

The remaining 1,380 deliveries were all delivered by the author. There were 568 primipara. Twenty-one were multigravida primipara, and 791 were multipara. Many were repeat deliveries. The author delivered one patient five times, two patients four times, eight patients three times, and 173 patients two times.

The results of 1,380 deliveries by 1,181 patients are displayed in the Tables 1 through 7. There were 14 sets of twins. This results in a total of 1,394 babies. Perinatal mortality rate for the population (over 1,000 gm) was 5.77 per 1,000 (8/1,380). The 95 percent confidence interval is 1.78 to 9.75. Stillbirth rate (over 1,000 gm) was 3.60 per 1,000 (5/1,387). The 95 percent confidence interval is 0.45 to 6.76. The neonatal death rate (birth to 28 days) was 3 per 1,000.

### Comment

Both stillborn and neonatal mortality compare favorably with that reported elsewhere, even when the experience over 20 years is compared with current reports. For example, Table 8 displays comparative data for stillbirths and neonatal and perinatal mortality.

The incidence of complications over the 20 years is about the same as that currently quoted

by Pritchard and MacDonald.<sup>12</sup> Fetal anomalies occurred in 3.5 percent of the cases. There was only one case of Down's syndrome, less than the expected incidence of 1 in 800.

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## A Seed Money Grant Program for Family Medicine Research

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According to a recent study, one of the major impediments to family medicine research is the lack of funding.<sup>1</sup> Considering the brief history of family medicine, it is not surprising that interest in

family medicine research is emerging more rapidly than identifiable organizations interested in funding it. Before family medicine researchers can compete successfully with the more established researchers from other disciplines for grant support, they must establish their credibility as researchers. In the short run, this will require the

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development of research capabilities and experience through involvement with research projects that can be accomplished with large investments of intellectual energy and little or no funding. This communication illustrates how small amounts of money can be effectively used to help promising family medicine researchers gain valuable research experience and, hence, become more serious competitors for grant funding in the future.

### A Seed Money Program

During the 1980 retreat of the University of Washington Department of Family Medicine faculty, it became apparent that several promising research investigations were being impeded by the lack of easily accessible, small amounts of money. Prior to the retreat, there was no clear policy regarding how much money was available for research within the Department of Family Medicine, nor was it clear how funds should be allocated among various investigators. In response to these concerns, the department identified and set aside \$5,000 as seed money for research projects requiring assistance during the 1980-81 academic year. This money was made available to both university based faculty and community based clinical faculty with the following ground rules:

1. Requests for less than \$100 could be granted informally by the director of the research section.
2. Requests for \$100 or more were to be reviewed by a special committee, and applicants were required to submit an itemized budget and a brief description of the proposed study.
3. No project would be awarded more than \$1,000.
4. No investigator would be awarded more than \$1,000 in a single year.

A seed money allocation committee (SMAC) consisting of three faculty members was appointed and given the responsibility for reviewing applications and deciding which projects should be funded and for what amounts.

The SMAC set about its task with three basic goals in mind. First, it was hoped that at least some of the money allocated would ultimately help investigators garner their own larger grants from

outside the department. Second, it was hoped that the availability of the money to both departmental and clinical faculty would foster greater collaboration between researchers in the department and the community practitioners. Such collaboration was expected to benefit the academic physicians by injecting a real-life perspective and the community physicians by providing the technical assistance necessary to ensure successful research experiences. Finally, it was hoped that having an explicit procedure for allocating money would lead to the perception among faculty that a clear and equitable system existed for allocating departmental resources to individuals interested in research.

### Preliminary Evaluation

One year has passed since the formal seed money allocation process was established, and it is hoped a preliminary evaluation of this experience will prove instructive to others contemplating such an approach in their own settings. During this year, nine requests for a total of \$5,325 were received. After review by the SMAC and discussions with individual applicants, eight awards totaling \$3,870 were made, and one application was awaiting further information from the applicant (Table 1). In most cases, initial requests were found to be in excess of the actual amount required to carry out the proposed studies, partly a result of applicants' inexperience in preparing research budgets and partly because in-kind services such as keypunching, computer time, and secretarial assistance were provided by the department in lieu of actual funds to pay for such services. In several instances projects were awarded more than had been requested after discussions with the SMAC identified items that were essential to the success of the projects but had been omitted from the request.

While it is too early to tell whether individuals receiving seed money will successfully attract grant support from outside the department, most of the funded projects are nearing the end of their data gathering phase, and none have foundered. Four of the eight funded projects involved community practitioners either as principal investiga-

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tors or as collaborators. Only about 80 percent of the money set aside for the year had been allocated by year's end, suggesting that this relatively small amount of money was meeting the expressed needs of the departmental and clinical faculty. This view is supported by the expressions of gratitude from most of the recipients, and by an absence of concern about allocation of departmental resources for research purposes at the 1981 departmental faculty retreat. In addition, the Washington Academy of Family Physicians plans to use the Department of Family Medicine's seed money allocation mechanism for disbursing research funds to family physicians in the state.

### Lessons Learned

The selection of an effective seed money allocation committee is essential for this approach to succeed. Committee members need to commit a small but significant amount of time and to collectively possess at least a moderate amount of research expertise. In addition, committee members need to be willing to put themselves in the position of denying their colleagues funds. Fortunately, it was found that this was rarely necessary when a positive approach was taken whereby the review committee assisted the applicant in making the revisions necessary to develop a proposal worthy of funding. Hence, the committee review process provides an opportunity to improve the quality of research in the department.

Four key lessons learned by the SMAC during its first year may prove useful to others interested in implementing a similar program. First, keep the process as simple and helpful as possible. Try to be an advocate as well as a judge. Second, obtain a clear mandate on allocation policies from the entire department so that actions of SMAC do not seem capricious. Third, meet with applicants to discuss their applications in detail. Brief application forms preclude much detail, and face-to-face meetings are the only way to ensure effective communication. Finally, keep seed money goals in mind. It is easy to lose sight of the original purpose and tempting to fund projects that are worthy but not in need of "seed" support.

**Table 1. Projects Awarded Seed Money and Amounts of Awards (dollars)**

Project	Award
Assessing the biopsychosocial risk factors of pregnancy	1,000
Community based study of diabetes control	970
Epidemiological study of dysmenorrhea	650
Developing a clinical approach to acute pharyngitis	500
Use of hematological measures associated with anemia to detect serious disease in elderly patients	400
Ranking of 50 most common diseases in community practice network	150
Evaluation of the interview day in student selection process of residency programs	100
Psychological factors in twins involved with bone marrow transplants	100
Total	3,870

### Conclusion

It appears that the seed money allocation process instituted by the University of Washington Department of Family Medicine one year ago has facilitated the launching of several pilot studies by removing small but significant financial barriers. Expressions of concern about the equitable allocation of departmental resources for research have abated, and energies have focused increasingly on how to do research and less on how to fund it. The funds and in-kind resources allocated have helped promote collaboration between community practitioners and academic researchers. The seed money program has assisted relatively inexperienced researchers to obtain valuable research experience which will make future applications for external grant support more credible and competitive.

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