

SCIENTIFIC DECLARATION
IN SUPPORT OF
RESEARCH TO IMPROVE
MATERNAL, FETAL & CHILD HEALTH

The United States has a rare opportunity to improve maternal, fetal and child health and, by so doing, to build a healthier America.

This chance exists because of medical and scientific discoveries of the last 25 years. For the first time in human history it has become possible to intervene therapeutically to facilitate as well as prevent conception, to treat the human fetus as a patient, to prepare mothers through diet education and hormones for healthier pregnancies, to "see" the fetus via amniocentesis and ultrasonography and to prescribe for some fetal problems, in fact to aid and abet in the production of healthier and stronger human beings. One Nobel Laureate in genetics has predicted that man will be "the first species in history able to control its own evolution."

These developments may well be only the beginning of a new era in medicine--the molecular, genetic, hormonal era of the future.

The scientific discoveries which make this new era possible are significant for all living organisms; but, the human species can and should be the first to employ this information and technology to its own advantage.

This objective can be most economically and efficiently achieved, in our judgment, by concentrating on mothers and their children because the best way to use new information to improve the nation's health is to improve the beginning of life--conception, implantation, fetal life, and the earliest years of childhood. This is the best, most efficient and least expensive way to preventive medicine--avoiding mistakes at the beginning or even before conception.

The focus for this kind of research has been the National Institute of Child Health and Human Development with both its worldwide extramural and intramural programs. Started by President Kennedy in 1963, this Institute has become the focus for research in reproductive biology, developmental biology, fetal medicine, early child development, maternal medicine, and preventive health for mothers and children. But its effectiveness and leadership potential can be significantly enhanced by providing for the critical needs of the intramural program which has been unnecessarily restricted by:

1. No home in which to conduct a coordinated program of either basic or clinical research.
2. No adequate training program for want of space, patient clientele, and money.
3. Inadequate permanent cadre of scientists, some of whom have refused to stay with NICHD because of inadequate basic research space. After 14 full years, for example, there are only two research obstetricians-gynecologists

in the NICHD--a tragic, even absurd, failure by the Federal Government.

At least four essentials must be supplied to enable the NICHD to fulfill the purposes for which it was established and to exploit the chances science now offers to make a giant step forward:

1. The NICHD must have physical facilities on campus similar to those already enjoyed by every other major Institute at the NIH. These facilities are necessary for (a) efficient research, (b) cost-effectiveness and (c) recruitment and retention of scientists. The NICHD has failed to fulfill its potential partly because it has never had sufficient basic research facilities, and its clinical facilities have not been appropriate for pregnant mothers and infants. Therefore, the NICHD should be given both basic and clinical research facilities immediately.
2. Specialized clinical facilities must be created to address research of the acute and potentially treatable problems of the pregnant mother and her fetus. This clinical research center must be located near enough to the NIH campus to permit clinical opportunities for researchers and aid in the recruitment and retention of professionals,

especially in obstetrics. At the same time, the clinical component must be contiguous to excellent obstetrical care to assure access to adequate numbers of patients in an environment of quality health care, medical research and training, and sophisticated attention to the bioethical aspects of the protection of human subjects in fetal and child research.

3. The NICHD has been kept on a starvation diet for the last 10 years (1968 - 1978). Its research budget has not kept pace with inflation let alone with the expanding research and clinical opportunities. Penny-wise administrators have allowed costs for remedial medicine to sky-rocket while cost-effective preventive medicine has been held in a vise-like grip.
4. President Carter's proposed budget for 1979 includes the first substantial increase for the NICHD in recent years--\$33 million. This is a substantial step in the right direction so far as extramural research and training are concerned. But \$40 million for '79 would be closer to the need. This money would contribute to the prevention and treatment of diseases and disabilities such as cardiovascular problems, diabetes, mental retardation, behavioral and sociological problems, reproductive abnormalities and birth defects. Clinical research would translate basic research, both "theoretical" and "animal," to pregnant women and to the human fetus.

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The need for better maternal, fetal and child health has long been evident. The opportunity for our renewed commitment and action will never be more timely. We, therefore, urge the Congress to appropriate funds immediately for the construction of the essential research facilities described--the basic science unit already designed for the NIH campus and the clinical science unit at an appropriate public or private medical institute close by. These, together with research funds, will support the necessary work both off and on the NIH campus and will finally put the NICHD in a position to do what can and should be done, efficiently, economically, and in the best medical and scientific manner. In 1979, the International Year of the Child, no expenditure could better symbolize America's commitment to mothers, children and families.

The undersigned subscribe to the urgent need for and the conceptual design of this scientific effort.



