borne
Research to prevent premature birth

action medical research for children

Impact Report 2026

Celebrating 10 years of research into preterm birth



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Research has the power to prevent premature birth







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About Borne and Action Medical Research

Borne and Action Medical Research (Action) are complementary UK medical research charities united by a shared commitment to improving outcomes for babies and families through high-quality research. Together, they represent a powerful funding partnership focused on tackling preterm birth which is one of the biggest challenges in maternal and child health.

Borne
Research to prevent premature birth

Borne was established in 2013 by Professor Mark Johnson, Clinical Chair of Obstetrics at Imperial College London, with a mission to prevent premature birth and improve outcomes for mothers and babies. Incorporated as a charity in 2016, the Foundation funds research that advances understanding of pregnancy, labour and the biological mechanisms that lead to preterm birth. Borne's strategy is centred on building scientific knowledge, supporting early-stage and advanced discovery research, developing future research leaders, and fostering international collaboration to identify new approaches for prediction, prevention and treatment of spontaneous preterm birth.

Borne charity focuses on three main pillars of its research strategy:

Finding answers on the causes of premature birth:
This includes understanding the biological processes of pregnancy and childbirth. epilepsy or rare metabolic diseases.

Improving treatments to delay labour:
This involves developing safe and effective ways to delay labour and reduce premature births.

Nurturing talent to develop the next generation of experts:
This aims to support future research scientists and clinicians in advancing the understanding and prevention of premature birth.

action medical research for children

Action Medical Research, founded in 1952, is one of the UK's leading children's health research charities. Originally established to combat polio, the charity now funds a broad portfolio of research aimed at preventing and treating disease and disability affecting babies, children and young people. Its remit includes pregnancy and childbirth-related conditions, with a strong emphasis on clinical and translational research capable of delivering tangible benefits for patients and families. For over seven decades, the charity has contributed to major medical advances, including work related to pregnancy care, neonatal medicine and child health.

Action's research programme aims to:

Attract and select high quality research
most likely to deliver impact to the babies, children and families we are here to help.

Identify the impact of research
by analysing short and long-term outcomes and sharing impact case studies that demonstrate the value of our funding.

Collaborate with other organisations using the strengths of Action's open competition peer review system to fund high quality medical research to help babies, children and young people.

Giving every baby the best possible start in life

Borne
Research to prevent premature birth

action medical research for children

Since 2016, Action and Borne have worked together through a co-funding partnership dedicated to tackling premature birth.

Together the charities support a joint programme investigating why labour starts too soon and exploring new approaches to prediction, prevention and treatment.

The programme connects fundamental studies of pregnancy and labour with research exploring how discoveries could inform future clinical care. Its ambition is to help more pregnancies reach full term and reduce the lasting consequences of babies being born too soon.

This report brings together progress from a decade of joint funding, showing what researchers have learned, how promising ideas are being taken forward and what these advances could mean for babies and families.



Together the charities are supporting research that aims to:

Advance knowledge of the causes of preterm birth;

Transform effective interventions, care and treatments;

Build expert research capacity through career support.

Premature birth – the facts

Premature birth describes all babies born before 37 weeks of pregnancy. Although babies born as early as 24 weeks may survive, only around half do, underlining the urgent need for research to give these babies the best possible start in life.

Every year, tens of thousands of families in the UK and millions more around the world face the fear and uncertainty of a baby arriving too soon. Premature birth can turn what should be a moment of joy into the beginning of a long and difficult journey, with some babies fighting for life and many children growing up with lifelong health challenges.

For children born very early, the impact can continue far beyond the neonatal unit, affecting learning, memory, movement, behaviour, and physiological function of multiple organs including kidney, retina, lungs and heart. Behind every statistic is a baby, a child and a family whose future may be shaped by the consequences of being born too soon.

Yet despite the scale of the challenge, progress has been too slow. With no new treatments introduced in the last 50 years and too little investment in research to help reduce risks during childbirth, there is an urgent need to do more – this is where we come in. Research offers hope: the chance to understand why premature birth happens, to develop better ways to prevent it, and to give more babies the healthiest possible start in life.



