Thanks and acknowledgements

to the 2017-2018 Board of Directors and staff of the Preeclampsia Foundation who, over the course of this process, included:

**Board**
Beth Frazer, Linda Murray, Clement Pappas, Jaime Nolan, Allison Kalban-Gernett, Lisa Cowan, Matthew Cooper, Tom Easterling, Kimberly Smith, Annie Croslow

**Staff**
Julie Allen, Kelly Breese, Alina Brewer, Rebecca Britt, Sean Farrell, Sara Gauthier, Debbie Helton, Valerie Holloway, Hugh Mackrell, Chris McGahee, Marty Mercado, KyAlea Monma, Myra Morales, Nicole Purnell, Eleni Tsigas

And to the many volunteers and medical advisors who contributed specific and strategic insights throughout this planning, including:
Claudia Chahin, Andy Fraser, Dr. Arun Jeyabalan, Jim Martin, Chelsea Runyan, Lauren Przybyl, Nicole Purnell, Dr. Larry Shields, Courtney Watson

This plan and the work we do every day is dedicated to the mothers and babies whose lives are lost or threatened by preeclampsia, HELLP Syndrome, and related hypertensive disorders of pregnancy.
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EXECUTIVE SUMMARY

Following discussions in 2017 about the need to refresh the strategic plan and do a deeper dive in potential course-altering issues, the members of the Board of Directors and Preeclampsia Foundation (PF) staff met in Dallas, Texas, in January 2018 to engage in a strategic planning discovery session, facilitated by Brian Riggs of the Dialogue Shop.

The objective of the discovery session was to explore several areas identified as critical to the current and future mission and success of the organization: patient perspective, community, governance, research, healthcare, programs and the organization’s purpose. Our attendees included additional stakeholders such as patients, researchers and clinicians.

Leading up to the discovery session, the team:

- Conducted more than 25 in-person and telephone interviews
- Participated in a single-day discovery session at Foundation headquarters with staff
- Disseminated a one question survey about PF’s purpose to nearly 20,000 community members
- Identified and reviewed more than 30 primary and secondary documents

In Dallas, we embarked on an informative journey that set the stage for the strategic planning session to occur in Minneapolis in September 2018. One of the outcomes of the discovery session was to affirm that there would not be any major disruptions – such as vision, name, or primary focus on hypertensive disorders of pregnancy – that would likely result from the strategic planning process.

The conversations included deliberation around priorities, purpose and direction; analysis of our current state; identification of opportunities and challenges; and envisioning the future direction of the organization.

While together, we explored critical themes around patient perspectives, created the foundation for our new purpose statement (see sidebar), and engaged in meaningful dialogue around PF’s core values (page 18), brand and future focus. The group agreed that a five-year horizon was the optimal focal point for a strategic plan that focused on three key pillars.

We organized into task forces to further research the three pillars: community, research and healthcare practices, and to propose a new brand architecture for the Foundation (pg 18).

Finally, we employed a comprehensive survey to staff and board to assess the organization’s strengths, weaknesses, board and staff effectiveness, key priorities, resource allocation, impact prioritization and organizational focus. The results demonstrated diverse opinions about the board’s role, organizational and staff opportunities and weaknesses. One area of universal agreement was the need for greater focus and clarity.

BEFORE

Vision: We envision a world where preeclampsia no longer threatens the lives of mothers and babies.

Our mission is to reduce maternal and infant illness and death due to preeclampsia, HELLP syndrome, and other hypertensive disorders of pregnancy by providing patient support and education, raising public awareness, catalyzing research and improving healthcare practices.

NOW

Vision: We envision a world where hypertensive disorders of pregnancy no longer threaten the lives of mothers and their babies.

Purpose: To improve the outcomes of hypertensive disorders of pregnancy by educating, supporting and engaging the community, improving healthcare practices, and finding a cure.

WHAT’S DIFFERENT?

