



Preterm Birth

The March of Dimes urges Congress to support critical federal investments in research at the Eunice Kennedy Shriver National Institute for Child Health and Human Development (NICHD), the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA). Better understanding the causes of preterm birth and ensuring implementation of known prevention strategies will improve the health of our nation's infants and save money. For six consecutive years, the nation's preterm birth rate has declined, and now stands at 11.5 percent. Much of the decline is a direct result of increased federal and private investment in understanding the causes of preterm birth and promoting known interventions.

Agency	FY14* (in millions)	President's FY15 Request	MOD's FY15 Request (in millions)
National Institute for Child Health and Human Development (NICHD)	\$1,283	\$1,283	\$1,370
CDC			
• Safe Motherhood Initiative	\$46	\$46	\$46
• Preterm Birth	N/A		\$2
HRSA			
• Maternal & Child Health Bureau Title V, SPRANS (COIIN)	\$634	\$634	\$640 \$3

*FY14 levels reflect enacted levels in P.L. 113-46, Continuing Appropriations Act, 2014

National Institutes of Health

The March of Dimes recommends \$1,370 billion in FY 2015 for the Eunice Kennedy Shriver National Institute for Child Health and Human Development (NICHD). This funding will allow NICHD to sustain its preterm birth-related research through extramural grants, Maternal-Fetal Medicine Units, the Neonatal Research Network and the intramural research program. This funding will also allow for NICHD to fund transdisciplinary research to identify the causes of preterm birth, as recommended in the Director's Scientific Vision. A transdisciplinary approach was also one of the

recommendations of the Institute of Medicine report on preterm birth, as well as the 2008 Surgeon General's Conference on the Prevention of Preterm Birth. The March of Dimes fully supports NICHD's pursuit of transdisciplinary science, which will facilitate the exchange of scientific ideas, and lead to novel approaches to understanding complex health issues and their prevention.

Centers for Disease Control and Prevention

The March of Dimes recommends funding of \$46 million for the Safe Motherhood Initiative and re-instatement of the preterm birth sub-line at \$2 million, as authorized in the PREEMIE Reauthorization Act (P.L. 113-55), to reflect currently funded preterm birth activities. The CDC continues to explore strategies to reduce the national burden of infant mortality and prematurity. For example, CDC funds state-based Perinatal Quality Collaboratives (PQC), networks of hospitals, health care providers, and state health departments that work to improve maternal and infant outcomes by advancing evidence-based clinical practices and processes. These networks collect data in real time on health care practices and outcomes, and provide immediate feedback for quality improvement. The PQCs are funded through the Safe Motherhood program and include the California Perinatal Quality Care Collaborative and California Maternal Quality Care Collaborative, the New York State Obstetrical and Neonatal Quality Collaborative, and the Ohio Perinatal Collaboration to Improve Birth Data and Prematurity Outcomes.

Impact of Prematurity

- Every day, 1 in 9 infants in the United States is born premature.
- Preterm birth is the leading cause of neonatal death, and those babies who survive are more likely to suffer from intellectual and physical disabilities.
- A 2006 report by the Institute of Medicine found the cost associated with preterm birth in the United States was \$26.2 billion annually, or \$51,600 per infant born preterm.



Health Resources and Services Administration

The March of Dimes recommends Fiscal Year 2015 funding of \$3 million in the Title V, Projects of Regional and National Significance funding account to support HRSA’s current preterm birth and infant mortality initiatives, as authorized in the PREEMIE Reauthorization Act, and to support the expansion of its initiatives nationwide. The PREEMIE Reauthorization Act reauthorized HRSA’s preterm birth-related demonstration projects, which are aimed at improving preterm birth education and the treatment and outcomes for babies born preterm. For example, the Collaborative Improvement & Innovation Network (COIIN) to Reduce Infant Mortality brings together infant mortality experts to share best practices and lessons learned. Through the COIIN, state agencies are focusing on reducing elective deliveries before 39 weeks and implementing evidence-based smoking cessation initiatives – known interventions for preventing preterm birth.

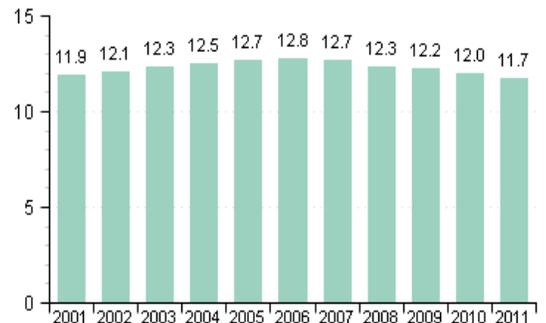
RECOMMENDED REPORT LANGUAGE

National Institutes of Health - Eunice Kennedy Shriver National Institute of Child Health and Human Development
Preterm Birth. — The Committee applauds NICHD’s work with leading global health organizations to develop a research agenda aimed at reducing preterm birth. Public and privately funded research that spans the range of discovery, development, and delivery science is needed in order to identify the causes of premature birth. The Committee urges NICHD to enhance investments in biomedical and clinical research related to the prevention of preterm birth and the care and treatment of preterm infants and their mothers.

Centers for Disease Control and Prevention - Chronic Disease Prevention - Safe Motherhood Initiative
Preterm Birth. — Preterm birth affects more than 500,000 mothers and babies each year in the United States and is the leading cause of neonatal mortality. The Committee commends CDC for funding state-based Perinatal Collaboratives that focus on improving birth outcomes using known prevention strategies such as reducing early elective deliveries. Funding is provided, as authorized by the PREEMIE Reauthorization Act, to increase the number of states receiving assistance for perinatal collaboratives.

Health Resources and Services Administration - Maternal and Child Health Bureau
Preterm Birth/Infant Mortality. — The Committee provides \$3 million for preterm birth and infant mortality initiatives as authorized by the PREEMIE Reauthorization Act. The Committee strongly supports the establishment of the Collaborative Improvement & Innovation Network (COIIN) to Reduce Infant Mortality. For example some strategies are focused on reducing elective deliveries before 39 weeks and implementing evidence-based smoking cessations initiatives – known interventions for preventing preterm birth. The Committee supports HRSA’s effort to expand the COIIN initiative nationwide.

Preterm Birth
 Percent of live births



Perinatal Preterm: United States, 2001-2011

National Center for Health Statistics, fetal mortality data and period linked birth/infant death data.
 Retrieved February 13, 2014, from www.marchofdimes.com/peristats