One in Five
children born prematurely are affected by long-term difficulties

- Premature birth affects around 15 million babies across the world each year. More than 1 million of these babies die before they are 5.
- In the UK around 55,000 babies are born prematurely every year, that's one in 13 babies, and sadly around 1,000 babies will lose their lives after being born too soon.
- Although most babies born prematurely go on to live healthy lives, evidence suggests that approximately one in five children born before 37 weeks' gestation experiences longer-term developmental, learning, behavioural or physical difficulties, with the risk rising substantially among those born very preterm.
- Children born before 34 weeks are more likely to have poorer reading and maths skills. Preterm children are more likely to experience difficulties with working memory and hand-eye coordination.
- It's estimated that the cost of preterm birth throughout childhood on the public sector in England and Wales is around £4.2billion a year.
- If we can prolong all pregnancies destined to deliver preterm by a week, NHS savings may be more than £1 billion a year.
- 85% of women who go into early labour have no forewarning they are at risk.

Partnership overview

Between 2016 and 2026 Borne and Action have together funded 11 research projects to a total value of £2,136,796 to tackle premature birth. These joint-funded projects include research to: understand how labour starts; investigate whether a surgical procedure can help reduce the risk of preterm birth after previous emergency caesarean section; assess a new antimicrobial therapy to help prevent preterm labour in women at high risk; develop a new cell therapy to help prevent babies from being born too soon; and investigate the causes of preterm birth to identify ways to prevent it.

11
Research Projects

Over £2m invested

Supporting research to tackle preterm birth

Our Action-Borne portfolio spans five research themes

Total research spend

£2,136,796

On 11 research projects in seven research institutions and hospitals across the UK.



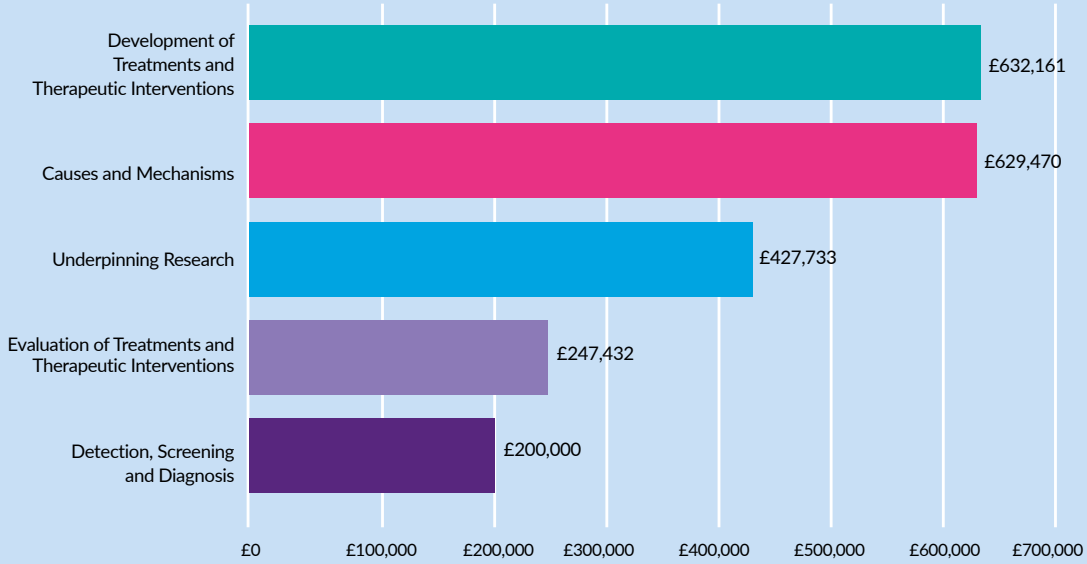
Investment in preterm birth prevention research

Borne-Action partnership has funded **11 grants** worth **£2,136,796**. Grants focusing on research into the development of treatments and therapies, and investigating the causes and mechanisms, of preterm birth together account for **£1.23M of funding**.


Professor Rachel Tribe


Dr Victoria Male

Six projects have completed and five grants are active in September 2026, while repeat leadership is concentrated in Professor Rachel Tribe (3 grants) and Dr Victoria Male (2 grants).



Research Activities

Causes and Mechanisms
Investigating why spontaneous preterm birth happens and which pregnancies are at greatest risk.

