



BUILDING HOPE *for the* FUTURE

PREECLAMPSIA FOUNDATION ANNUAL REPORT 2004-2005



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

faster DIAGNOSIS *better* CARE *healthier* OUTCOMES

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



AFTER BEING FOUNDED IN 2000, THE PREECLAMPSIA FOUNDATION SO QUICKLY BEGAN FILLING AN UNMET NEED THAT OPPORTUNITIES ABOUNDED AND MEMBERSHIP GREW QUICKLY. AS SUCH, THE YEARS 2004 AND 2005 COULD BE CHARACTERIZED AS THE “INTERMISSION” YEARS, WHERE WE SLOWED DOWN TO SHORE UP THE UNDERPINNINGS REQUIRED FOR OUR EXPONENTIAL GROWTH.

We built upon the successes of our past and paved the way for a bright and sustainable future. In the Fall 2004, founder Anne Garrett left her post as Executive Director to pursue new horizons. Fortunately, her support for the Foundation continued through her service on the Board of Directors. As I said in our Founder’s Award presentation to her in November 2005, “In a few short years, Anne transformed the trauma of her own experience with preeclampsia into a national organization that reaches women across the internet and beyond,

and touches them in ways that are meaningful, long-lasting and often life-saving. As the founder and visionary for the Preeclampsia Foundation, she set us on a course that exceeded even her own dreams.”

Now it was time to regroup and write the next chapter in our success story. We made the difficult, but ultimately best choice to temporarily transition to an All Volunteer Organization (AVO). We hired a non-profit management company (IntrinXec Management Inc.) to create and manage our entire backoffice.

We produced two successful and repeatable large-scale fundraisers to ensure our sustainability – the annual walk-a-thon and the “Saving Grace: A Night of Hope” benefit. We completed our participation in a pilot research study with the NIH’s National Institute of Child Health and Human Development (NICHD). We began mobilizing our grass roots support through the formation of several groups around the country. And we adopted a scaled back approach to new programs until this critical infrastructure was firmly in place.

We did not, however, limit our most important service – providing information and support to those being affected by preeclampsia. Over the 18-month period of this report, 2,548 members were added to our online forum with a total of 92,490 postings on 11,806 different topics areas. Approximately 270 calls were taken on our toll-free hotline. In addition, we responded to countless emails for information and emotional support, and we even spent physical time with several critically ill patients and grieving families.

While “infrastructure” may not sound like a terribly exciting achievement, I hope you’ll appreciate – as we do – that we now have the solid foundation required to execute our ambitious yet critical mission. We are now poised to go into our next five years strong and ready to extend the reach of our programs and services, to serve more families, to save more lives, to raise more money, to fund more research and to capitalize on the volunteer energy of a highly motivated and growing membership base. And we are on track to soon hire high-caliber professionals who will lead and execute the myriad programs required to serve the patients and professionals who must deal with the challenge – often trauma – of preeclampsia.

You, our members and supporters, are our lifeblood and our inspiration. As ever, we count on your continued support to accomplish even more in 2006 and beyond.



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?

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

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 1 in 12 pregnancies—increasing to 1 in 5 for high-risk patients—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.

We did, however, conclude our participation with the NIH's National Institute of Child Health and Human Development (NICHD) research study and are scheduled to present the findings at two medical conferences in 2006. Although preeclampsia has been recognized for centuries, its etiology remains unknown. Familial clustering of preeclampsia has long been identified, leading to the concept of a genetic basis for this syndrome. This pilot study intended to test the feasibility, logistics and examine frequency of genetic polymorphism of certain genes in the target population.

