NICHD’s Decoding Maternal Morbidity Data Challenge – Now through October 15, 2021

Help Deliver New Data Solutions to Improve Pregnancy Outcomes

NICHD is seeking innovative approaches to secondary analyses of data collected from the Nulliparous Pregnancy Outcomes Study: Monitoring Mothers-to-be (nuMoM2b). Using fresh and unique methods of computational analysis, data mining, or learning approaches, Challenge innovators can help identify factors and interventions that can reduce maternal morbidity and severe maternal morbidity. Learn more about the nuMoM2b study, available in the NICHD DASH website. Winning solutions not only get part of the $400,000 prize but also help improve the health of pregnant and postpartum women and babies. Read more about the Data Challenge on the DASH Challenge Information webpage.

Expanded Annotation and Representation of Study Variables

The annotation and representation of study variables in DASH will help users to explore dataset content by reviewing variable-level metadata (such as variable descriptions, units, and coded values) and associated statistics directly from the Dataset Explorer. This feature is currently available for datasets from certain studies in DASH. On the Datasets Search Results page, select any dataset title to access the Dataset Overview page with variable-level information (if any). This feature is currently available for datasets from eight studies in DASH. To view a listing of all datasets for a particular study, select the Study Name from the following list:

- Clinical Trial of Low-Dose Aspirin (60 mg) as a Preventive of Preeclampsia (MFMU LRA)
- Clinical Trial of Low-Dose Aspirin to Prevent Preeclampsia in High-Risk Women (MFMU HRA)
- National Children’s Study (NCS)
- Nulliparous Pregnancy Outcomes Study: Monitoring Mothers-to-be (nuMoM2b)

New! Manage Associates and Collaborators for Approved Data Requests

DASH now lets you add and remove Associates and Collaborators to your approved data requests in your NICHD DASH Workspace. This new feature allows you to manage the list of research team members and generate amendments to update the Data Use Agreement (DUA).

1. Log in to DASH and go to your “Workspace”.
2. Select the “Data Requests” and DASH will present a list of approved requests.
3. Select “Actions” and then select “Modify Research Team”.
4. Edit your lists of Affiliates, Associates, and Collaborators and submit your changes.
5. DASH will send you an email containing an amendment to the DUA, reflecting your changes.
Choosing the right role for your team member

- **Affiliates** are individuals within your institution, for whom access to Data is required to carry out the Research Plan. Affiliates are permitted to access and download data directly from NICHD DASH.

- **Associates** are individuals employed by other institutions and working on the same Research Plan, that will be allowed to access data and will be covered under your institution’s Data Use Agreement. They will not be permitted by the DASH system to access or download data directly; instead, they must access data only within your data platform and must not download data from your data platform to their own local data platform or devices.

- **Collaborators** are individuals at other institutions, working collaboratively with you on the same Research Plan.
  Note: Collaborators must submit a separate data request in DASH and sign a separate DUA with NICHD.

You can view detailed instructions to add/remove individuals to your Research Team in the [DASH Tutorial](#).

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**New Studies Available in DASH**

We are pleased to share the latest study additions in DASH, for a total of 182 studies in DASH. These studies cover 49 research topics including Infant Care and Health, Infant Mortality, Pharmacology, Pediatric Injury, Child Health, and Traumatic Brain Injury. To learn more about a recently submitted study, select the title of a Study Name in the following list:

1. **Safety and Immunogenicity of Anti-pneumococcal Vaccines in HIV-infected Pregnant Women (P1091)**
   **Study Description:** NICHD P1091 was a multi-center, Phase II, randomized, double-blinded, placebo-controlled study of HIV-infected pregnant women on HAART who were in the second or third trimester of pregnancy and of their infants. The study was designed to investigate the safety, reactogenicity, immunogenicity, transplacental antibody transfer, and interference with infant responses to childhood vaccination of maternal vaccination with PCV-10 or PPV-23 by comparison with placebo. Mothers were randomized to receive PCV-10, PPV-23, or placebo in a blinded fashion. They were followed for safety, immunogenicity, and vaccine-specific anti-capsular pneumococcus (PNC) antibody persistence until 24 weeks post-delivery. Women who received placebo were randomized to a second study step and received PCV-10 or PPV-23 at 24 weeks post-delivery. Antibody responses to the vaccine administered 6 months postpartum were measured. All infants received PCV-10 vaccinations per local standard of care.

   **NICHD Division/Branch/Center:** DER - Maternal and Pediatric Infectious Disease Branch (MPIDB)

2. **Hydrocortisone Treatment of Hypotension in Term and Late Preterm Infants: An Observational Study (Term Hypotension)**
   **Study Description:** This observational study collected information on the incidence and management of hypotension in babies born at term or late preterm that were admitted to Neonatal Intensive Care Units (NICUs) within the Neonatal Research Network (NRN). Participants included all newborn infants born at 34 0/7 weeks gestation or greater who were admitted to NICU Network centers and intubated and mechanically ventilated at less than 72 hours of age. The information gathered provided a framework for the design of a potential randomized controlled trial for the treatment of hypotension in neonates. This observational study was for a time-limited enrollment period; NRN centers enrolled until at least 50 patients were enrolled per center (for 800-1,000 subjects total). More than half of the infants (N=419) met at least one definition of cardiovascular insufficiency (CVI). However, almost half of the treated infants met none of the definitions. Inotropic therapy was associated with increased mortality.