Detection and Screening
Research to explore potential biomarkers to identify women at risk of preterm delivery, earlier and more accurately.

Treatment Development
Research aimed at turning mechanistic insight into preventative therapies for spontaneous and infection-associated preterm birth. Developing techniques to deliver and test antimicrobial therapy to protect mothers and babies.

Underpinning research
Basic science to build the foundations for future pregnancy treatments: studying potential therapeutic targets and investigating placental development.

Evaluation of treatments and therapeutic interventions
Testing safety and effectiveness of treatments: a clinical trial compares approaches to managing preterm-birth risk following caesarean-section damage, while establishing a national system for long-term follow-up.

Borne-Action Medical Research award process
Finding and selecting the best research

Call launch: The annual call for project grant outline applications opens in December and closes in mid-February. Guidance is provided on the project aims, eligibility, assessment criteria, process, and success rates, with the scheme promoted to the UK pregnancy and reproductive biology research community and research organisations.

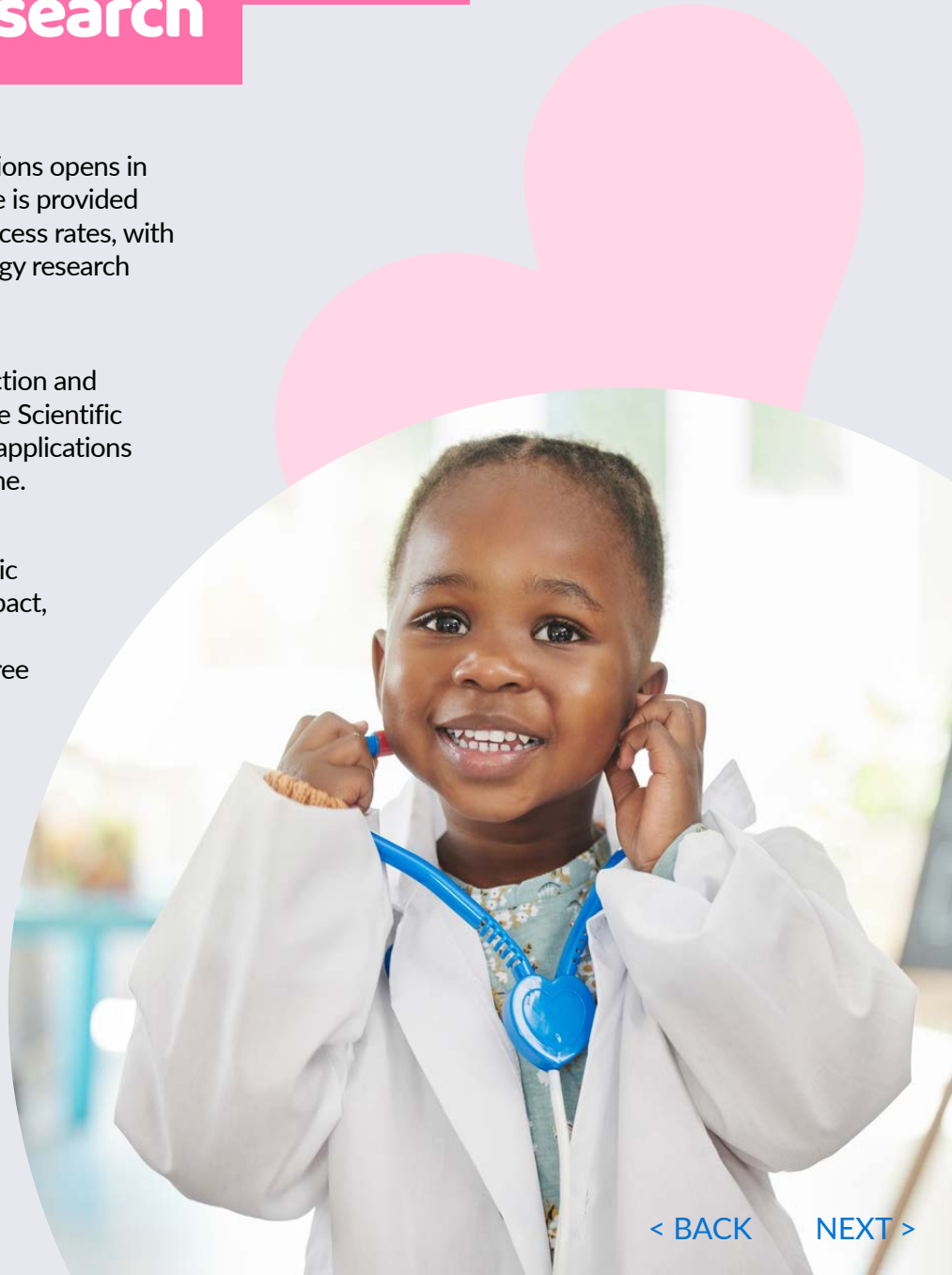
Outline applications: Outline applications are checked by Action and Borne for eligibility and assessed by the Scientific Advisory Panels against the published criteria. The highest-ranked applications are invited to submit a full application in April with a deadline in June.