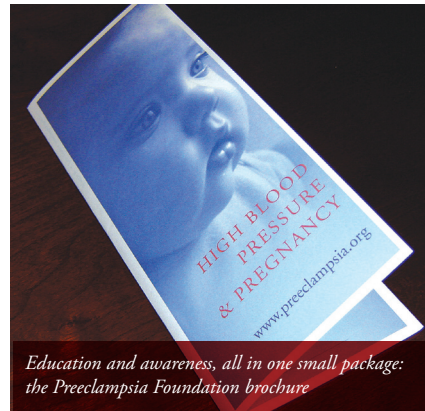
Sixty female members of the Foundation who suffered from preeclampsia in their first birth and had no other preexisting conditions were randomly selected to participate. Information on demographic characteristics, reproductive history, previous pregnancies, and family history of chronic diseases were collected. Family members were then also contacted and invited to participate in this study. The study concluded that conducting a familial genetic epidemiologic study with self-administering questionnaires, mouthwash and buccal swabs is feasible. However, strategies for increasing participation rates among family members are warranted.

OUR VISION *continued*

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 2005 the Foundation launched a brochure campaign that puts 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. By the end of 2005, more than 12,000 brochures had already been distributed to doctor's offices, clinics and patients.

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:

- "Twin Tragedy" *Star-Ledger*, December 3, 2004 – Foundation board member Patrick Dignan shares his personal story of raising his twin sons after his wife died from preeclampsia, four weeks after giving birth to them.

- “Local DJ Dies after Pregnancy Complications: Break-A-Dawn Lapsed Into Coma After Delivering Daughter,” WESH NewsChannel 2, December 8, 2004 – *Foundation is cited for more information and our members supported the family through this loss.*
- “Test Detects Pregnancy Complication,” *Baltimore Sun*, January 5, 2005 – *Foundation Medical Board member Dr. John Repke is quoted, as is board president Eleni Tsigas, in this news article describing Dr. Ananth Karumanchi’s research findings.*
- “Protein May Reveal Pregnancy Disorder and Save Lives,” *Star-Ledger*, January 5, 2005 – *Foundation board member Patrick Dignan is included, as are board president Eleni Tsigas and medical board member Dr. John Repke, discussing recent research findings.*
- “Raising Awareness of Preeclampsia,” WBZ-AM Boston, January 15, 2005 – *Foundation founder Anne Garrett and Dr. Ananth Karumanchi participated in an hour-long radio talk show about preeclampsia, prompted by Karumanchi’s recent research findings.*
- “Babies in Peril,” *U.S. News & World Report*, January 17, 2005 – *Foundation member Alisa Schultz and her two children are profiled in a Health & Medicine news story on new research findings and the impact prediction could have.*
- “Big Moms, Big Problems,” *Washington Post Health*, February 22, 2005 – *Foundation member Tonja Schnelle is profiled in a Health section cover story about the increased pregnancy risks associated with obesity.*
- “Quad City Preeclampsia Walk-a-Thon in Planning Stages,” *The Quad-City Times*, February 26, 2005 – *The first of many articles covering the annual walk-a-thon held in numerous cities across the country.*
- “Pregnancy after Preeclampsia,” *Babyzone*, April 26, 2005 – *Several Foundation members are quoted in this informative article written by Foundation member Alexandria Powell for this webzine.*
- “Preeclampsia,” KSLA-TV, Shreveport, La., May 2005 – *Foundation member Jennifer Johnston, profiled in this television news story, produced to promote the Hope, Ark., walk-a-thon.*
- “Mother’s Woe Drives Mission: Loss of child prompted woman to help others cope,” *The Ann Arbor News*, May 21, 2005 – *Foundation board member Carol Hamilton is profiled in this feature story that heavily cites Preeclampsia Foundation resources and statistics; initiated by local walk-a-thon media outreach.*
- “Holly Hill Woman Spearheading Preeclampsia Walk-A-Thon Against Dangerous Pregnancy Condition,” *The Times and Democrat*, May 31, 2005 – *Another of several walk-a-thon related articles.*
- “Breaking the Silence,” *Herniston Herald*, June 28, 2005 – *Foundation member Lucy DeMille is profiled in this story of infant loss.*
- “Should You Switch OBs?,” *Fit Pregnancy*, June/July 2005 – *Foundation founder Anne Garrett was cited in this article about considerations for switching your care provider.*
- “Pregnancy Complications to be Topic of Conferences,” *The Intelligencer*, August 11, 2005 – *The Foundation’s 2nd Annual Conference is highlighted in a Wheeling, WV newspaper, where the conference was held concurrent to the NASSHP conference.*
- “Preeclampsia,” *ePregnancy*, September 2005 – *The Foundation is heavily cited in this feature article for both print and online versions of this publication.*



OUR VISION *continued*

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 email address are two channels of communication that are frequently used. We field about six calls per week from families that have just been diagnosed.

