER**

*University of Chicago*

Dr Lindheimer, a board certified internist and nephrologist, is a professor emeritus in the departments of medicine and obstetrics and gynecology at the University of Chicago, where he currently chairs the advisory board of its NIH-funded General Clinical Research Center. His clinical interests focus on the management of pregnant women with kidney disease and hypertension, while his research career has stressed renal physiology, volume

homeostasis, and blood pressure control in normal and abnormal pregnancy. He is also a consultant to the World Health Organization, participating in their Global Program to Conquer Preeclampsia, and advising them in the areas of clinical trials and the implementation of best care policies in developing nations. Dr Lindheimer is one of the founders of the International Society for the Study of Hypertension in Pregnancy, and has served both as its secretary-treasurer and president. His 350 plus publications include seminal basic science observations, clinical studies, numerous text chapters and author- or editorship of seven texts, including the most recent editions of Chesley's Hypertensive Disorders in Pregnancy, and Barron & Lindheimer's Medical Disorders During Pregnancy. Dr Lindheimer is a recipient of the Chesley Award for Research in Hypertension in Pregnancy.

**DR. JAMES N. MARTIN, JR.**  
*Wiser Hospital for Women and Infants  
University of Mississippi Medical Center*

Dr. Martin is a professor of OBGYN, Director of the Division of Maternal-Fetal Medicine, and Chief of Obstetrics for the Wiser Hospital for Women and Infants at

the University of Mississippi Medical Center. His clinical expertise lies in the management of complicated pregnancies, particularly related to hypertensive disorders. Dr. Martin is the author of more than 400 scientific communications, many which address issues related to preeclampsia-eclampsia and atypical forms of this disease such as HELLP syndrome. He is one of the founders and a past president of The North American Society for the Study of Hypertension in Pregnancy, is past president of the Society for Maternal-Fetal Medicine, and is Secretary of ACOG National. His research in hypertensive disorders of pregnancy began during his residency training at the University of North Carolina Hospitals and continued while completing a fellowship in maternal-fetal medicine at Texas Southwestern/ Parkland Hospital in Dallas, Texas.

**DR. SUZANNE OPARIL**  
*University of Alabama School of Medicine  
in Birmingham*

Suzanne Oparil, MD, is Professor of Medicine and of Physiology and Biophysics at the University of Alabama School of Medicine in Birmingham, where she is also Director of the Vascular Biology and Hypertension Program.

She is the current President of the American Society of Hypertension, a past-President of the American Heart Association (and still an active volunteer at both the national and affiliate levels), and the first woman past-President of the American Federation for Medical Research. She also has leadership roles in the Association of American Physicians, American Society for Clinical Investigation, Southern Society for Clinical Investigation, American Physiological Society, Clinical Physiology Advisory Committee, and Inter-American Society of Hypertension.

Dr Oparil has a career interest in the fundamental mechanisms of cardiovascular disease and in using the information to develop novel treatments.

Dr Oparil is author and coauthor of more than 1,000 abstracts, book chapters, and journal articles in *Circulation*, *New England Journal of Medicine*, and *American Journal of Hypertension*, among others.

**DR. JOHN T. REPKE**

*Milton S. Hershey Medical Center  
Penn State College of Medicine*

Dr. Repke is a Professor and Chairman of the Department of Obstetrics and Gynecology at the Penn State College of Medicine - Milton S. Hershey Medical Center. He is a nationally recognized expert in Maternal-Fetal medicine and is listed in "Best Doctors in America". His expertise is in the study of prevention and management of hypertension in pregnancy and preeclampsia. In addition to editing a textbook on obstetrics, Dr. Repke has published over 135 research articles in peer-reviewed journals and over 50 review articles and book chapters. He is a past president of the North American Society for the Study of Hypertension in Pregnancy. A 1974 graduate of Georgetown University, Dr. Repke obtained his medical degree in 1978 from New York Medical College. His internship, residency, fellowship and other professional positions have taken him to Johns Hopkins Hospital, Harvard Medical School-Brigham and Women's Hospital, the University of Nebraska Medical Center, and Penn State.

**DR. JAMES M. ROBERTS**

*Magee-Women's Research Institute  
University of Pittsburgh School of Medicine*

Dr. Roberts is Professor and Vice Chair for Research in the Department of Obstetrics, Gynecology, and Reproductive Sciences at the University of Pittsburgh School of Medicine, and Director of Magee-Womens Research Institute. Dr. Roberts has received national and international recognition for his work on preeclampsia. He was the recipient of the Chesley Award for lifetime achievement in the study of hypertension in pregnancy, is the author of more than 160 publications and is a reviewer for numerous medical and scientific journals. He has served on scientific review boards of the National Institutes of Health, the Medical Research Council of Canada, the Food and Drug Administration and the March of Dimes. He has held posts with the NICHD Maternal Fetal Medicine Network, the Canadian Institute of Health Sciences Research, the Perinatal Research Society, the North American Society for the Study of Hypertension in Pregnancy, the Society of Gynecological Investigation and the International Society for the Study of Hypertension in Pregnancy.