- Restated our mission as our purpose, reflecting a more dynamic and contemporary approach to our day-to-day activities.
- Three pillars in our purpose: community, healthcare practices, research
- We are no longer driving broad public “awareness”
- Primary audience for our Community pillar is defined as those affected (diagnosed, symptomatic, or at high risk).
- The primary audience for our Healthcare practices pillar are the healthcare providers who see all pregnant women
- Our focus is on engagement and creating a life-time home for our community
- Our research agenda is boldly driving toward a cure
- We are strategically and deliberately exerting our influence on the healthcare system
Our Three Pillars

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<thead>
<tr>
<th>Community</th>
<th>Healthcare</th>
<th>Research</th>
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<tbody>
<tr>
<td>Educate and engage the affected.</td>
<td>Strengthen healthcare practices.</td>
<td>Find a cure.</td>
</tr>
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</table>

The 3 Pillars of our Purpose (mission) are Symbiotic

- Supporting and educating our community with the best research evidence provides direct value to them
- Our collective data and lived experiences inform our advocacy for improved healthcare practices
- Gaps in diagnosis, management, treatment, prevention inform our research agenda
- Our community is a huge asset for advancing research
- And for becoming donors and volunteers
- And for engaging as advocates for quality improvement in healthcare
- Research findings inform advances in healthcare practices
- And improve the lives of our community and beyond...

It’s a “3-legged stool” requiring all 3 elements to thrive

WHAT WE’RE EXCITED ABOUT

- The media attention given to the US’s maternal mortality and morbidity rates and that we are in there, with our messages conveyed. It is a wave we continue to ride and to fuel.
- Going for a cure – clearly and boldly stated.
- Legislation, that we lead the way to get passed, paves the way for us to make greater progress with states.
- Opportunity to further our influence by solidifying our brand identity
- Building on the success of The Preeclampsia Registry™
- Formation of MoMMA’s Voices coalition, our role and the even greater impact we can have working with other organizations.
- Committed and growing community of supporters, volunteers, fundraisers and donors who share our vision and passion.
- A more narrowly and clearly defined focus for our work.
Our Focus

Community Goals:
Improve the lives of the members of our community through education and support. Provide meaningful engagement and a lifetime home for the affected community.

Objectives:
- Serve more members of our primary community, which is now more narrowly defined as “the affected.”
- Improve satisfaction and length of volunteer service, and donor retention.

Healthcare Goal:
Strengthen healthcare practices for hypertensive disorders of pregnancy.

Objectives:
- Secure universal adoption of current hospital-based guidelines
- Boost community-level readiness and response
- Advance interconception and postpartum care for survivors

Research Goal:
Cure preeclampsia.

Objectives:
- Create a scientific plan
- Increase external funding for preeclampsia research
- Engage and leverage the affected community and investigators

Revenue Goal:
Increases fundraising revenue by 10% each year

Objectives:
- Grow Promise Walk to a $1 million/year event
- Maximize all revenue streams
- Launch a second national fundraiser not to compete with Promise Walk
- Strengthen the Foundation’s endowment and reserve fund for longer-term sustainability

Marketing/Communications Goals:
Promote and support programs and services in 3 pillar areas and operational goals
Grow brand recognition among target audiences

Objectives:
- Grow primary and secondary audience sizes
- Increase Foundation referrals in media and by third parties
Goal: Improve the lives of the members of our community through education and support.

Objective 1: Serve more members of our primary community.

1. Implement programs that are based on the needs of our primary community, the affected (see Figure 1).
   a. Create a closed community group for survivors that supports healing, interconception wellness, and utilizes peer-to-peer support with trained moderator(s)
   b. Develop intervention for interconception and long-term wellness that includes professional support (i.e., HAPPEN, HH4M1)
   c. Evaluate pregnancy apps and point-of-care education models for utility to our primary audience
   d. Partner with other entities to address race, culture, geography, and socio-economic factors of our community with programs to meet the needs of high-risk populations
   e. Provide “warmline” informative and compassionate support; evaluate emerging technologies to enable this.
   f. Utilize the Patient Advisory Council to ensure the patient perspective in all mission areas

2. Create the most trusted, authoritative multi-media educational tools and materials.

3. Recruit collaborators to broaden educational outreach.

1 Health After Preeclampsia: Patient and Provider Engagement; Heart Health 4 Moms
Objective 1: Improve satisfaction and length of volunteer service and donor retention

1. Populate the engagement journey model with multiple opportunities to belong (see Figure 2).
2. Systemize and measure recruitment, retention and recognition.
3. Leverage MoMMA’s Voices to train patient advocates for meaningful engagement.
4. Capitalize on Promise Walk as the cornerstone to patient support and community-building.