Every day more than 3,000 people visit the Foundation's Website, 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 2,548 members who have created 92,490 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

NOVEMBER 1999

Dr. Thomas Easterling, Anne Garrett, Joan Lambert, and Anil Singh-Molares co-founded the Preeclampsia Foundation.

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 launched.

AUGUST 2000

Recruit internationally known Medical Board.

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.

AUGUST 2003

Received a Dulcian Inc. in-kind donation for the development of a National Preeclampsia Registry.

2004/2005 MILESTONES

JULY 2004

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

SEPTEMBER 2004

Foundation receives “Standard of Excellence” award from Web Marketing Association.

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.

JANUARY 2005

Foundation moves administrative offices to Minnetonka, Minn., where all administrative functions are overseen by Intrinsec Management Inc., a non-profit management company.

MARCH 2005

More than 3,000 people visit the Foundation’s website, www.preeclampsia.org, each day.

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%.



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

JUNE 2005

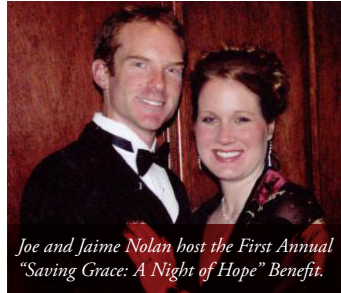
Produced patient informational brochure and began distribution to doctors' offices, clinics, patients, etc.; Secured endorsement of Society for Maternal Fetal Medicine for brochure distribution to their membership.

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.



Joe and Jaime Nolan host the First Annual "Saving Grace: A Night of Hope" Benefit.

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.

THROUGHOUT 2004/2005:

2,548 members were added to our online forum with a total of 92,490 postings on 11,806 different topics areas. Approximately 270 calls for support and information were taken on the Foundation's hotline.

Administrative focus for this period was to create and manage our entire back-office, streamlining the Foundation's fiscal and administrative functions. As a result, a more accurate bookkeeping system was put into place, the Foundation's cash balance grew, and donor receipts and other important documents have been submitted and filed in a timely manner. In addition, a live voice is now at the other end of our toll-free hotline.



Foundation members and their families gathered in West Virginia to meet, support one another, and learn more about preeclampsia during the 2nd Annual Preeclampsia Foundation Conference

FINANCIAL HIGHLIGHTS

The Preeclampsia Foundation operated on a budget of \$293,804 during the 18-month period from 7/1/2004 to 12/31/2005. Total revenues and gains increased 300 percent from \$73,500 in 2001/2002, the last time a formal budget was recorded.

Nearly half the total revenue was generated from fundraising events (47 percent). Two large-scale fundraisers were launched in 2005. The “Saving Grace: A Night of Hope” benefit raised \$60,000 and the annual walk-a-thon raised

\$51,700. Proving to be successful, these fundraisers will be repeated annually to provide a solid base of funding.

The other half was comprised of in-kind contributions (28 percent), donations (20 percent) and grants (5 percent). In 2004, the Apex Foundation provided a \$15,000 grant to create a Preeclampsia SourceBook.

Total expenses increased 419 percent from \$43,900 in 2001/2002 to \$227,851 from 7/1/2004 to 12/31/2005.

These results demonstrate the continued growth in the scope of activities conducted by the Foundation. We are proud to have expanded program activities while reducing fund-raising and management expenses. Seventy-two percent of the Preeclampsia Foundation’s resources were used to fund programs that involve research, public awareness and support.

