

Address

Dear

On behalf of the undersigned XX organizations, we write express our strong support for the PREEMIE Reauthorization Act of 2023 (S.1573/H.R.3226), vital legislation to reauthorize and expand research, education and intervention activities related to preterm birth. It was introduced on May 11, 2023 by Sen. Michael Bennet (D-CO), Sen. John Boozman (R-AR), Rep. Michael Burgess (R-TX), Rep. Anna Eshoo (D-CA), Rep. Mariannette Miller-Meeks (R-IA), Rep. Robin Kelly (D-IL), Rep. Lisa Blunt Rochester (D-DE) and Rep. Jen Kiggans (R-VA).

U.S. preterm birth rate has steadily increased since 2014 to 10.5% in 2021, with a significant 4% increase in just one year and the highest recorded rate since 2007. This represents an increase to 383,082 preterm births. Black and Native American women are 62% more likely to have a preterm birth and their babies are twice as likely to die as compared to White women. Preterm birth also accounts for 35.8% of infant deaths in the U.S. and the annual societal economic cost (medical, education, and lost productivity) is an estimated \$25.2 billion.

Although there are some clinical predictors of preterm birth, all pregnant individuals are at risk for preterm birth. Infants born prematurely have increased risks of morbidity and death throughout childhood, especially during the first year of life. Long-term health impacts include intellectual and developmental delays, behavioral problems, neurological disorders, visual and hearing impairments, cerebral palsy, and respiratory insufficiency or intestinal insufficiency.¹

While many risk factors associated with preterm birth have been identified, the “biological basis for many of these risk factors and the underlying mechanisms remain poorly understood.” This is particularly true for social and structural disparities. The PREEMIE Act will help reduce preterm birth, prevent newborn death and disability caused by preterm birth, expand research into the causes of preterm birth, and promote the development, availability, and uses of evidence-based standards of care for pregnant women.

Among the programs authorized by the PREEMIE Act is CDC’s highly successful Pregnancy Risk Assessment Monitoring System (PRAMS). PRAMS collects site-specific, population-based data tracking maternal attitudes and experiences before, during, and shortly after pregnancy on 81% of births and is used by researchers and state, territory, and local governments to plan and review programs and policies aimed at reducing health problems among mothers and infants. This legislation will also provide for a new study on the costs, impact of non-medical factors, gaps in public health programs that lead to prematurity, and calls for recommendations to prevent preterm birth.

We look forward to working with you this year to advance this critical legislation. For more information, please contact Andrew Fullerton, Deputy Director of Federal Affairs, at afullerton@marchofdimes.org.

¹ Prediction and prevention of spontaneous preterm birth. ACOG Practice Bulletin No. 234. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2021;138:e65–90.

² Rubens C, Sadovsky Y, LMuglia L, et al. Prevention of preterm birth: Harnessing science to address the global epidemic. *Science Translational Medicine*. 2014; 6(262):262sr5. doi: 10.1126/scitranslmed.3009871.

Sincerely,