**DR. BAHA M. SIBAI**

*University of Cincinnati College of Medicine*

Dr. Sibai is Professor and Chairman of the Department of Obstetrics and Gynecology at the University of Cincinnati College of Medicine. His academic leadership and contributions to research in the dissection of the hypertensive diseases of pregnancy and other basic problems associated with obstetrics and gynecology has awarded him national and international recognition in the field of Maternal-Fetal Medicine, particularly in the area of hypertension in pregnancy. His contributions have organized the treatment plans of many physicians. Dr. Sibai's international notoriety in preeclampsia and eclampsia evolved as a result of his authorship or co-authorship of over 350 peer-reviewed publications in national and internationally circulated publications.

# HONOREES

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## THE 2006 FOUNDERS AWARD: DR. THOMAS R. EASTERLING



Dr. Easterling received his M.D. from the University of North Carolina Medical School. He is a national expert in the field of hypertension in pregnancy. A professor

at the University of Washington Medical School since 1985, Dr. Easterling has received numerous awards including the Young Investigator's Award from the International Society for the Study of Hypertension in Pregnancy; the Society Award from the Society of Perinatal Obstetricians for research on the hemodynamics of preeclampsia; and he was honored by the *Obstetrics & Gynecology* journal for conducting one of the four most significant studies of 1999 regarding early antihypertensive treatment to prevent preeclampsia.

Dr. Easterling and his team at the University of Washington are members of the NIH-sponsored Obstetrical Pharmacological Research Unit network investigating the use of medications in pregnancy. Dr. Easterling continues an active clinical and research practice at the University of Washington and is a co-founder of the Preeclampsia Foundation.

## THE 2006 HOPE AWARD FOR LIFETIME ACHIEVEMENT IN ADVOCACY: DR. MARSHALL LINDHEIMER



Dr. Lindheimer is a professor emeritus in the department of medicine, obstetrics and gynecology and in the committee of clinical pharmacology at the University of

Chicago. His research and career have been dedicated to the care of pregnant women with hypertension and renal disease. Dr. Lindheimer has published

hundreds of studies on renal function, blood pressure control, volume and water homeostasis, and micro vascular function in normal and abnormal gestation, a substantial number focusing on preeclampsia research. He has also written many chapters and coedited seven books in these areas.

Dr. Lindheimer is the prime founder, as well as a past president of the International Society for the Study of Hypertension in Pregnancy, and is currently an associate editor of its journal. His recognitions include the Chelsey Award for research in hypertension among pregnant women, honorary membership in the Society for Maternal Fetal Medicine, and a Lifetime of Service Award from the National Kidney Foundation of Illinois. Most prominently he is among less than 100 Americans to have been named a fellow ad eundum in the Royal College of Obstetrics and Gynecology in London, England. Dr. Lindheimer also serves on the Medical Board of the Preeclampsia Foundation.

**THE 2006 HOPE AWARD FOR  
VOLUNTEER OF THE YEAR:  
LAURA DAIGLE MULLER**



Ms. Muller works as a Tobacco Policy Specialist for the Alaska Native Tribal Health Consortium, where she advocates for Clean Indoor Air legislation and policies,

including the recent passage of Anchorage Smokefree Ordinance.

Ms. Muller began volunteering for the Preeclampsia Foundation in early 2003 during her second hypertensive pregnancy, her first being complicated by severe preeclampsia. Like many Foundation members, she was driven to understand why her body had failed her and if it was likely to happen again in future pregnancies. Since then, Ms. Muller has volunteered in many capacities: online moderator, volunteer trainer, webmaster, forum administrator, and currently as the Director of Support. She was recently appointed to the Board of Directors for the Preeclampsia Foundation for the term

beginning January 1, 2007. She is committed to helping other women who have experienced preeclampsia by passing on the support, love and sisterhood offered generously by mentor and Foundation founder, Anne Garrett, during her own time of need. Laura, husband Jackie, and daughters Alicia and Camille, live in Anchorage, Alaska.

**THE 2006 HOPE AWARD FOR  
INNOVATOR OF THE YEAR:  
DR. S. ANANTH KARUMANCHI**



Dr. Karumanchi received his M.D. in 1992 from the University of Madras, India. Dr. Karumanchi completed his residency in Internal Medicine at Henry

Ford Hospital, Detroit, MI, and a fellowship in Nephrology at the Beth Israel Deaconess Medical Center, Boston, MA.

Dr. Karumanchi also underwent training in basic research in the area of angiogenesis for four years at the Beth Israel Deaconess Medical Center and Harvard Medical School, Boston. He joined the faculty at the Beth Israel Deaconess Medical Center in 2001 as attending physician in the nephrology division and is currently an Assistant Professor in Medicine at Harvard Medical School. He also holds a second appointment as a Senior Scientist with the Department of Obstetrics and Gynecology at the Beth Israel Deaconess Medical Center and is a member of the Center for Vascular Biology at BIDMC. Dr. Karumanchi has been the recipient of numerous awards, including the National Institute of Health's Physician Scientist Award, the American Society of Nephrology's Carl Gottschalk Research Scholar Award and the International Society for the Study of Hypertension in Pregnancy's Young Investigator Travel Award. His current research focuses on the role of angiogenic growth factors and inhibitors in the pathogenesis of placental disorders such as preeclampsia and IUGR. Dr. Karumanchi's research is currently funded by NIH and the American Society of Nephrology.





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P R E E C L A M P S I A

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