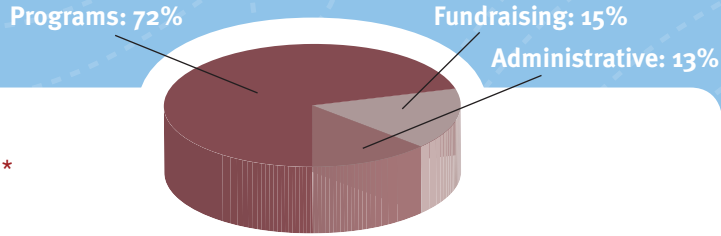
MYTH:

Preeclampsia only happens once and only in the first pregnancies.

FACT:

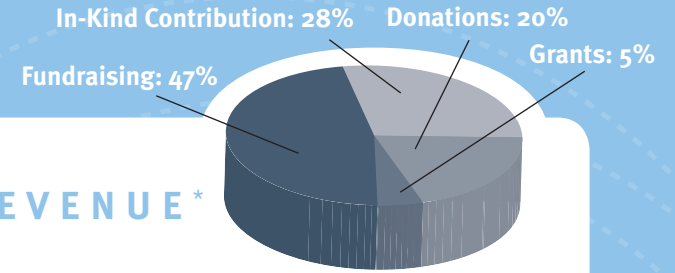
The leading risk factor for preeclampsia is actually a previous experience with preeclampsia. While less common, preeclampsia can occur in second pregnancies even if it did not happen in the first. It can occur in the first, then skip a pregnancy and reoccur in a third.

EXPENSES *



EXPENSES	PROGRAMS	ADMINISTRATIVE	FUNDRAISING	TOTAL
Payroll & Related Exp	\$8,400	\$6,800	\$800	\$16,000
Printing	\$4,351	\$602	\$1,725	\$6,678
Postage	\$3,417	\$0	\$948	\$4,365
Telephone	\$6,405	\$2,378	\$219	\$9,002
Professional Services	\$114,042	\$1,200	\$1,956	\$117,198
Insurance	\$0	\$1,505	\$2,630	\$4,135
Meetings/Conferences/Events	\$8,703	\$7,198	\$15,230	\$31,131
Dues, Subscriptions, Fees	\$0	\$1,433	\$1,502	\$2,935
Supplies	\$3,177	\$2,557	\$9,242	\$14,976
Travel	\$4,705	\$2,702	\$289	\$7,696
Rent/Leasing/Utilities	\$5,572	\$373	\$0	\$5,945
Honorariums	\$5,025	\$385	\$0	\$5,410
Other	\$718	\$1,269	\$393	\$2,380
Sub-Total	\$164,515	\$28,401	\$34,934	\$227,851
Ratio of Expenses	72%	13%	15%	100%

REVENUE *



SOURCE	AMOUNT
Grants	\$15,000
Donations	\$58,800
Fundraising	\$137,124
In-Kind Contribution	\$82,880
Total Income	\$293,804

* 18 Months - 7/1/2004-12/31/2005

Note: For this reporting period, financial reports were compiled under a cash basis accounting method. Beginning January 1, 2006, the Foundation will use the accrual method of accounting.

As of January 1, 2006, the fiscal year for the Preeclampsia Foundation was changed to begin January 1. Prior to this change, the fiscal year began July 1. Thus, this report covers the 18 month period of 7/1/2004 to 12/31/2005.

During this period, in addition to the expenses noted above, the Foundation incurred prior period nonrecurring administrative expenses in the amount of \$15,833.

GOALS *for the* FUTURE

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.

OUR OBJECTIVES FOR THE IMMEDIATE FUTURE ARE TO ACHIEVE OPERATIONAL EXCELLENCE, TO EXPAND THE BREADTH OF OUR PROGRAMS AND SERVICES, AND TO DRIVE A MORE SPECIFIC RESEARCH AGENDA.

OUR STRATEGIC INITIATIVES FALL INTO FOUR MAIN AREAS:

1. Patient education, support and empowerment;
2. Professional education to improve timely diagnosis and management of preeclampsia;
3. Communications about the long-term health impact of preeclampsia; and
4. A research agenda based on the most critical pathways in clinical practice.

