The continuum of care matrix outlines key interventions for the prevention of preterm birth (PTB), the management of preterm labor, and care for the preterm or small newborn across two continuums—from the household/community to the health center and hospital, and from pre-pregnancy and pregnancy through labor, delivery and care of the preterm newborn.

Every year approximately 15 million babies, or one in ten, are born prematurely (<37 weeks of gestation) and more than one million babies die due to complications of PTB. Prematurity is the leading cause of newborn deaths in the first four weeks of life and the leading cause of death among children under five globally. Countries in Africa and Asia account for over 60 percent of global preterm births. At the same time, low birth weight (LBW)—babies born weighing less than 2.5 kg—is a major contributor to newborn deaths around the world.

There is a growing body of evidence to support the effective management of preterm birth across the spectrum of care from prevention, to the management of preterm labor, to quality postnatal care for the preterm or small newborn. In order to increase newborn survival in the coming decades, stakeholders must work together to significantly increase coverage of evidence-based preterm birth and low birth weight interventions by translating evidence into action at and below the national level, increase prioritization of PTB and LBW interventions within national and global policies, protocols, and initiatives, and strengthen capacity and performance for improved service delivery at facility and community levels.

The preterm birth agenda is complex and multifaceted. There are multiple points during a woman’s reproductive life when specific services can reduce her risk for preterm birth (pre-pregnancy and pregnancy); respond to imminent early birth protecting both the mother and the newborn (labor and delivery); improve the chances of survival for early and small newborns (immediate postnatal period); and, again, reduce the mother’s risk for subsequent preterm births (later postpartum period).

This preterm continuum of care matrix is a comprehensive listing of evidence-based services and interventions. Interventions for care of women in preterm labor and those targeting care of the preterm/LBW newborn are aligned with the 2015 WHO Recommendations on Interventions to Improve Preterm Birth Outcomes. The matrix provides an organized framework for the large number of evidence-based interventions along the pathway to care for non-pregnant and pregnant women, and mothers and preterm or LBW newborns. It can be used to initiate dialogue and coordination among stakeholders supporting maternal, newborn and reproductive health programs at the country level, identify gaps on the pathway to care, and guide the prioritization of services in response to preterm birth.

CONTINUUM OF CARE FOR THE PREVENTION OF PRETERM BIRTH, MANAGEMENT OF PRETERM LABOR AND DELIVERY, AND CARE OF THE PRETERM AND SMALL NEWBORN

Building the enabling environment for improved maternal and newborn health along the continuum of care is a shared responsibility among families, communities, civil society organizations, religious groups, professional associations, the private sector and governments.
### Management of Preterm Labor & Delivery

#### Community Household
- Community health education including signs and symptoms of preterm labor and immediate referral
- Recognition of complications and signs of preterm labor and immediate referral
- Information on how to prevent preterm labor

#### Health Center
- Establish gestational age
- Respectful maternity care
- Education / recognition of signs of preterm labor and obstetric conditions leading to prematurity
- Identification and early treatment of high-risk conditions
- Immediate referral to hospital for care
- Antibiotics for PPROM
- Maternal nutrition and hydration
- Women to remain recumbent en-route to hospital

#### Hospital
- Use of tocolytic agents to suppress labor for time required to administer ACS
- Begin ACS for women 24 to 28 gestational weeks and at high risk for imminent preterm birth, provided certain conditions are met
- Magnesium sulphate for women with gestational age ≤32 weeks and likely to go into labor within 24 hours
- Managing and treating the high-risk complications leading to premature birth

#### Pregnancy
- Community-based ANC
- Early determination of last menstrual period (LMP) and estimated date of delivery (EDD) at first antenatal care (ANC) visit
- Prevention of harmful traditional practices
- Social and cultural norms to promote early care
- Counseling on reduced maternal workload
- Identification / management of partner violence
- Balanced protein / energy supplementation
- Marine oil supplementation
- Zinc supplementation
- Cessation of tobacco use, substance abuse, and alcohol

#### Labor & Delivery
- If possible, referral to health facility for care
- Early basic obstetric and newborn care and referral to health facility for management
- Transfer to hospital for comprehensive emergency obstetric and newborn care

#### Immediate Postpartum Care
- Early management of maternal postpartum complications with basic emergency obstetric and newborn care
- Transfer to hospital for emergency postpartum care
- See Care for the Preterm or Low Birth Weight Newborn

### Care of the Preterm or Low Birth Weight Newborn

#### Community/Household
- Be prepared for preterm birth, special needs for mothers and early/mid newborns

#### Health Center
- Confirm GA at birth
- Eye care, vitamin K and clean dry cord care
- Essential care for small babies
- Antibiotics and immediate referral for newborns with danger signs
- For newborns <32 weeks and/or <1500 gms immediate transfer to advanced care
- Continuous skin to skin contact for newborns ≤2000 gms

#### Hospital
- Be prepared for preterm birth, special needs for mothers and early/mid newborns
- Neonatal intensive care for extreme preterm newborns (<28 weeks and/or <1200 gms)

#### Tertiary or Referral Hospital
- Be prepared for preterm birth, special needs for mothers and early/mid newborns
- Neonatal intensive care for extreme preterm newborns (<28 weeks and/or <1200 gms)

### Prevention of Preterm Birth and Low Birth Weight

#### Pre-Pregnancy
- See pre-pregnancy actions at the community and household level

#### Pregnancy
- Identification of pregnancy complications and referral to care
- Prompt referral to health facility if newborn appears premature or small
- See pre-pregnancy actions at the community and household level

#### Labor & Delivery
- Immediate postpartum care
- Immediate postpartum care for the mother and referral to health facility for follow up and management of obstetric complications
- Transfer to hospital for emergency postpartum care
- See Care for the Preterm or Low Birth Weight Newborn

#### Immediate Postpartum Care
- Management of complications
- Refer to Management of Labor & Delivery, and/or the Preterm or Low Birth Weight Newborn
- Early management of postpartum complications with basic emergency obstetric and newborn care
- Transfer to hospital for emergency postpartum care
- See Care for the Preterm or Low Birth Weight Newborn

#### Later Postpartum Care
- Household sanitation
- High frequency follow up care
- Prompt referral for newborn problems
- Ongoing essential care for preterm and small babies
- Infection prevention
- Linkages to community providers for home-based baby checks
- Continuous skin to skin contact for newborns ≤2000 gms
- Monitor for newborn of newborns and newborn care
- Children born ≤2000 gms
- Support for transfer to local care and follow up on newborn status
Every Preemie—SCALE is a five-year USAID award designed to support practical, catalytic, and scalable approaches to expand the uptake of preterm birth (PTB) and low birth weight (LBW) interventions in 23 USAID priority countries in Africa and Asia. Every Preemie is implemented by a consortium of partners: Project Concern International (PCI) leads community capacity building and mobilization activities, the Global Alliance to Prevent Prematurity and Stillbirth (GAPPS) leads evidence and knowledge sharing, program learning, and implementation research activities, and the American College of Nurse-Midwives (ACNM) leads health provider capacity building and performance improvement activities. To learn more about Every Preemie, please visit our website at www.everypreemie.org.