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(Original Signature of Member)

119TH CONGRESS
2D SESSION

H. RES. _____

Expressing support for the designation of ''Prematurity Awareness Month''.

IN THE HOUSE OF REPRESENTATIVES

Ms. MCCLELLAN submitted the following resolution; which was referred to the Committee on _____

RESOLUTION

Expressing support for the designation of ''Prematurity Awareness Month''.

Whereas the United States is in the midst of a maternal and infant health crisis, with nearly every measure of the health of pregnant women, new mothers, and infants living in the United States going in the wrong direction;

Whereas the United States remains one of the most dangerous places to give birth among high-income countries, and there are unacceptable disparities in birth outcomes for women and infants of color;

Whereas women living in maternity care deserts and counties with low access to care have poorer health before preg-

nancy, have lower rates of early prenatal care, and experience higher rates of preterm birth;

Whereas there have been an excess of over 10,000 preterm births, or 13 percent increased risk, among those living in maternity care deserts and limited access counties in 2021 through 2023;

Whereas while other countries have reduced their maternal mortality rates since the 1990s, the United States maternal mortality rate continues to be at unacceptable rates;

Whereas maternal health outcomes are getting worse and are driven by disparities, with Black and American Indian and Alaska Native women dying from complications of pregnancy or childbirth at 2 to 3 times the rate of White women;

Whereas the Centers for Disease Control (CDC) states that more than 80 percent of pregnancy-related maternal deaths are preventable;

Whereas the number of women who experience life-threatening complications during delivery in the United States is steadily increasing, affecting more than 40,000 women per year;

Whereas more than 380,000 babies, or 1 in 10 babies, were born preterm in 2025, and preterm birth rates remain at the highest level since 2007;

Whereas over 10 percent of infants born annually in the United States, including over half of preterm births, are admitted to a Neonatal Intensive Care Unit (NICU);

Whereas prematurity is the leading cause of newborn death and disability among infants, including intellectual and developmental delays, behavioral problems, neurological

disorders, chronic respiratory problems, and vision and hearing impairment;

Whereas preterm birth is related to 35.7 percent of infant deaths in the United States;

Whereas preterm birth, along with low birth weight, make up the second leading cause of infant death after birth defects;

Whereas maternal health outcomes are getting worse, and babies born to Black and Native American/Alaska Native women experience preterm birth rates 1.3–1.5 times the rates of babies born to White women, and are more than twice as likely to die;

Whereas families of preterm infants often face significant emotional and financial burdens due to extended neonatal intensive care unit (NICU) stays and ongoing health care needs;

Whereas the most recent annual societal economic cost of preterm birth is an estimated $25,200,000,000;

Whereas preterm birth can be triggered by multiple, interacting biologic and environmental factors;

Whereas preterm births can be prevented through fully staffed and funded investments in research and evidence-based public health programs focused on reducing risk factors, improving social determinants of health, and eliminating social and structural disparities;

Whereas families face serious health risks and adverse outcomes while the health advocacy community fights for the health of all families by supporting research, leading programs, highlighting and addressing disparities, and providing education and advocacy;

Whereas Congress signaled its strong bipartisan support for programs to prevent preterm birth by taking the important step of reauthorizing the PREEMIE Act under the Consolidated Appropriations Act, 2026 (Public Law 119–75), which was signed into law on February 3, 2026;

Whereas Congress continued to authorize critical preterm birth research through the Centers for Disease Control and Prevention (CDC) and enacted a new provision calling for the establishment of the newly authorized the Department of Health and Human Services (HHS) interagency working group focused on preterm birth and infant mortality;

Whereas Congress also directed HHS to work with the National Academies of Sciences, Engineering, and Medicine (NASEM) to conduct a new study on premature birth that will include an assessment of the costs, impact of social factors, and gaps in public health programs, and recommendations to prevent preterm birth; and

Whereas November 2026 marks the 23rd anniversary of ''Prematurity Awareness Month'': Now, therefore, be it

Resolved, That the House of Representatives—

(1) expresses support for the designation of ''Prematurity Awareness Month''; and

(2) calls on the people of the United States, interest groups, and affected people to—

(A) observe ''Prematurity Awareness Month'' with appropriate events and activities;

(B) take an active role in promoting awareness; and

(C) encourage parents and communities to support preterm birth prevention programs.