OPERATIONAL:

1. Establish “gold standard” non-profit organization business practices;
2. Establish a sustainable financial strategy to convert the Foundation from an all-volunteer status to paid staff by year-end 2007.
3. Mobilize local volunteers to contribute to the Foundation’s strategic mission.

PROGRAMS AND SERVICES:

1. Create an awareness campaign to inform and empower patients to be educated and proactive in their prenatal health care.
2. Communicate the long-term health impact of preeclampsia to extend

the issue’s reach to all survivors of preeclampsia, as well as other medical disciplines.

3. Develop a professional education program to improve consistent and timely diagnosis and management of preeclampsia.
4. Drive and participate in a research agenda that focuses on current lapses in clinical practice and understanding of preeclampsia.
5. Support women and families through the impact of preeclampsia via education and peer-to-peer support.

OUR STORIES

EACH YEAR **200,000** PREGNANT WOMEN ARE AFFECTED BY PREECLAMPSIA IN THE UNITED STATES. HERE ARE JUST TWO OF THEIR STORIES.

Wendy | *Chandler, AZ*

I was 33 weeks pregnant with our first baby. I had an enjoyable evening with my husband and friends the night before and felt fine. At dinner I felt my baby boy give a very distinct kick...little did I know that was a good-bye kick. That night I couldn't sleep. I had a pounding headache. I took some Tylenol with codeine prescribed by my doctor, but it didn't even take the edge off.

The next morning I called my doctor. She told me to go to the hospital to check my blood pressure. When we got to the hospital, the first thing they did was check the baby's heartbeat. After

two nurses couldn't find it, they ordered an ultrasound for me. I didn't know anything was wrong. A minute later the doctor came in and told me that my baby had died. I couldn't believe it. Just 12 hours earlier the baby was alive and kicking. How could my baby have died?

They never did check my blood pressure that morning. The hospital let me go home to pack a bag, regroup and then come back that afternoon to be induced. When I returned, my blood pressure was at 187/136. I noticed the doctor and nurses starting to hussle around, but I still didn't know what was wrong. Why was

high blood pressure so bad? How could that have affected my baby? That night I delivered my baby boy (we named him Brian).

Weeks after the delivery, I wanted more answers. So I searched on the Web for preeclampsia and found your site. Finally, some direct answers on what had happened to me and my baby. Thank you!

I still have more questions. How does preeclampsia affect me four weeks after the birth? What is the risk for my next pregnancy? Will this happen again?

OUR STORIES *continued*



Sophia Grace P., born at 30 weeks.

Betsy | Savannah, GA

I found your site during my second pregnancy. I had developed severe preeclampsia with my first pregnancy seven years before, and wanted to submit a few questions regarding my health, as I was dealing with preeclampsia again. The knowledge and encouragement I gained from your site educated me greatly, and helped me see that I needed to go into the hospital and get checked out.

I was admitted at 29 weeks, was diagnosed with HELLP Syndrome, and delivered my daughter the next day at 30 weeks via emergency c-section. I had a placental abruption, and my daughter had to be resuscitated at birth. She was born on Memorial Day, and after heart surgery and a few other complications, she came home in July.

If I had not educated myself, I would not have gone to the hospital that weekend and without a doubt my daughter, Sophia Grace, would not be alive. I thank God every day for what you do. You have made a difference and with me alone, have accomplished the goal set forth for this foundation! I cannot thank you enough!

-Betsy

CONTRIBUTORS

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

\$50,000 +

Dulcian Inc.*

\$15,000 +

Apex Foundation†

Glenveigh Pharmaceuticals LLC

Scios Inc.

\$10,000 +

Microsoft Giving Matches

Mr. & Mrs. Terry Moore

\$5,000 +

Howard & Claudia Campbell

Ms. Helen Reed

\$2,500 +

Southwest Petroleum Company

W. John & Brenda Warner

\$1,000 +

Anonymous

Cassidy & Son Construction Co., Inc

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Grove Printing*

IntrinXec Management Inc.

