



Support Federal Investment in Preventing Preterm Birth

Originally enacted into law in 2006, the Prematurity Research Expansion and Education for Mothers Who Deliver Infants Early (PREEMIE) Act marked the first nationwide initiative to increase federal support for research and education on prematurity prevention. Preterm birth rates declined steadily for 7 years following its passage. However, since 2015, preterm birth rates have been on the rise once again, highlighting the importance of promptly reauthorizing the PREEMIE Act.

Premature Birth is a Leading Cause of Death for Babies in the United States

- In the United States, 383,979 babies (10.5% or 1 in 10 babies) were born prematurely in 2021, before 37 weeks of pregnancy have been completed, making our preterm birth rate one of the worst among highly industrialized countries.
- Preterm birth and low birth weight accounted for about 16 percent of infant deaths in 2020.
- Significant racial and ethnic disparities in preterm birth rates still exist. The Centers for Disease Control and Prevention (CDC) reported that in 2021, African American women experienced preterm birth rates that were about 50% higher than that of white women.
- Preterm delivery can happen to any pregnant woman. The underlying cause is unknown in over half of cases.

The Toll of Preterm Birth and its Consequences is Multifaceted and Far-Reaching

- Premature babies often suffer from long-term health problems including cerebral palsy, intellectual disabilities, chronic lung disease, blindness, and hearing loss, among many others.
- Families face significant emotional and financial hardships as a result of preterm birth and its consequences.
- Premature babies spend more time in the hospital following birth than full-term infants, resulting in higher health care costs. A 2019 study found that for Medicaid-insured preterm infants, the average cost of a birth hospitalization was \$43,858 compared to \$1,894 for full-term infants covered by Medicaid.
- In 2007, the Institute of Medicine reported that premature birth cost the U.S. \$26.2 billion each year in medical and health care costs for babies, labor and delivery costs for mothers, early intervention and special education services, and for lost work and pay for those born prematurely.

The Bipartisan PREEMIE Act Seeks to Strengthen Efforts to Prevent Prematurity

The lead sponsors of the bill are Sens. Bennett and Boozman and Reps. Eshoo, Burgess, Kelly, Blunt Rochester, Miller-Meeks, and Kiggans.

The PREEMIE Act:

- Renews CDC-led research projects on preterm birth through Fiscal Year (FY) 2028.
- Reauthorizes the Health Resources and Services Administration's (HRSA) initiatives to reduce preterm birth rates and cultivate healthy pregnancies.
- Requires HHS to conduct a study on the financial costs of premature birth to society, factors that impact preterm birth rates, and gaps in public health programs that have caused increases in premature birth, and an analysis of strategies to decrease premature birth rates.
- Creates a collaborative organization within the Department of Health and Human Services to organize all federal efforts related to the morbidity and mortality of premature birth.

The AAP urges you to:

Co-sponsor S.1573/H.R. 3226, the bipartisan Prematurity Research Expansion and Education for Mothers who Deliver Infants Early (PREEMIE) Reauthorization Act of 2023.