The Engagement Journey

**BLUE** – Patient experience
**ORANGE** – PF engagement experience
**YELLOW** – Donor experience

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Figure 2 - Engagement Journey Model

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Goal: Provide meaningful engagement and a lifetime home for the affected community.
PREECLAMPSIA FOUNDATION LONG RANGE STRATEGIC PLAN 2018

HEALTHCARE

Goal: Strengthen healthcare practices for hypertensive disorders of pregnancy.

Objective 1: Secure universal adoption of current hospital-based guidelines²
1. Motivate and work with AIM states, hospital systems, PQC’s and strategic partners³ to adopt and fully implement hospital-based hypertension bundle
2. Work with payers, policy makers, and/or Joint Commission to mandate baseline practices
   a. Advocate for appropriations for Preventing Maternal Deaths Act
   b. Develop relationships with the Centers for Medicare and Medicaid Services (CMS) and major private payers
   c. Move from awareness of the problem to implementation of metrics for performance evaluation to eventually establish a performance-based/valued-based payment program
3. Advocate for and disseminate patient education tools targeting Secondary Audiences (see Figure 1)
4. Represent and facilitate representation of patient perspective in stakeholder discussions and decisions
   a. Staff engagement in national, regional, or highly strategic opportunities
   b. MoMMA’s Voices coalition and PAC members at state, local and hospital levels

Objective 2: Boost community-level readiness and response
1. Provide talks and training to prioritized but broader spectrum of healthcare professionals⁴ to increase awareness of HDP best practices
2. Distribute patient education tools and content (e.g., articles, videos, infographics, social media) direct to providers and utilizing partner communication channels to reach all pregnant and postpartum women
3. Advance innovation and adoption of disruptive technologies that improve timeliness and accuracy of HDP diagnosis (see Table 1)
4. Push greater focus on treatment of hypertension, possibly moving past current best practices
5. Represent and facilitate representation of patient perspective in stakeholder discussions and decisions

Objective 3: Advance interconception and postpartum care for survivors
1. Advocate for and provide partner resources for adequate mental healthcare response (screening and treatment) by providers for those affected by severe HDP, especially postpartum PTSD

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² Blood pressure measurement & treatment, seizure prophylaxis, symptoms education, postpartum monitoring
³ Council for Patient Safety in Women’s Healthcare, AIM, HRSA, AHRQ, etc.
⁴ Healthcare professionals who may care for pregnant and postpartum women include OB/GYNs, family/internal/cardiology/ER physicians, midwives, nurses, nurse practitioners, physicians’ assistants, emergency responders, doulas, lactation consultants, childbirth educators.
2. Contribute resources to and advocate for greater implementation of Patient, Family and Staff Support Bundle

3. Increase awareness of long-term implications of HDP and actionable risk reduction
   c. Develop partnerships with other influencers to increase awareness among providers
   d. Implement targeted audience awareness campaign
   e. Equip survivors to communicate with their healthcare providers and to implement risk reduction through tools and training
   f. Develop and disseminate economic costs analysis (for long term impact)
Objective 1: Create a scientific plan

1. Conduct research gap analysis and scientific plan utilizing broad spectrum of thought leaders
   a. Publish in peer-reviewed journal
   b. Publish marketable PF research call-to-action (on website, reinforce in all grant announcements, to donors, etc.) based on above and incorporating patient and clinical needs (drawing from other published research priorities) (e.g., “10Q Report”)
2. Align PF’s research programs, policies, funding, and investments ($, staff time) with scientific plan
   a. Program by program analysis of efficacy, focus and ROI
   b. Define process and criteria for managing capacity
   c. Determine PF role as leader, participant, or none in new and ongoing research collaborations
   d. Ensure alignment with “open source” publication policy and data use agreements

Objective 2: Increase external funding for preeclampsia research

1. Create and disseminate compelling case statement for preeclampsia research
2. Advocate for increased public funding; redirect, if needed, that spending to scientific plan priorities
   a. Analyze current spending levels and develop ambitious but realistic target increase (see Figures 3 and 4)
   b. Meet and engage federal policy makers, gatekeepers at National Institutes of Health, Department of Defense, other large federal funders; develop customized funding asks
   c. Advocate for increased federal appropriations for preeclampsia research before Congress
3. Advocate for increased private funding and focus those dollars on the PF research priorities
   a. Assess current spending levels of major private funders (e.g., March of Dimes, American Heart Association) and develop ambitious but realistic target increase

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263 awards related to preeclampsia and pregnancy-associated hypertension totaling $143.8 million are currently funded across the NIH. NHLBI - 67 awards for $30.4 million. NHLBI-funded awards are focused on maternal outcomes (whereas NICHD is on fetal/neonatal outcomes). Research topics include: vascular remodeling, placental development, adverse pregnancy outcomes in obesity, sleep disorders in pregnancy, fetal programming of cardiovascular disease etc.