   **NICHD Division/Branch/Center:** DER - Pregnancy and Perinatology Branch (PPB)
Studies Offering Biospecimens in DASH

Biospecimens from nine DASH studies listed below spanning HIV/AIDS, Child Health, Women’s Health, Pregnancy, Preterm Labor and Birth, and Breastfeeding are available for request. Over 350,000 samples are available from 51 sample types for request through DASH. More biospecimen collections will be added in the future.

1. National Children’s Study (NCS): Biospecimens and environmental samples are available only for a limited time!
2. Genomic and Proteomic Network for Preterm Birth Research Expression Profiling Study (GPN-PBR EP)
3. Genomic and Proteomic Network for Preterm Birth Research GWAS Case Control Study (GPN-PBR CC)
4. Genomic and Proteomic Network for Preterm Birth Research Longitudinal Cohort Study (GPN-PBR LS)
5. Prospective Study of Perinatal Transmission of HIV Infection and Developmental Outcome of Children Infected with HIV: Mothers and Infants Cohort Study (MICS)
6. A Prospective, Observational Study of HIV-Infected Pregnant Women and HIV-Exposed, Uninfected Children at Clinical Sites in Latin American Countries (NISDI LILAC)
7. A Prospective, Observational Study of HIV-Infected Pregnant Women and Their Infants at Clinical Sites in Latin American and Caribbean Countries (NISDI Perinatal)
8. A Prospective, Observational Study of HIV-Exposed and HIV-Infected Children at Clinical Sites in Latin American and Caribbean Countries (NISDI Pediatric)
9. NISDI Pediatric Latin American Countries Epidemiological Study: A Prospective, Observational Study of HIV-infected Children at Clinical Sites in Latin American Countries (NISDI PLACES)

Top 20 Sample Types

- Blood (13,080)
- Cervicovaginal Fluid (5,785)
- Cord Blood (8,838)
- Cord Buffy Coat and RBC (3,796)
- Cord Dried Blood Spot (4,173)
- Cord Plasma (21,563)
- Cord Serum (922)
- Dried Blood Spot (3,812)
- Environmental Samples (2,980: air filters, dust wipes, infant formula, vacuum dust, and water)
- Hair (802)
- Lymphocyte (18,614)
- Neonatal Saliva (1,380)
- PBMC (28,830)
- Placenta (2,397)
- Plasma (119,052)
- Saliva (6,248)
- Serum (53,613)
- Tissue (1,461)
- Urine (53,408)
- Vaginal Fluid (4,189)

Noteworthy News

Publications Resulting from Data Reuse

Since the launch of DASH in August 2015, there have been 51 peer reviewed publications resulting from DASH data reuse – with an average time of 1.8 years to publish. [View a listing of Publications from DASH Data Reuse](#) to browse the outcomes of investigator’s research.

DASH Data/Biospecimen Use Acknowledgments

As a reminder, NICHD requires all investigators who access research data and biospecimens from NICHD DASH to acknowledge the contributing investigator(s) who conducted the original study, the funding organization(s) that supported the original study, and NICHD DASH in all resulting oral or written presentations, disclosures, or publications of the analyses. Specific guidance for acknowledgement text is provided during the data and/or biospecimen request process.
NICHD Funding Opportunities

To learn more about a funding opportunity, select the Name of the Funding Opportunity in this list of funding opportunities:

NOT-HD-20-022 Notice of Special Interest: Small Grants for Secondary Analyses of Existing Data Sets and Stored Biospecimens

PAR-20-064 Archiving and Documenting Child Health and Human Development Data Sets (R03 Clinical Trial Not Allowed)

Final NIH Policy for Data Management and Sharing (effective January 25, 2023)

To learn more about a policy, select the Policy Name in this list of NIH Data Management and Sharing policies:

NOT-OD-21-013 Final NIH Policy for Data Management and Sharing

NOT-OD-21-014 Supplemental Information to the NIH Policy for Data Management and Sharing: Elements of an NIH Data Management and Sharing Plan

NOT-OD-21-015 Supplemental Information to the NIH Policy for Data Management and Sharing: Allowable Costs for Data Management and Sharing

NOT-OD-21-016 Supplemental Information to the NIH Policy for Data Management and Sharing: Selecting a Repository for Data Resulting from NIH-Supported Research

Other active FOAs issued by NICHD can be found on the NICHD Grants and Contracts page.

Questions? Please contact the DASH Administrator at SupportDASH@mail.nih.gov.
To unsubscribe from the DASH Quarterly Update, please reply "unsubscribe" to this email.