Ron & Ginny Markos

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\$500 +

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Genesis Health System

Carol Hamilton, PharmD

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Joseph & Jaime Nolan

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Michael & Jamie Richards

St. James Lutheran Church

Sierra Benefit Solutions

Valerie Smith-Putnam

Dana Stein

Top Line Wholesalers

Trinity Medical Center

York Building Products

\$250 +

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Herbert H. Kohl Charities Inc.

Mark & Kristy Kundysek

Lowrimore Childs Trust

Geraldine & Ed Mohr

John Moretti

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

** In-kind contribution † Grant given for Preeclampsia SourceBook*

contributors continued

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.

Mary Moretti
Michael Moretti
North Texas Courts & Floors Inc.
Orbatech LLC
Lisa & Joshua Sheldon
Sierra Windows & Doors LLC
Shellie Steele
Mark & Brenda Strom
Sudeley Financial Management LLC
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\$100 +

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

contributors continued

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

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In addition to these donations, approximately 2,000 people participated in our annual walk-a-thon and contributed \$15 or more. We also wish to thank the many volunteers who have dedicated countless hours supporting the Foundation's mission. Your time and talent are vital to our success and cannot be captured by numbers.

OFFICERS *and* DIRECTORS

ELENI TSIGAS, CHAIRMAN

San Diego, CA

Ms. Tsigas is a 15-year veteran of the public relations industry, the last eight years of her career with Waggener Edstrom, a global strategic communications company serving primarily technology and bioscience companies. Ms. Tsigas was the founder and director of Waggener Edstrom's Electronic Media Services, a broadcast PR specialty, creating several national and international broadcast campaigns on behalf of various global clients. Ms. Tsigas has provided media training - in the United States and in Europe - to CEOs and company spokespeople and won the agency's prestigious WExcellence Award for Best News Strategy (2002). She is married and has had two of her three pregnancies seriously impacted by preeclampsia, tragically losing her daughter in 1998.

CAROL HAMILTON , PHARM.D

VICE CHAIRMAN

Naples, FL

Dr. Hamilton received a BS degree in Psychology from the University of Florida in 1989, then received a Doctor of Pharmacy degree in 1994. She then completed a post-doctoral fellowship in infectious disease. Dr. Hamilton was then hired as the Director of Training and Education for a pharmacy-based company and traveled to hospitals around the country training pharmacists and other hospital staff on the implementation of antibiotic management programs and tracking systems for antimicrobial resistance in their institutions. Personally, she experienced a sudden onset of severe preeclampsia in her first pregnancy, which resulted in the loss of her daughter. She is now a full-time mother to Lexie and Zachary.

PATRICK DIGNAN, TREASURER*

Glen Ridge, NJ

Mr. Dignan is an investment banker with Deutsche Bank, where he serves as director of the financial risk management division. Previous positions include vice president at JP Morgan and senior interest rate trader at the Federal Reserve Bank in New York where he conducted monetary policy on behalf of the Federal Open Market Committee. He received his BA in Economics from Rutgers University and his MBA in Finance from New York University. Married to Donna Becker in 1994, he lost his wife from preeclampsia and other complications of pregnancy after giving birth to their twins in 1997. Mr. Dignan has been an avid volunteer and coach in several youth and community-based organizations.

** Served during this reporting period only.*

officers and directors continued

LESLIE WEEKS, ESQ.
SECRETARY
Mobile, AL

Ms. Weeks received a law degree from the University of Alabama in 1999 and an LL.M in taxation from New York University in 2000. Ms. Weeks has been with the firm of Helmsing, Leach, Herlong, Newman & Rouse, P.C. in Mobile, Alabama, since 2000, and practices primarily in the areas of estate planning and general taxation and business. Ms. Weeks and her husband lost their first baby in 2003 after she developed preeclampsia/HELLP Syndrome. Ms. Weeks developed preeclampsia again in 2006 with the couple's second baby, but with happier results - they have a beautiful and healthy baby boy.