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5 By clinical and research definition, “preeclampsia” includes eclampsia and HELLP syndrome.
b. Create funding partnerships, where aligned with scientific plan, to engage other research funders (e.g., Grand Challenges Canada, Gates Foundation)

**Objective 3: Engage and leverage the affected community and investigators**

1. Market our unique value to preeclampsia research
   a. Build and cultivate a responsive and engaged community
   b. Communicate unique value proposition of The Preeclampsia Registry (TPR)
2. Enable investigators to utilize TPR in their research studies
   a. Create data management plan; improve data coding and output process
   b. Survey 1) TPR users and 2) preeclampsia researchers to identify additional needs to prioritize our TPR enhancements
3. Increase racial and ethnic diversity in TPR to reach more representative sampling.
   a. Engage audience-specific collaborators to build trust and enrollment
   b. Leverage PF researchers to target under-represented audiences
4. Increase internal integration with other PF programs and networks for recruitment and funding support
5. Engage best and brightest minds in scientific community to address preeclampsia research (rationale: we must have a high caliber and large enough scientific community responding to funding opportunities)
   a. Utilize rigorous scientific review process (ensures high credibility)
   b. Ensure highest quality proposals are funded
   c. Promote and leverage PF-funded investigators and their research (PE’s “rock stars”)
   d. Leverage findings from Vision Grant Impact Report (i.e., showcase positive results and high impact of our research funding)
Goal: Increase fundraising revenue by 10% each year

Objective 1: Grow Promise Walk to a $1 million/year event
1. 20% growth year over year
2. 55 walks (min $18K/walk)
3. Improve interconnectedness with all pillars
4. Develop staffing to ensure adequate support

Objective 2: Maximize all revenue streams,
1. Reduce expenses and increase profitability of Marketplace
2. Increase board size to 12 ambassadors and fundraising leaders
3. Stronger campaign analysis and improvement year over year
4. Implement more donor retention tactics
5. Leverage the creativity and individualism of 3rd party fundraisers
6. Grow corporate support commensurate with their investments in preeclampsia industry; think creatively about ancillary industries
7. Launch a major gifts and lifetime giving recognition campaigns

Objective 3: Launch a second national fundraiser not to compete with Promise Walk
1. Develop staffing to ensure adequate support
2. Engage volunteer champions
3. Create unique ethos separate from Promise Walk

Objective 4: Strengthen the Foundation’s long-term financial instruments for sustainability
1. Launch “legacy” strategies (planned and estate giving)
2. Return to end-of-the-year budget surplus to reinvest in Reserve Fund
3. Increase endowment to $100,000
MARKETING / COMMUNICATIONS

Goal: Promote and support programs and services in 3 pillar areas and operational goals

Objectives: Grow primary and secondary audience sizes

1. Create a cohesive “branded house” to include current and any future programs and services
2. Ensure brand promise carries through all communications (see page 17)
3. Leverage extensive partners’ and collaborators’ communication channels to boost digital footprint
4. Continual innovation around technology, communication channels and strategies that meet our target audience where they are
5. Ensure integration across all programs and audiences
6. Create recognition programs for providers and facilities modeling best practices in our core measure areas

Goal: Grow brand recognition among target audiences

Objectives: Increase Foundation referrals in media and by third parties

1. Develop a powerful, useful consumer-focused website
2. Plan and conduct proactive media outreach campaigns
3. Utilize data analytics to develop smarter targeted outreach
4. Consistently communicate core values (page 18), purpose (page 4) and key messages (page 19) throughout organization and to external audiences
5. Strengthen role of partners in major outreach campaigns (e.g., Preeclampsia Awareness Month, World Preeclampsia Day)
# Migration Path

The path for getting from where we are today to where we want to be in the future