Full application: Full applications should describe the scientific rationale, methodology, potential clinical impact, and, if appropriate, proposed research training in detail. Following internal review, applications are assessed and scored by at least three external peer reviewers. Applicants respond to reviewer feedback.

Panel review: Applications, reviewer comments, and scores are considered by the Scientific Advisory Panel including Action and Borne experts in October.

Awards: Awards are made following recommendation by the Panel and consideration by Trustees in November.

Please note grant round timings may change – please see the Action website.



Action's research governance and funding model

Action's rigorous, gold standard peer review process ensures that the two charities together can fund some of the best researchers in hospitals, specialist units and universities across the UK.

Each year, Action grants are awarded based on the recommendations of our Scientific Advisory Panel of world leading experts, who also consider the opinions and recommendations of the international peer review community. By Borne partnering with Action, this ensures that only research most likely to make a difference is funded. We are very grateful to all those who share their time and expertise as part of this important process.

Action is a founder member of the Association of Medical Research Charities (AMRC), the membership organisation of leading medical and health research charities in the UK. The AMRC assesses Action's peer review processes every five years and awarded the charity a certificate of '**Best practice in medical and health research peer review**' in 2025.

amrc
EXPERT REVIEW AUDIT
2025



Impact summary

The impact of the Borne-Action funding has been analysed through the collection of outputs and outcomes during and following the completion of each research project. Data has been collected under 15 research output and outcome headings, in support of three impact metrics.

For this first joint impact report, data was collected from nine projects funded between 2016 and 2025, representing an investment of £1,661,055. Thanks to the Borne-Action partnership these projects have, to date, reported 123 outcomes matched to the following impact metrics:

Transforming care and treatments:

Action-Borne funding is already making a significant difference for patients, with over half of the projects (5 projects/56%) reporting 19 outcomes in this area.

- Influencing policy and practice: One grant has produced data which is influencing government health research and education strategies.
- Medical products and clinical trials: One award is funding a clinical trial of an alternative surgical treatment to reduce the risk of preterm birth.
- Patient and public involvement and participation: Five researchers reported that their grants resulted in a total of 16 engagement activities, with patients, public and supporters – activities that can bring meaningful outcomes to meet their expectations, needs and preferences, reduce health care costs, and improve dissemination of research findings.

Advancing knowledge for future medical breakthroughs:

Nearly 90% of Borne-Action researchers (8 grants) reported 89 outcomes aimed at advancing knowledge and understanding of the causes of preterm birth and pregnancy complications.

- Sharing research knowledge: Discoveries have been shared through 80 research outputs including publications (21), meetings and conferences (51) and collaborations and partnerships (8), contributing to global medical knowledge.
- Securing major investment: 44% of researchers have together successfully attracted £1,459,015 in further funding - securing these major investments ensures the continuity of their research to improve the lives of babies and mothers now and in the future.

Building research capacity

The Action-Borne partnership aims to build research capacity through career support, with 67% (6 grants) reporting 15 outcomes which further researchers' careers or result in awards or recognition.

- Next destinations: Six grants (67%) reported eight incidences of researchers furthering their careers as a result of the funding.
- Awards and recognitions: Seven researchers secured awards and recognitions, demonstrating the high quality and international impact of their work.



Impact case studies

Transforming care and treatments:

Professor Andy Shennan

Improving surgical procedure to help reduce the risk of preterm birth after previous emergency caesarean section.

