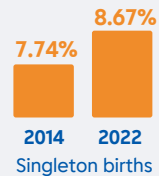


# PREMATURE BIRTHS ARE RISING IN THE US AND SCIENTIFIC ADVANCES ARE IMPROVING SURVIVAL RATES

Preterm births in the US are on the rise<sup>1</sup>



Equating to

>317,000<sup>1,2</sup>

preterm births in the US every year.

Singleton early preterm births (<34 wks) are becoming more common

+4%<sup>1</sup>

between 2014 – 2022

NEC infant survival rates are increasing

+37%<sup>5</sup>

between 2005 – 2020

Whilst mortality rates have fallen<sup>5</sup>

13.2 100K BIRTHS IN 2005

VS

8.3 100K births in 2020

This is driven by factors including scientific and clinical advancements

Decisions on how best to **feed and treat preterm infants** should be made by **neonatologists in partnership and consultation with parents**. Availability of a range of feeding options, based on specific requirements, is critical



Mother's milk

Donor milk

Specialized supplemental nutritional support

Mother's own milk provides essential, life saving benefits for the preterm infant.

Extremely preterm survival rates (<28wks) are increasing with a

78.3%<sup>3</sup>

survival rate for infants born between 2013-2018, vs. 76% between 2008-2012.

2-5%<sup>4</sup>

of preterm babies are affected by NEC.

Infants born very preterm (<32wks) and extremely preterm (<28wks) are most at risk of NEC.

30 years

Specialized preterm hospital nutrition products address urgent medical and developmental needs and have been part of the standard of care in hospitals across the US for over three decades

Statement of the **American Academy of Pediatrics**

"Special formulas designed for preterm infants provide an essential source of nutrition. Using human breast milk to feed preterm infants may reduce the risk of NEC, but it does not eliminate this risk. Donated human milk is also used when the mother's own milk is not available in sufficient quantities, but there is not enough donated human milk to be used as the only source of nutrition for these infants. Providing special formula is a routine and necessary part of care of these preterm infants."<sup>6</sup>

**Sources:** 1 – Martin JA, Osterman MJK. Shifts in the distribution of births by gestational age: United States, 2014–2022. National Vital Statistics Reports; vol 73 no 1. Hyattsville, MD: National Center for Health Statistics. 2024. <https://stacks.cdc.gov/view/cdc/135610> 2 – Osterman, M.J.K et al. Births: Final Data for 2022. National Vital Statistics Reports; vol 73 no 2. Hyattsville, MD: National Center for Health Statistics, Apr 2024. <https://pubmed.ncbi.nlm.nih.gov/38625869/> 3 – Bell, E. F., et al. Mortality, in-hospital morbidity, care practices, and two-year outcomes for extremely preterm infants in the United States, 2013-2018. Journal of the American Medical Association. 2022. <https://jamanetwork.com/journals/jama/fullarticle/2788142> 4 – Ginglen JG, Butki N. Necrotizing Enterocolitis. [Updated 2023 Aug 8]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan. <https://www.ncbi.nlm.nih.gov/books/NBK513357/> 5 – Wolf MF, Rose AT, Goel R, Canvasser J, Stoll BJ, Patel RM. Trends and Racial and Geographic Differences in Infant Mortality in the United States Due to Necrotizing Enterocolitis, 1999 to 2020. JAMA Netw Open. 2023 Mar 1;6(3):e231511. <https://jamanetwork.com/journals/jamanetwopen/fullarticle/2801944> 6 – AAP Statement In Response to NEC Lawsuit Verdicts (July 27, 2024). <https://www.aap.org/en/news-room/news-releases/aap/2024/aap-statement-in-response-to-nec-lawsuit-verdicts>