

## Preterm Birth Funding

### Preterm Birth Basic Facts

- In 2006, more than half a million babies were born prematurely in the United States – 1 in 8 births.
- Since 1990, the preterm birth rate has increased more than 20%.
- Half of all premature births have no known cause.
- Premature birth is the leading cause of neonatal death.
- Those babies that survive are more likely than full-term infants to face multiple health problems including cerebral palsy, mental retardation, chronic lung disease, and vision and hearing loss.
- During 2003-2005 (average) in the United States, preterm birth rates were highest for black infants (17.8%), followed by Native Americans (13.7%), whites (11.6%) and Asians (10.6%).
- A 2006 report by the Institute of Medicine found the annual economic burden associated with preterm birth in the United States was at least \$26.2 billion, or \$51,600 per infant born preterm.

In 2006, Congress and the Administration committed to address the epidemic of preterm birth by enacting the PREEMIE Act (P.L. 109-450). As a result, on June 16-17, 2008 the Surgeon General convened a conference of the foremost experts and leaders from the research, public health, and medical communities to establish a national action plan and research agenda for both the public and private sectors to reduce preterm birth. The overarching issue identified in the action plan is the need for additional biomedical and epidemiological research to unveil the causes of the growing and serious problem of preterm birth. This is why it is so important that Congress support increased funding at NICHD and CDC to implement recommendations made at this conference.

### National Institutes of Health Preterm Birth Research

The National Institute of Child Health and Human Development (NICHD) supports a comprehensive research program to study preterm birth causes, prevention and treatment regimens.

**The March of Dimes recommends an overall funding level of \$XX billion for NICHD in FY 2010. At this level of support, NICHD will have the resources it needs to expand research on the underlying causes of preterm birth taking into account the recommendations of the experts who participated in the recently held Surgeon General’s Conference on Preterm Birth.**

### Centers for Disease Control and Prevention (CDC)

The Safe Motherhood/Infant health program works to promote infant and reproductive health. Finding the causes and preventing preterm birth is a complex undertaking requiring research that examines medical, social, infectious, genetic, environmental, and behavioral factors. Currently, CDC is partnering with a number of universities and organizations to support research into the causes of preterm birth and the reasons for disparities between racial and ethnic groups.

**An \$8 million increase in the Safe Motherhood/Infant Health account is needed for the CDC to establish systems for the collection of maternal-infant clinical and biomedical information and to expand epidemiological studies to evaluate the social, biological, and medical factors associated with preterm birth.**

### National Center on Health Statistics (NCHS)

The National Center on Health Statistics (NCHS) national vital statistics program collects birth data which is used to monitor the nation’s health status, set priorities and evaluate health programs. Due to chronic under funding, in April of 2009 the NCHS will be forced to narrow the list of data purchased from states to a “core” set of birth and death related elements (e.g., place of residence, age of mother, race of parents, and gender). Nearly all data routinely used to monitor maternal and infant health, including the use of prenatal care, smoking during pregnancy, medical risk factors, and educational attainment of parents, would be reclassified as “enhanced”

and would no longer be collected from all states. As a result, complete national data on maternity and infant health status would be lost.

**The March of Dimes recommends an overall funding level of \$145.5 million for NCHS in FY10. Within this amount we encourage Congress to allocate \$8 million in one-time supplemental funding to enable NCHS to support states and territories as they implement the 2003 birth certificates.**