With joint funding of nearly £250,000 from Borne and Action Medical Research, the ABOVE clinical trial led by Professor Andy Shennan at St Thomas's Hospital and King's College London, is seeking to answer an urgent question for women and families affected by late pregnancy loss or very early birth: can a different type of cervical stitch give future pregnancies a better chance?

Some women who have an emergency caesarean section late in labour may experience damage to the cervix. In a later pregnancy, this can increase the risk of a baby being lost between 14 and 24 weeks or being born dangerously early.

The trial is comparing two approaches to cervical cerclage, a stitch used to help keep the cervix closed during pregnancy. The current approach, transvaginal cerclage (TVC), is inserted through the vagina, but in women whose cervix may have been damaged during a previous emergency caesarean, the stitch may sit below the weakened area. The trial is testing whether transabdominal cerclage (TAC), which is placed higher through the abdomen, can provide stronger support and better protect the pregnancy.



Women who have previously had an emergency caesarean followed by a late miscarriage or extremely preterm birth are assigned to receive either TVC or TAC before pregnancy or in early pregnancy. Researchers then compare outcomes between the two groups to see which procedure is safer and more effective in helping babies stay in the womb for longer. So far, 33 participants have been recruited across 12 UK research centres and 20 procedures have been completed. Recruitment is challenging because the eligible patient group is small, but the team has worked hard to raise awareness, support clinicians and participants, add an observational arm and explore recruitment beyond the UK.

When the trial completes in 2027, if TAC is shown to work better than the current approach, the findings could in the long term change clinical practice and give doctors clearer evidence on how best to care for women at high risk after emergency caesarean section. Most importantly, this research could help prevent the heartbreak of losing a baby late in pregnancy or seeing a baby born far too soon.

By supporting the ABOVE study, donors are helping to build the evidence needed to improve pregnancy care, protect more babies and offer families greater hope for the future.



Professor Andy Shennan

"New treatment options are needed to reduce the risk of preterm birth in this high-risk group of women."

Transforming care and treatments:

Dr Melanie Griffin –
Improving pregnancy care for childhood cancer survivors.

For many families, surviving childhood cancer is the beginning of a hopeful new future. Thanks to advances in treatment, more children than ever are growing up, reaching adulthood and fulfilling dreams of starting families of their own. However, emerging evidence suggested that women who received a bone marrow transplant as children or young adults may face a greater risk of pregnancy complications, including preterm birth.

Around 400 boys and girls every year in the UK undergo a bone marrow transplant as part of their cancer treatment.

Recognising the need for better understanding and support, Action and Borne awarded £51,650 to Dr Melanie Griffin and her team at the University of Bristol and St Michael's Hospital between 2019 and 2023 . Their goal was to provide the evidence needed to improve care for childhood cancer survivors during pregnancy and help reduce the risk of babies being born too soon.

By bringing together information from multiple health data sources, the researchers created a unique resource to investigate pregnancy outcomes in women who had undergone bone marrow transplantation. Their findings provided reassuring news: most women in this group experienced healthy pregnancies and births. However, the research also confirmed that, compared with the general population, these mothers were more likely to experience preterm birth and have smaller babies. The risk was particularly increased among women who had received total body irradiation as part of their cancer treatment.

Importantly, the study also revealed that advice and care for pregnant childhood cancer survivors varied considerably across the UK. This highlighted an urgent need for clearer guidance and more consistent support, ensuring women receive accurate information about their risks and access to specialist care when needed.

The project has provided vital evidence to inform future clinical guidelines and pregnancy care pathways. By helping healthcare professionals better identify and support women at increased risk, the research has the potential to improve pregnancy outcomes and give families greater confidence during pregnancy.

This work is now being published and shared with the wider medical community, ensuring its findings can contribute to future guidance and practice.

Thanks to this research, women who become pregnant after a bone marrow transplant are now more likely to receive the specialist support they need. While these pregnancies are already considered high risk, the findings have highlighted the importance of referring all of these women to dedicated preterm birth prevention services, helping ensure earlier monitoring, more personalised care and the best possible outcomes for mothers and babies.