PAUL DORSEY, PHD
Colonia, NJ

Dr. Dorsey is the founder and president of Dulcian, Inc. a database consulting firm specializing in Oracle application development. Dr. Dorsey is the co-author of eight books on Oracle technology, which have been translated into nine languages. He is president of the New York Oracle Users

Group. Previously he was a professor at Penn State University and Rider University in New Jersey. He is married and lost his baby - and nearly lost his wife - to preeclampsia in 2003. He now has a healthy boy (Robert Stefan) born December 10, 2005.

ANNE E. GARRETT
Snohomish, WA

A writer, artist and teacher, Ms. Garrett has an MA in Education from City University, a BA from St. Olaf College, and spent her junior year abroad at Oxford University. She has written for the AIDS Action Committee, Harvard University, the Bay Area Solar Energy Commission, among others. Ms. Garrett experienced preeclampsia with three of her four pregnancies. Despite the very best care from one of the top perinatologists in the USA, she still developed preeclampsia a week postpartum and had to be hospitalized. She asked her doctor where to send a check for research and was told that there was no organization for preeclampsia or its survivors. Together with her then husband, Anil Singh-Molares, fellow preeclampsia survivor Joan Lambert, and perinatologist Dr. Thomas R. Easterling, Ms. Garrett decided start an organization dedicated to finding a cure for

preeclampsia.
JOAN LAMBERT, ESQ.
Clyde Hill, WA

Ms. Lambert works part time as an attorney at Getty Images in Seattle. Previously, she worked as an attorney in New York and California. After Ms. Lambert had HELLP Syndrome in 1997 while pregnant with her second daughter, she met Ms. Garrett and helped her found the Preeclampsia Foundation. In addition to serving on the board of the Preeclampsia Foundation, Ms. Lambert continues to offer counsel and support in many ways, and also has sat on the board of other Seattle non-profits. When not working, she is an active community volunteer and spends time with her three daughters.

JEFF RIDGEWAY, MD
Seattle, WA

Dr. Ridgeway is on the staff in Maternal-Fetal Medicine at the University of Washington and at Providence Everrett Medical Center. An Atlanta native, he graduated from Wake Forest University, the Medical College of Georgia, fulfilled his residency in OB/GYN at Memorial Medical Center in Savannah, Georgia, and completed

officers and directors continued



*Nicholas and Kalen W.,
born at 28 weeks and 36 weeks*

his fellowship in maternal-fetal medicine at the University of Washington where he is now an associate professor. Dr. Ridgeway's professional interests are in hypertension in pregnancy and medical ethics; his personal interests lie in running and playing the harmonica.

ANIL SINGH-MOLARES

Bellevue, WA

A consultant for the international localization industry and former senior director at Microsoft, Mr. Singh-Molares has strong ties with the United Nations and other international organizations. Born in Holland, raised in Belgium, Spain, England, India and the United States, he is fluent in three languages. As Ms. Garrett's former husband, he witnessed the drama of preeclampsia firsthand through the birth of their sons. Mr. Singh-Molares is a co-founder and a major donor of the Preeclampsia Foundation.

THOMAS R. EASTERLING, MD (EX-OFFICIO)

Seattle, WA

Dr. Easterling is a Professor of Maternal-Fetal Medicine at the University of Washington. He has an active clinical practice treating women with medical complications in pregnancy. He conducts research studying maternal hemodynamics in pregnancy and the pharmacology of drugs in pregnancy. He first met Anne Garrett as her doctor - "and savior," as she says, in 1995. After her harrowing experiences with preeclampsia, he suggested that Ms. Garrett and fellow survivor, Ms. Joan Lambert, begin the organization. His medical credentials and hard work enabled the Foundation to develop the renowned medical board it has today.

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CORPORATE FINANCE &
OPERATIONS CONSULTANT
Naples, FL



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

MEDICAL BOARD

**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. 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.

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.

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. 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.



Victoria K., born at 29 weeks

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