# DASH Quarterly Update
### September 2021

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

### Help Deliver New Data Solutions to Improve Pregnancy Outcomes

The Data Challenge is underway! Through its Decoding Maternal Morbidity Data Challenge, NICHD is seeking innovative approaches to secondary analyses of data collected from the Nulliparous Pregnancy Outcomes Study: Monitoring Mothers-to-be (nuMoM2b). Learn more about the nuMoM2b study, available in the NICHD DASH website. 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.  Read more about the Data Challenge on the DASH Challenge Information webpage.

NICHD hosted a Challenge Webinar on Thursday, July 22nd, which had over 180 attendees. The webinar included background on the mission of the Challenge, details on what NICHD is seeking in solutions, overview of the Challenge registration process, and a live Q&A with the NICHD team.  A recording of the Challenge Webinar is available if you missed the webinar or would like to view it again.

***If you are interested in participating in the NICHD Data Challenge, you should have your data request completed in DASH by September 30.***

## 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 Studies Available in DASH

We are pleased to share the latest study additions in DASH, for a total of 184 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. [Young Adult Follow-Up Study (a component of the Oshikhandass Water and Sanitation, Health and Hygiene Interventions Study) (YAFU/WSHHI)](#) from PDB

   **Study Description:** This study was a follow-up to a 1989-1996 study of diarrhea and pneumonia in children under age 5 years. The aim was to examine individual-level associations between childhood health and family socioeconomic indicators of early life adversity with adolescent health and development. The outcomes were: nonverbal reasoning scores using the Raven's Progressive Matrices, self-reported health status, Body Mass Index, blood pressure, educational attainment, and employment. It was hypothesized that early life experiences, within a context of poverty, manifested in reduced health and development in adolescence, which is the foundation of adult human capital. Adolescents/young adults were interviewed using a bespoke questionnaire; psychometric testing was conducted on the results of the Raven's Matrices; a multivariable Bayesian network was constructed to explore structural relationships between variables.

2. [Aspirin Supplementation for Pregnancy Indicated Risk Reduction In Nulliparas (ASPIRIN)](#) from PPB

   **Study Description:** The purpose of this study was to learn whether a daily 81 mg dose of aspirin given to Nulliparas, beginning between 6-13 weeks of pregnancy, and continuing until 36 weeks of pregnancy, can reduce the risk of preterm birth. Nulliparous women appeared to be an ideal population since they will not undergo special interventions in an attempt to avoid preterm birth and are high risk pregnancies. The study design was a randomized, placebo-controlled, double-blinded multicenter clinical trial to assess the efficacy of Low Dose Aspirin (LDA) in the reduction of preterm birth. Women were randomized equally to receive either daily LDA (81 mg) or a placebo beginning between 6 0/7 weeks and 13 6/7 weeks Gestational Age (GA) and continued until 36 0/7 weeks GA or delivery. The primary outcome of this study was preterm birth, which will be defined as delivery at or after 20 0/7 weeks and prior to 37 0/7 weeks determined by comparing actual delivery date to the projected Estimated Due Date (EDD).

# Studies Offering Biospecimens in DASH

Biospecimens from 9 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. Explore available samples, by selecting the **Study Name** in this list of studies offering biospecimens through DASH:

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 53 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.

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of Child Health and Human Development