With our donors support, an important gap in knowledge has been filled, bringing us closer to more personalised care for childhood cancer survivors and healthier beginnings for their babies.

Action is grateful for the generous support of The James Tudor Foundation towards this project.



Dr Melanie Griffin

"This study has allowed us to provide answers to many questions that children with cancer and their parents may have about the effects of bone marrow transplantation on their fertility and pregnancy outcomes later in life."

Advancing knowledge for future medical breakthroughs:

Dr Victoria Male –

Defining the role immune cells play in the initiation of labour and preterm birth.

Through two jointly funded projects totalling £434,717, a programme of research is bringing scientists closer to understanding why some babies are born too soon, and why some pregnancies are affected by complications linked to the placenta. Led by Dr Victoria Male at Imperial College London, the first project aims to understand how specific immune cells in the womb, called decidual macrophages, may help start labour and the second aims to understand how other immune cells, called uNK1 cells, in the womb may support the placenta to develop in early pregnancy.

Together, this research explores how the body's immune system supports pregnancy, labour and healthy development. Valuable progress has already been made; by studying samples from more than 50 women, the team has shown that two types of decidual macrophage show distinct roles during the initiation of labour. One promotes uterine contractions and the other produces proteins that may help the waters break. This research has also formed the basis of early career researcher, Dr Emilie Paterson's, PhD thesis.

Building on these findings, the second project is investigating how uNK1 cells may help the placenta implant and grow successfully.

This research is advancing knowledge of the causes of preterm birth and pregnancy complications, creating a pathway towards future screening, monitoring and treatments so more babies can have the healthiest possible start in life.



Dr Victoria Male

"We urgently need effective treatments that can help stop premature labour – but a major barrier to this is that we do not yet understand how labour is triggered."

Advancing knowledge for future medical breakthroughs:

Professor Michael Taggart – Mapping the path to safer treatments for preterm labour.

A joint investment of £197,990 from Action and Borne, has enabled Professor Michael Taggart and colleagues at the University of Newcastle and Queen's University Belfast to make an important breakthrough in understanding the biology of pregnancy and labour.

Preterm birth is often triggered when the muscles of the womb begin contracting too early. While medicines can sometimes slow these contractions, they may also affect blood vessels in the womb and placenta, potentially reducing blood flow to the baby. Developing safer, more targeted treatments is therefore a critical priority.

"We urgently need to develop safer, more effective treatments that can help stop premature labour – we need to make sure that these don't expose the mother or baby to the risk of potentially serious side effects."

To address this challenge, the research team set out to answer a question that had never been explored in such detail before: what are the molecular differences between the muscles of the womb and the blood vessels in the womb and placenta?

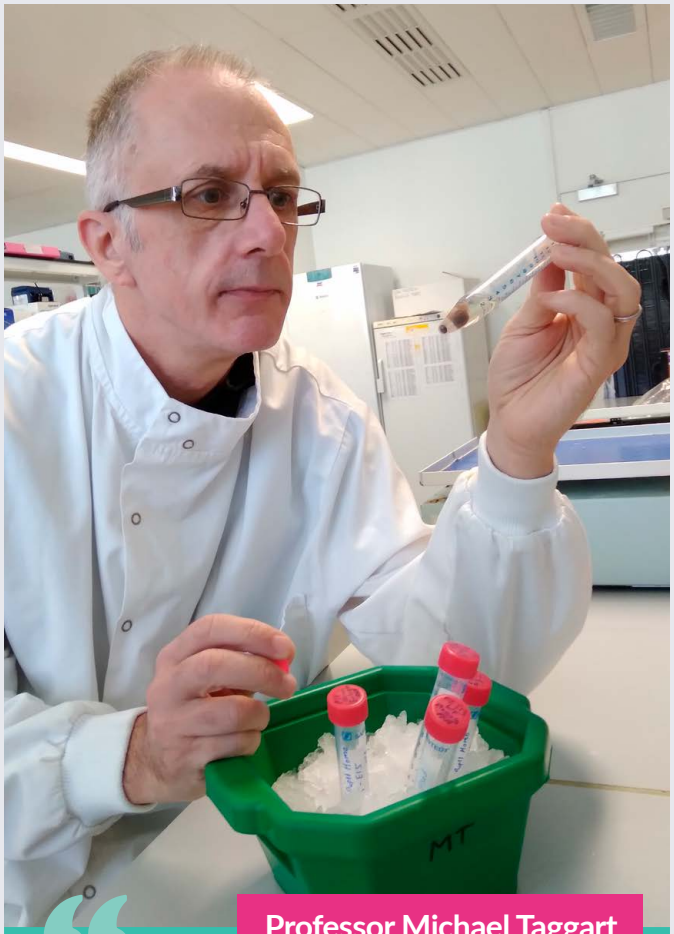
Using samples donated by women undergoing planned caesarean births, the team applied cutting-edge techniques to analyse almost 7,000 proteins and 20,000 genes across these tissues. The result is one of the most detailed molecular maps ever created of the pregnant womb and placenta.

