

Facts Are Important Prenatal Care Is Important to Healthy Pregnancies

An Open Letter to the 2012 Declared Presidential Candidates,

Facts are very important, especially when discussing the health of the American public. Here are the scientific facts concerning the importance of prenatal care.

Prenatal Care Is Important to Reducing Rates of Premature Birth

Despite progress on many fronts, including advances in science and technology and use of best practices, the US infant mortality rate stubbornly remains at nearly 7 deaths in the first year of life for every 1,000 live births.ⁱ

Birth before 37 weeks, 0 days gestation is considered preterm. The U.S. experienced a 20% increase in premature births from 1990–2006.ⁱⁱ In 2008, more than half a million babies were born prematurely in the United States – 1 in 8 births.ⁱⁱⁱ

Women are strongly advised to begin prenatal care as soon as they know they are pregnant. Prenatal care continues to be the primary way to identify problems during pregnancy, giving health providers a way to assess and manage risks for preterm labor and other threats to the health of the mother and her baby. Preterm labor can occur in any pregnancy without warning. Women who have little or no prenatal care, obese women, and those who have had preterm labor before are at increased risk.

Preterm Birth Is The Leading Cause Of Newborn Death and Disability

About two-thirds of all infant deaths (0–1 years old) are among preterm infants.^{iv}

Babies who survive often have lifetime health complications, including breathing problems, cerebral palsy and intellectual disabilities. Late-preterm infants (babies born between 34 and 37 weeks gestation) are 4 times more likely than term infants to have at least 1 medical condition and 3.5 times more likely to have 2 or more conditions.^v Approximately 8% of preterm babies have a major birth defect.^{vi} Preterm birth is a leading cause of neurological disability, including cerebral palsy in children.^{vii}

Infants born early have higher rates of hospitalization and illness than full-term babies. Growth and development in the last part of pregnancy are vital to the baby's health. The earlier the baby is born, the greater the chance he or she will have health problems. Preterm babies tend to grow more slowly than term babies. They also may have problems with their eyes, ears, breathing, and nervous system. Learning and behavioral problems are more common in children who were born before 39 weeks.^{viii}

Preterm Births Are Costly

Medical costs for a premature baby are much greater than for a healthy newborn. A 2006 report by the Institute of Medicine found the economic burden associated with preterm birth in the United States was at least \$26.2 billion annually, or \$51,600 per infant born preterm.^{ix}

Preterm birth accounts for approximately 35% of all U.S. health care spending on infants and 10% for children. In 2001, the average preterm/low birth weight hospitalization cost \$15,100 with a 12.9 day length of stay. The average uncomplicated newborn hospitalization cost \$600 with a 1.9 day stay.^x Hospital stays for extremely preterm infants (<28 weeks gestation/birth weight <1000 g) averaged \$65,600 in 2001, with a high likelihood of re-hospitalization.^{xi}

Prevention

Prenatal care often consists of identifying fetal problems and arranging modified prenatal care to best manage the outcome via surveillance in an appropriate site, care by maternal-fetal medicine subspecialists with consultation by

pediatric/fetal surgeons, and delivery in the best place and under the best circumstances so that newborn care specialists can give the baby the best chance of survival.

Prenatal care has the potential to identify and treat early indicators of premature birth, leading to healthier pregnancies, healthy moms and healthy babies. We urge all Presidential candidates to recognize and support the importance of prenatal care.

The American Congress of Obstetricians and Gynecologists (ACOG), representing 57,000 ob-gyns and partners in women's health, supports robust, factual debates on issues of importance to the American people. We urge you to call on us to provide expert understanding of issues related to women's health. For more information, please contact me or Lucia DiVenere, ACOG's Senior Director of Government Affairs, at ldivenere@acog.org.

Respectfully,

James N. Martin, MD, FACOG
President

ⁱ Mathews TJ, MacDorman MF. Infant Mortality Statistics from the 2005 Period Linked Birth/Infant Death Data Set National Vital Statistics Reports, Vol. 57, No. 2, July 30, 2008

ⁱⁱ Roberts JM, Hubel CA. The two stage model of preeclampsia: variations on the theme. *Placenta*. 2009 Mar;30 Suppl A:S32-7.

ⁱⁱⁱ Martin JA, Hamilton BE, Sutton PD, Ventura SJ, Mathews TJ, Kirmeyer S, Osterman MJK. Births: Final data for 2008. National vital statistics reports; vol 59 no. 1. Hyattsville, MD: National Center for Health Statistics. 2010

^{iv} Callaghan WM, MacDorman MF, Rasmussen SA, Qin C, Lackritz E. The contribution of preterm birth to infant mortality rates in the United States. *Pediatrics* 2006;118:1566-1573.

^v Wang ML, Dorer DJ, Fleming MP, Catlin EA. Clinical outcomes of near-term infants. *Pediatrics* 2004;114:372-6.

^{vi} Honein MA, Kirby RS, Meyer RE, Xing J, Skerrette NI, Yuskiv N, et al. The association between major birth defects and preterm birth. *Mat Child health J*. 2009; 13:164-175.

^{vii} Ibid

^{viii} Behrman RE, Butler AS. (Eds) (2007) *Preterm Birth. Causes, Consequences and Prevention*. Washington, DC National Academies Press.

^{ix} Ibid

^x Russell, R. B., N. S. Green, C. A. Steiner, S. Meikle, J. L. Howse, K. Poschman, T. Dias, L. Potetz, M. J. Davidoff, K. Damus, and J. R. Petrini. "Cost of Hospitalization for Preterm and Low Birth Weight Infants in the United States." *Pediatrics* 120.1 (2007): E1-E9.

^{xi} Ibid