

Preterm Births in U.S. Cost \$26.2 Billion in 2005

New Report Calls for Improved Data, Research

By JANE ZHANG

Staff Reporter of The Wall Street Journal

WASHINGTON—Preterm births in the U.S. cost at least \$26.2 billion in 2005, or an average of \$51,600 per infant, according to a new report issued today by the Institute of Medicine.

Nearly two-thirds of the amount involved medical care; the rest reflects such costs as special education and lost productivity by caregivers, said the IOM, which is part of the National Academy of Sciences.

“The prevalence of preterm birth in the United States constitutes a public health problem, but unlike many health problems, the rate of preterm birth has increased in the last decade,” the report said. “The birth of a preterm infant results in significant health consequences to the infant and emotional and economic costs for families and communities.”

The report called on researchers and policy makers to tackle the problem with improved data and stepped-up research to determine how to prevent preterm birth.

Preterm birth occurs when a baby is born in fewer than 37 weeks after conception. In 2004, 12.5% of babies were born prematurely, up from 9.4 percent in 1981.

The report suggested the increased use of ultrasound early in pregnancy to determine the gestational age of the fetus. The IOM also called for the development of new treatments to prevent preterm births. Currently, treatment is focused on inhibiting the contractions of women with preterm labor, but that has not reduced the number of preterm births.

While infant mortality rates have been reduced in the past 30 years, those preterm infants who survive have a greater risk of developmental disabilities and other health and growth problems, the report said. Yet not much is known about their medical care costs beyond early hospitalization.

The report said there needed to be additional research on how genetic and environmental factors may increase the chances of preterm birth.

It also said that the problem needs more attention in prenatal care; currently, it's not emphasized because many believe the preterm birth is a social—rather than medical or obstetrical—problem. Indeed, African-American women are twice as likely to deliver babies prematurely. But women who use assisted reproductive technology—and tend to be better off—also have increased risk of preterm deliveries. The IOM report recommended that the government support research on how fertility treatments may increase the risk for preterm birth.

The March of Dimes, one of the cosponsors of the study,

said the report underscored the importance of dealing with the problem through legislation, increased research and educational programs. It endorsed the IOM's suggestion that routine ultrasound be performed early in pregnancy to help measure infant maturity. The nonprofit group said that more than 500,000 babies are born prematurely each year in the U.S.