

United States Senate
WASHINGTON, DC 20510

June 12, 2015

Sylvia Mathews Burwell
Secretary, U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, D.C. 20201

Dear Secretary Burwell:

Last August, the Society for Maternal-Fetal Medicine (SMFM), the American College of Obstetricians and Gynecologists (ACOG), and the American College of Nurse-Midwives (ACNM) sent updated guidelines for preventing preterm birth to the Department of Health and Human Services (HHS). We write to encourage the Department to acknowledge receipt of these suggestions and give full and fair consideration to the recommendations from these professional societies when crafting future guidelines regarding the prevention of preterm births.

Despite the work that HHS has done to help reduce the rate of infant mortality, more than 24,000 infant deaths still occur each year in the United States, with African American babies dying at twice the rate of Caucasian babies. Preterm birth remains the nation's leading cause of infant morbidity and mortality; nearly 70 percent of babies who die before their first birthday were born premature. Preterm birth is also expensive, accounting for half of all pregnancy-related costs. Almost 90 percent of babies born before 33 weeks gestation are admitted to Neonatal Intensive Care Units, at an average cost of nearly \$300,000 per stay.

However, in many cases, premature birth can be prevented or delayed. Updated clinical practice guidelines from the SMFM, ACOG, and ACNM, published in 2012, outline cost saving strategies that have been proven to identify more than 50 percent of pregnancies which will deliver before 34 weeks gestation. These preterm birth prevention guidelines include the potential use of routine, universal screening for premature cervical shortening mid-pregnancy and equitable access to progesterone treatment as one strategy for reducing preterm birth. By reducing the rate of preterm births through expanded risk screening and preventive treatment, we can reduce the rate of infant mortality in the U.S.

It is our understanding that HHS has not yet reviewed the clinical practice guidelines submitted by these organizations, nor has the department responded to the August 13, 2014 letter. We cannot afford further delay in moving forward on initiatives -- many of which can be implemented with relative ease through the use of existing technologies -- that have the potential to lower the rate of preterm birth in our country. We respectfully request that HHS expedite its review of the professional organizations' updated guidelines and develop a plan encompassing next steps to address infant mortality. Additionally, we ask that your department provide a response to last year's letter from SMFM, ACOG, and ACNM and give full and fair consideration to the suggested guidelines issued by the professional societies.

Thank you for your consideration. We look forward to working with you on this important issue.

Sincerely,



Sherrod Brown
U.S. Senator



Kelly A. Ayotte
U.S. Senator



Tammy Baldwin
U.S. Senator



Richard Blumenthal
U.S. Senator



Robert P. Casey, Jr.
U.S. Senator



Shelley Moore Capito
U.S. Senator



Thad Cochran
U.S. Senator



Richard J. Durbin
U.S. Senator



Al Franken
U.S. Senator



Rob Portman
U.S. Senator



Jeanne Shaheen
U.S. Senator