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<tbody>
<tr>
<td><strong>Community</strong></td>
<td>Well received educational programs, not well marketed</td>
<td>More aggressive marketing of patient education materials</td>
<td>Educational materials are pervasive</td>
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<tr>
<td></td>
<td>Peer-to-peer support is minimal, limited to PWs</td>
<td>Develop peer-to-peer program</td>
<td>Patient Advisory Council members feel valuable</td>
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<tr>
<td></td>
<td>Limited community engagement opportunities</td>
<td>Develop and implement a path for engagement</td>
<td>Robust program in place to meet survivors needs for interconception and long-term wellness</td>
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<tr>
<td></td>
<td>Underutilized Patient Advisory Council</td>
<td>Implement PAC Engagement Plan developedQ418</td>
<td>Affected community feels engaged and Foundation is relevant to their needs</td>
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<td></td>
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<td></td>
<td>Our PAC is a model for how organizations should use the patient voice</td>
</tr>
<tr>
<td><strong>Healthcare</strong></td>
<td>Legislation passed that supports states to form Maternal Mortality Review Committees</td>
<td>Patient representation in all state PQC/MMRC</td>
<td>Mortality and morbidity trends associated with HDP are going down</td>
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<td></td>
<td>HIP bundles deployed in 9 states</td>
<td>Legislative strategy is clarified and focused</td>
<td>Payers are drivers in adoption of guidelines</td>
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<td></td>
<td>We hold influential position on CPSWHC and AIM</td>
<td>Payers engaged</td>
<td>MMRCs fully functioning in 50 states</td>
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<tr>
<td><strong>Research</strong></td>
<td>Registry is growing but lacks diversity</td>
<td>Clear understanding of location, focus and amounts of PE research being conducted</td>
<td>HCPs counsel patients about long-term effects</td>
</tr>
<tr>
<td></td>
<td>4 PF-sponsored research funding programs supporting various fields of study</td>
<td>TPR fully engaged for various research studies</td>
<td>Pervasive S&amp;S education</td>
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<td></td>
<td>Very broad scientific agenda</td>
<td>PF researchers feel supported by PF (beyond initial funding)</td>
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<td></td>
<td></td>
<td>Congress is engaged in funding requests</td>
<td></td>
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<tr>
<td><strong>Fundraising</strong></td>
<td>Promise Walk is trending up</td>
<td>Promise Walk year over year growth is ~ 20%</td>
<td>Promise Walk: $1 million level</td>
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<tr>
<td></td>
<td>Promise Walk is our only national fundraising event</td>
<td>Launch Legacy Giving Society</td>
<td>Exceed benchmarks for good fundraising health</td>
</tr>
<tr>
<td></td>
<td>Corporate Partners have not been fully tapped.</td>
<td>Develop/launch new national fundraiser</td>
<td>Majority of key corporations in the PE space are invested as Corporate Partners</td>
</tr>
<tr>
<td></td>
<td>Large Merck for Mothers grant</td>
<td>Corporate Partners program fully engaged</td>
<td>$100,000 Endowment</td>
</tr>
<tr>
<td></td>
<td>One small endowment (10K)</td>
<td>Strong donor recognition and cultivation</td>
<td>Another national fundraiser implemented and poised for growth</td>
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<tr>
<td></td>
<td>No major gifts or legacy giving program</td>
<td>Successful grant fulfillment, leveraging for additional opportunities</td>
<td>Significant grant funding part of revenue mix</td>
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<td></td>
<td>At or below most comparative fundraising health benchmarks</td>
<td>Plan to grow endowment</td>
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<td>Develop major gifts program</td>
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<td><strong>Operations: Board, Staff, Volunteers</strong></td>
<td><strong>Operations: Marketing &amp; Communications</strong></td>
<td><strong>Operations: Facilities and Business Practices</strong></td>
<td></td>
</tr>
<tr>
<td>- Small committed board</td>
<td>- 4 website(s) are standalone entities</td>
<td>- Clean, accurate financial reports; clean audits</td>
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<tr>
<td>- Board growth not keeping pace with need</td>
<td>- Social media presence is strong and growing slowly, lacks strong strategy</td>
<td>- Ended 2018 with a net loss</td>
<td></td>
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<tr>
<td>- Managing Director added</td>
<td>- Brand and branding assessments completed</td>
<td>- Platinum level Guidestar rating</td>
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<tr>
<td>- Project Management system introduced 4Q18</td>
<td>- Growing presence in media coverage, but still limited proactive media relations</td>
<td>- Office location transition</td>
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<tr>
<td>- Good use of volunteers for Promise Walk</td>
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<td>- Limited additional for volunteers</td>
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<td>- New staff; storming/norming phase of team development</td>
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<td></td>
<td>- Increase size and skills of board</td>
<td>- Streamline operations</td>
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<td></td>
<td>- Fully operationalize project management tracking, grow and develop team, increase satisfaction</td>
<td>- Create appealing work environment</td>
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<td></td>
<td>- Develop and implement an engagement path for volunteers</td>
<td>- Maintain high financial and NPO standards</td>
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<td></td>
<td>- Hire staff to meet growing needs, commensurate with revenue growth</td>
<td>- Execute balanced budgets</td>
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<tr>
<td></td>
<td></td>
<td>- Productive and satisfying work environment</td>
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<td></td>
<td></td>
<td>- Impeccable business practices</td>
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<td>- End year with a &quot;profit&quot; reinvested in program and tithing to the cash reserves and/or endowment</td>
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<td></td>
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<td>- NPO recognition at highest level</td>
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Brand Assessment

