

# Notice of Special Interest (NOSI): Research to Improve Pre-Pregnancy Care and Enhance Healthy Birth Intervals

**Notice Number:** NOT-HD-23-003

## Related Announcements

[PA-20-185](#) - NIH Research Project Grant (Parent R01 Clinical Trial Not Allowed)

[PA-20-183](#) - Research Project Grant (Parent R01 Clinical Trial Required)

[PA-20-184](#) - Research Project Grant (Parent R01 Basic Experimental Studies with Humans Required)

[PA-20-200](#) - NIH Small Research Grant Program (Parent R03 Clinical Trial Not Allowed)

[PA-21-221](#) - NICHD Small Research Grant Program (R03 Clinical Trial Required)

[PA-21-231](#) - NICHD Small Research Grant Program (R03 Basic Experimental Studies with Humans Required)

[PA-20-194](#) - NIH Exploratory/Developmental Research Grant Program (Parent R21 Clinical Trial Required)

[PA-20-195](#) - NIH Exploratory/Developmental Research Grant Program (Parent R21 Clinical Trial Not Allowed)

[PA-20-196](#) - NIH Exploratory/Developmental Research Grant Program (Parent R21 Basic Experimental Studies with Humans Required)

## Issued by

Eunice Kennedy Shriver National Institute of Child Health and Human Development ([NICHD](#))  
Office of Research on Women's Health ([ORWH](#))

## Purpose

The purpose of this Notice of Special Interest (NOSI) is to encourage research on the processes that facilitate or hinder the achievement of healthy interbirth intervals and promote healthy birth outcomes. Because short interbirth intervals are associated with a range of risk factors and poor maternal and child health outcomes, reducing the proportion of pregnancies conceived within 18 months of a previous pregnancy is a Healthy People 2030 objective. These negative outcomes include a lack of preconception health care, delayed prenatal care, preeclampsia, prematurity, low birth weight, infant mortality, and maternal morbidity and mortality. Short interbirth intervals may also reduce the duration of breastfeeding; conversely, the continuation of breastfeeding can contribute to the lengthening of interbirth intervals. This NOSI is intended to encourage collaboration among researchers across the social, behavioral, biomedical, and public health sciences to elucidate understanding of the modifiable factors behind barriers to enhancing birth intervals.

## Research Objectives

This NOSI invites research applications that assess the causal social and behavioral processes that facilitate or hinder the achievement of healthy interbirth intervals and to identify mechanisms that can be modified by public health interventions at the levels of the dyad, family, community, or other population aggregates. The failure to achieve a healthy birth interval is defined as the behavioral health outcome

wherein sexually active, reproductively capable individuals or couples who do not desire a pregnancy fail to consistently and effectively use available prevention techniques. This NOSI encourages cross-disciplinary and multi-level studies, domestic and international study sites, and research focused on understudied and vulnerable populations, including persons with disabilities. Studies of how social and economic structural-level factors influence the achievement of healthy birth intervals are of particular interest. Applications that propose secondary analyses of existing data from randomized control trials, natural experiments, or public health interventions are welcomed, as are proposals that would help improve or assess future clinical trials. Proposals responding to this NOSI should be theoretically grounded and use highly specified conceptual models. Descriptive analyses of the epidemiology of unintended pregnancy are not within the scope of this Notice. Potential applicants are encouraged to contact program staff named in this NOSI to discuss the relevance of their proposals.

**Topics of interest include but are not limited to:**

*Systems and contextual factors that hinder or facilitate the achievement of healthy birth intervals:*

- Studies of social, cultural, or institutional norms.
- Research on structural and policy factors such as access to and participation in formal education and training programs, legal restrictions on age at marriage, access to comprehensive reproductive health services, and insurance policies and regulations.
- Studies of variation by geography and context, such as neighborhood-level features of residential areas of predominantly low-income, rural, or racial/ethnic minority populations.
- Research on the provision of medical services, including the physical and administrative structuring of health facilities, availability of provider specialties, and access to preconception and reproductive health care.
- Research on the intersection with the provision of information and services for preventing and treating sexually transmitted infection (STI) or other reproductive conditions (e.g., endometriosis) in communities and clinics.
- Research on workforce policies and practices, such as provision of family leave, dedicated spaces for nursing and pumping, and flexible hours.

*Individual, dyadic, or familial aspects of the achievement of healthy birth intervals:*

- Studies assessing household decision-making about the allocation of relevant resources, such as utilization of preconception care, infant feeding practices, or the purchase and use of pregnancy prevention methods.
- Research examining couple-level factors shaping preferences such as partners desire for children and preferences about the timing of pregnancy within the relationship.
- Research on women's (or couples ) understanding of their potential (in)fertility, the impact of breastfeeding on fertility, or the use of digital tools, such as Glow or Fertility Friend, to monitor fertility.
- Studies examining the perceived side effects of different pregnancy prevention methods and concerns about interactions between their use and other medications.

*Measurement Issues:*

- Methodological research to develop or refine relevant standardized measures of pregnancy prevention method effectiveness, preferences, interactions with other medications, and side effects, including impacts on behavior, affect, and emotional state.
- Methodological research to develop or improve standardized measurement of the elements of the definition of the achievement of a healthy interbirth interval, including reproductively capable, sexually active, desire a pregnancy, pregnancy ambivalence, unintended pregnancy, or unmet need."

## Application and Submission Information

This notice applies to due dates on or after June 5, 2023 and subsequent receipt dates through May 8, 2024.

Submit applications for this initiative using one of the following funding opportunity announcements (FOAs) or any reissues of these announcement through the expiration date of this notice.

- [PA-20-185](#) - NIH Research Project Grant (Parent R01 Clinical Trial Not Allowed)
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All instructions in the [SF424 \(R&R\) Application Guide](#) and the funding opportunity announcement used for submission must be followed, with the following additions:

- For funding consideration, applicants must include NOT-HD-23-003 (without quotation marks) in the Agency Routing Identifier field (box 4B) of the SF424 R&R form. Applications without this information in box 4B will not be considered for this initiative.

Applications nonresponsive to terms of this NOSI will not be considered for the NOSI initiative.

## Inquiries

Please contact the University of South Florida Technology Transfer office representative for submission - Roisin McNally at [rmcnally@usf.edu](mailto:rmcnally@usf.edu).