

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.
- Between 1996 and 2006 the rate of infants born preterm in the U.S. increased more than 16%
- 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 2004-2006 (average) in the United States, preterm birth rates were highest for black infants (18.3%), followed by Native Americans (14.1%), whites (11.6%) and Asians (10.7%).
- A 2006 report by the Institute of Medicine found the 2005 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 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 on the prevention of preterm birth at which conference participants developed an action plan calling for additional biomedical and epidemiological research to unveil the causes of the growing and serious problem of preterm birth. The March of Dimes encourages Congress to support increased funding at NICHD and CDC to implement recommendations made at this conference.

National Institutes of Health Preterm Birth Research

An increase in funding is needed to establish trans-disciplinary research centers for prematurity. The purpose of these Centers would be to enhance understanding of the etiology of preterm birth through a new collaborative approach. Transdisciplinary Centers integrate the expertise of a wide range of basic and social scientists as well as other professionals who work collaboratively to develop and use shared conceptual frameworks to synthesize and extend discipline-specific theories, concepts, and methods to create new approaches to address complex problems like prematurity. Such Centers would focus primarily on basic and translational research and be closely associated with other more clinically relevant NIH-funded centers for clinical trials. This integrated approach was recommended in the 2006 Institute of Medicine report on preterm birth and endorsed by experts who participated in the 2008 Surgeon General's Conference on the Prevention of Preterm Birth.

The March of Dimes recommends that Congress provide a 12.5% increased investment for NICHD in FY 2011. One million of this increase would be allocated by the Institute to begin the planning phase for establishing the trans-disciplinary research centers.

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.

A \$6 million increase in the preterm birth funding line is needed for CDC to strengthen national data systems and expand research on very early as well as late preterm births. The large majority of preterm related deaths and disability are among infants born very preterm and the rise in preterm birth rates is attributable to infants born late preterm.

National Center for Health Statistics (NCHS)

The National Center for 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. It is imperative that data collected by NCHS is comprehensive and timely. Only 75 percent of states and territories use the 2003 birth certificates and 65 percent have adopted the 2003 death certificates. Consistent with the President's Budget request, the Foundation supports \$11 million specifically allocated for the National Vital Statistics System to help the remaining states and territories modernize their vital statistics infrastructure without undermining the scope and quality of data collected on a national basis.

The March of Dimes recommends an overall funding level of \$162 million for NCHS in FY11. Within the increased funding we urge Congress to allocate \$11 million for NCHS to support state and territorial efforts to adopt the 2003 birth and death certificates.

FY11 Recommended Report Language and Funding Levels

Program	FY10	FY11 Suggested	Increase
National Institute of Child Health and Human Development	\$1,329,000,000	\$1,495,000,000	\$166,000,000
CDC Preterm Birth	2,005,000	\$8,005,000	\$6,000,000
National Center on Health Statistics	139,000,000	\$162,000,000	\$23,000,000

Recommended Report Language

National Institute of Child Health and Human Development

Preterm Birth.— In 2006, over half a million babies were born preterm representing 12.8% of live births. The Committee urges NICHD to expand its support of preterm birth related research by exploring the feasibility of establishing integrated transdisciplinary research centers as recommended by the Institute of Medicine and the Surgeon General's Conference on the Prevention of Preterm Birth. To initiate this process, the Committee encourages NICHD to devote a portion of the additional funds provided in this bill for planning activities related to the establishment of Transdisciplinary Research Centers for Prematurity.

Centers for Disease Control and Prevention

Chronic Disease Prevention

Safe Motherhood/Infant Health

Preterm Birth. – The Committee understands that in 2006 about 1 in 11 newborns were late preterm in the United States and that this rise has been linked to rising rates of early induction of labor and c-sections. The Committee is concerned about this trend and encourages CDC to continue to research changes in healthcare practices. The Committee provides \$8,005,000 for CDC to improve national data systems to track preterm birth rates and expand epidemiological research that focuses especially on the causes and prevention of early and late preterm birth births.

Centers for Disease Control and Prevention

National Center for Health Statistics

Vital Statistics.-- The Committee understands that only 75 percent of states and territories use the 2003 birth certificates and 65 percent have adopted the 2003 death certificate. Within the increased funding provided to NCHS the Committee includes \$8 million specifically for the National Vital Statistics System (NVSS) to support states and territories in implementing the 2003 birth certificate and modernizing their infrastructure to collect these data electronically to expand the scope and quality of data collected on a national basis. The Committee also provides NVSS \$3 million to phase in the 2003 death certificate and electronic death records in states and territories. The Committee also encourages CDC to work with the Centers for Medicare and Medicaid Services and the Office of the National Coordinator to pilot test the integration of electronic birth and death records and electronic medical records

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