



PREEMIE Act (P.L. 109-450) Funding

Preterm Birth Basic Facts

- In 2005, 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.
- In 2004, the rate of preterm birth in the United States is highest for black infants (17.9%), followed by Native Americans (13.7%), Hispanics (12%), whites (11.5%) and Asians (10.5%).
- 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 recognized the growing health crisis of preterm birth with the passage of the PREEMIE Act (P.L. 109-450). Increased funding, as authorized by the PREEMIE Act, is needed for the NIH and CDC to expand research, surveillance and other programs to investigate and prevent the causes of preterm birth. The PREEMIE Act also called for a Surgeon General’s conference to establish a public-private research and education agenda to accelerate the development of new strategies for preventing preterm birth. This conference is scheduled to occur in June 2008 and it will investigate treatments for the causes and risk factors for preterm labor and delivery.

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 \$1.34 billion for NICHD in FY 2009. With this funding level NICHD can expand and coordinate research on the underlying causes of preterm birth based on the research agenda produced at the 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 complex and requires research examining 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.

A \$5 million increase in the Safe Motherhood/Infant Health account is needed for the CDC to expand epidemiological studies to evaluate the social, biological, and medical factors associated with preterm birth, in an effort to identify ways to prevent preterm birth and racial disparities.



For more information contact Emil Wigode or Carolyn Mullen, March of Dimes Office of Government Affairs at (202) 659-1800.

**FY09 Recommended Report Language and Funding Levels**

Program	FY08	FY09 Suggested	Increase
National Institute of Child Health and Human Development (NIH)	1,254,708,000	1,337,519,000	82,811,000
Safe Motherhood Infant Health Program (CDC) Preterm Birth	42,347,000	\$47,347,000	\$5,000,000

Recommended Report Language*National Institute of Child Health and Human Development*

Preterm Birth.— Preterm birth is a serious and growing public health problem that affects over 500,000 babies each year. The Committee applauds NICHD for planning and conducting the Surgeon General’s Conference on Preterm Birth, which is schedule to occur in June. The Committee encourages NICHD to expand and coordinate research on the causes of preterm birth based on the public-private agenda that is produced at the Surgeon General’s Conference.

*Centers for Disease Control and Prevention**Chronic Disease Prevention**Safe Motherhood/Infant Health*

Preterm Birth. -- Preterm birth constitutes a serious health problem that occurs in 12.5% of all births and 17.9% percent of African American births. In order to meet the Healthy People 2010 objective of reducing the rate of preterm birth to 7.6% within the amount provided for the safe motherhood/infant health, the Committee provides a \$5,000,000 increase to evaluate the social, biological, and medical factors associated with preterm birth, in an effort to identify ways to prevent preterm birth and reduce racial disparities. This program was authorized by the PREEMIE Act of 2006.