BRANDING GOAL is to create a “branded house” that unifies the look, feel and experience of all our programs and services.

BRAND PROMISE
- We help save the lives of moms and their babies.

BRAND OBJECTIVES
- Increase brand awareness in the consumer space, while reinforcing it in the healthcare and academic spaces
- Increase brand advocacy in both consumer and provider space
- Increase brand engagement in the consumer space
- Create a consistent brand experience across all channels, and across primary and secondary audiences
- Increase market share in consumer space

BRAND EXPERIENCE – This is how our audiences describe us
- Responsive
- Accurate
- Compassionate
- Driven

DESIRED RESPONSES FROM OUR AUDIENCES
- Empower women to advocate for their maternal care
- Inspire hope and belief in our purpose
- Instill donor trust and confidence
- Forge corporate and community partnerships
- Empower board, staff, volunteers as brand ambassadors
- Recruit top employees and volunteers
- Attract the best and brightest researchers
- Create amazing ambassadors and educators within healthcare
- Obtain and retain “believers” in our purpose.

Our Core Values

<table>
<thead>
<tr>
<th>Core Values</th>
<th>What This Looks Like</th>
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<tbody>
<tr>
<td>Patient-driven</td>
<td>Everything we do, advocate for, and develop is through the lens of the patient experience.</td>
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<tr>
<td>Knowledgeable</td>
<td>As a leading resource, we stay well-informed and provide accurate and timely information with guidance from our medical and scientific advisors.</td>
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<tr>
<td>Empathetic</td>
<td>It’s personal with us. We act with compassion and sincerity; we treat each other and others with human kindness.</td>
</tr>
<tr>
<td>Collaborative</td>
<td>We take the team approach, seeking to build consensus with each other, our community and partners.</td>
</tr>
<tr>
<td>Trustworthy</td>
<td>We are accountable to our community, our donors, volunteers and supporters, and each other; we work hard to maintain that trust and confidence.</td>
</tr>
<tr>
<td>Catalytic</td>
<td>Small but mighty, we stimulate action and accelerate advancements.</td>
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### Key Messages

<table>
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<th>Message</th>
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| **PRIMARY MESSAGE:**  
Preeclampsia is a life-threatening disorder of pregnancy that can happen to any woman in any pregnancy. |  |
| **EDUCATION:**  
All expectant parents should have access to easy-to-understand education on signs and symptoms of hypertensive disorders of pregnancy during the prenatal and postpartum period. |  |
| **SUPPORT:**  
Mental healthcare support is needed for patients and their family members following a traumatic pregnancy experience. |  |
| **IMPROVING HEALTHCARE PRACTICES:**  
Healthcare providers must consistently practice current evidence-based standards of care. |  |
| **RESEARCH:**  
Substantially more research is needed to understand the cause and develop a preventive and/or interventional treatment for preeclampsia/eclampsia/HELLP Syndrome and its long-term effects. |  |
| **LONG-TERM EFFECTS:**  
Survivors of hypertensive disorders of pregnancy and their healthcare providers should be aware of the long-term cardiovascular risks from hypertensive disorders of pregnancy and take action to mitigate their risks. |  |

### Notes:

Page 18 of 18