The researchers identified more than 2,000 proteins and over 6,000 genes that differed between the tissues, uncovering unique molecular signatures, or characteristics, that help explain why they behave differently. They also pinpointed specific cell types responsible for these differences and revealed new biological pathways linked to womb contractions.

These discoveries are far more than scientific insights. They provide a powerful foundation for developing new medicines, or repurposing existing ones, that could specifically relax womb muscle while avoiding unwanted effects on maternal or placental blood vessels.

The project has also strengthened collaborations between researchers across Newcastle, Imperial College London and King's College London, accelerating wider efforts to understand labour and pregnancy complications.

With findings now being shared internationally and prepared for publication, this donor-funded research has brought the field significantly closer to safer treatments that could help prevent preterm birth and give more babies the best possible start in life.



Professor Michael Taggart

"We urgently need to develop safer, more effective treatments that can help stop premature labour – we need to make sure that these don't expose the mother or baby to the risk of potentially serious side effects."

Advancing knowledge for future medical breakthroughs:

Professor Rachel Tribe –
Moving a new therapy closer to preventing preterm birth.

Thanks to £332,359 of funding from Action and Borne, Professor Rachel Tribe, Dr Natalie Suff and colleagues at King's College London and St Thomas' Hospital have been building the foundations for new ways to both predict and prevent preterm birth.

The first project, funded between 2018 and 2022, focused on identifying women at risk earlier in pregnancy. The team developed innovative techniques to study tiny biological particles known as extracellular vesicles, which carry messages between cells. Their research identified promising biological signals that may differ between pregnancies ending in preterm and full-term birth, creating an important foundation for future screening tests that could identify high-risk pregnancies earlier and enable timely intervention.

The second project explored an exciting new treatment approach. Building on evidence that inflammation can trigger early labour, researchers investigated specialised decidual stromal cells, which naturally help regulate the mother's immune system during pregnancy. This innovative therapy aims to harness the body's own mechanisms for maintaining a healthy pregnancy. The team generated encouraging evidence that the treatment could delay delivery in laboratory models of preterm birth, supporting "the idea that targeting immune and inflammatory pathways may offer a new way to prevent babies from being born too soon."

Importantly, donor funding has achieved far more than individual scientific advances. It has established new laboratory techniques, strengthened national and international collaborations, and provided the evidence needed to secure funding for a major follow-on study that will take this promising therapy a step closer to clinical trials. As the researchers note, the programme has "created a platform for further research aimed at developing treatments ready for use in the clinic."

The investment has also played a vital role in developing future leaders in preterm birth research. Action and Borne funding was instrumental in supporting Dr Suff's clinical academic career trajectory, helping her generate preliminary data, build international collaborations and secure prestigious fellowship funding.

Together, these achievements are bringing researchers closer to new diagnostic tools and treatments that could transform care for families affected by preterm birth, giving more babies the chance of a healthier start in life.



Professor Rachel Tribe

"This research provides an important first step towards developing a new immunotherapy that could be used to help prevent spontaneous preterm birth and lead to happier outcomes for many babies and their families."

Building researchers' careers:

Dr Ashley Boyle –

Investigating antimicrobial therapy to help prevent preterm birth.

Support from Action and Borne across across two projects to a value of £386,663, between 2016 and 2026 has helped Dr Ashley Boyle take a major step forward in her scientific career — from postdoctoral researcher to independent lecturer at King's College London, where she is now building her own research programme to tackle preterm birth.

Dr Boyle's work focuses on one of pregnancy's most difficult challenges: understanding how infection can trigger labour too soon and developing new ways to help protect pregnancy. With Professors Donald Peebles and Simon Waddington, she has explored whether antimicrobial treatments can strengthen the body's natural defences in the cervix, helping to stop harmful bacteria reaching the womb.

The first jointly funded project gave Dr Boyle vital experience as a research fellow and generated encouraging evidence that boosting natural antimicrobial defences could improve the lives of newborn babies following infection. Crucially, this work helped unlock follow-on funding for the second co-funded study, allowing the team to refine the approach and move it closer to potential future use for women at high risk of preterm birth.

The impact has been both scientific and personal. The funding has supported a clear pathway from early discovery to translational research, while also helping Dr Boyle establish the independence, leadership and vision needed to launch her own research group.

Now, as she builds her team at King's, Dr Boyle remains focused on understanding how infection may be involved in preterm birth and developing innovative treatments.



Dr Ashley Boyle

"Funding from Action and Borne has been fundamental to the progression of my academic career and research vision. The two project grants I have worked on have supported my journey from postdoctoral researcher to independent lecturer at King's College London."

Summary

Over the past decade, support from Action and Borne has helped drive important advances in our understanding of pregnancy, labour and preterm birth. Together, the charities have funded pioneering research that has uncovered new biological insights, informed clinical practice, developed future research leaders and laid the foundations for safer, more effective ways to care for mothers and babies.

But our work is far from finished.

Preterm birth remains one of the greatest national and global challenges in maternal and newborn health, affecting thousands of families every year in the UK. To create a future where every baby has the best chance of a full and healthy life, we must continue to invest in the research that will unlock new discoveries, improve care and prevent babies from being born too soon.

Building on the progress made over the last 10 years and in line with the House of Commons Preterm Birth Committee, Borne and Action are committed to supporting the next generation of scientists, clinicians and innovators, funding the highest-quality research through rigorous peer review and collaboration with leading experts. By identifying the most promising ideas and helping them move from the laboratory into clinical practice, we can accelerate breakthroughs that transform outcomes for babies and their families.

The research highlighted in this report shows what is possible when determination, expertise and donor support come together. From improving risk prediction and developing new treatments to shaping clinical guidance and specialist care pathways, these projects are helping to change lives.

With continued support over the next decade, we can build on this momentum, bringing us closer to a world where fewer babies are born too soon, more families are spared the heartbreak of pregnancy complications, and every child has the opportunity to thrive from the very beginning.



Together, we can help turn today's discoveries into tomorrow's healthier pregnancies, safer births and brighter futures.

Work with us

Medical research charities achieve far more when they work together. Progress in improving the lives of babies, children and young people relies on strong partnerships that bring expertise, resources and shared ambition together around a common goal.

By co-funding research, charities can combine their investments to support larger, more ambitious projects than any one organisation could fund alone. This collaborative approach brings together communities of researchers, clinicians and healthcare professionals, enabling them to tackle complex health challenges, from multiple perspectives and accelerate the journey from discovery to patient benefit.

Partnerships extend far beyond the research laboratory. Fundraisers, charitable trusts and philanthropic supporters play a vital role in providing the resources needed to pursue pioneering research. Hospitals, universities and research institutions contribute world-class expertise, facilities and scientific leadership, while pharmaceutical and biotechnology companies help advance promising discoveries towards new treatments, diagnostics and cures.

Equally important is the involvement of patients, families and the wider public. Their experiences help shape research priorities, ensuring studies focus on the issues that matter most to those affected by illness. By working alongside the communities they serve, medical research charities help ensure that research is relevant, inclusive and responsive to real-world needs.

These partnerships create a powerful ecosystem in which knowledge, funding and innovation are shared to maximise impact. Every contribution, whether financial, scientific or personal, helps strengthen the collective effort to improve child health.

Together, medical research charities and their partners are driving life-changing and life-saving discoveries that offer hope to families across the UK. Co-funding not only increases the scale and reach of research, but also fosters collaboration, reduces duplication and accelerates progress towards better treatments, improved outcomes and healthier futures for babies, children, young people and their families.

Borne
Research to prevent premature birth

action medical research for children



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