Newborns are perhaps the most vulnerable population the world over. Preterm or babies born too early, less than 37 weeks gestation, are particularly at risk. Currently, prematurity is the leading cause of death among children under five around the world, and a leading cause of disability and ill health later in life. Sub-Saharan Africa and south Asia account for over 60 percent of preterm births worldwide. Of the fifteen million babies born too early each year, more than one million die due to complications related to preterm birth. Low birth weight (newborns weighing less than 2,500 grams at birth), due to prematurity and/or restricted growth in utero, is also a major contributor of newborn and child deaths, as well as disability and non-communicable diseases globally.

Nearly 85 percent of preterm babies are born between 32 and 37 weeks gestation and most of these babies do not need intensive care to survive. Solutions to improve the survival and health of vulnerable preterm and low birth weight babies exist. Essential newborn care (drying, warming, immediate and exclusive breastfeeding, hygiene and cord care) as well as basic care for feeding support, infections and breathing difficulties can mean the difference between life and death for small babies. More effort is needed to identify women at risk of preterm labor and support them to give birth in a health facility that can offer extra care when needed, such as support for adequate feeding with breast milk, continuous skin to skin contact, antibiotics, and antenatal corticosteroids. To do this, it is critical that families, communities and health care workers value small babies so that they receive the life-saving care they need. To turn the tide on these preventable deaths, we need action across the spectrum of care from adolescence and preconception, pregnancy, the safe management of labor and delivery, and effective immediate and later postnatal care.

In Haiti, 37,000 babies are born too soon each year and 2,700 children under five die due to direct preterm complications.

Current, local data are crucial to inform priorities and drive scale-up. This national level profile provides the most current national-level information on the status of prevention and care for preterm birth and low birth weight in Haiti. Data presented highlight a number of risk factors relevant to preterm and low birth weight in Haiti as well as the coverage of important care for women and newborns from pregnancy, labor and delivery and the postnatal period. There is also information that provides insights into the health workforce, health policies, health information and community mobilization relevant to preterm birth and low birth weight.

The information provided here can be used to understand the current situation, increase attention to preterm births in Haiti and to inform dialogue and action among stakeholders. Data can be used to identify the most important risk factors to target and gaps in care in order to identify and implement solutions for improved outcomes.

Much is already being done to prevent preterm birth and low birth weight and to improve outcomes for small babies. A safe and healthy start to life is at the heart of human capital and economic progress in every country, making care for small babies an essential investment in both the short- and long-term. As government leaders, civil society organizations, health workers, families, communities and other partners come together to enact change, we can prevent babies from being born too early and too small, and ensure that small babies get the critical life-saving care and nurturing they need.

Of the 10 elements of care recommended by WHO for improved preterm birth outcomes, antenatal corticosteroids, tocolytics, magnesium sulfate, and antibiotics for preterm premature rupture of membranes are currently included in Haiti’s clinical standards of preterm care at the hospital level.

See Definitions and Data Sources for full list of recommended elements.

Updated January 2016
DEFINITIONS AND DATA SOURCES

DEMographics

Total population
Data from UN Population Division. [1]

Annual number of live births
Data from UN Population Division. [1]

Total fertility rate
Number of children who would be born per woman if she lived to the end of her childbearing years and bore children at each age, in accordance with prevailing age-specific fertility rates. [1]

Maternal mortality ratio
Number of deaths of women from pregnancy-related causes per 100,000 live births during the same time period. [2]

Annual number of maternal deaths
Number of deaths of women from pregnancy-related causes. [2]

Stillbirth rate
Probability of third trimester stillbirth (≤1000 g birthweight or ≥828 weeks of gestation), expressed per 1,000 births. [3]

Annual number of stillbirths
Number of stillbirths (≤1000g birthweight or ≥828 weeks of gestation). [3]

Neonatal mortality rate
Probability of dying between 0 to 28 days expressed per 1,000 live births. [4]

Annual number of neonatal deaths
Number of children who die during the first 28 completed days of life. [4]

Infant mortality rate
Probability of dying between 0 to 365 days expressed per 1,000 live births. [4]

Annual number of infant deaths
Number of children who die during the first year of life. [4]

Under-5 mortality rate
Probability of dying between birth and exactly 5 years of age, expressed per 1,000 live births. [4]

Annual number of under-5 deaths
Number of children who die between birth and exactly 5 years of age. [4]

Preterm births and deaths

Preterm birth rate
Probability of baby being born alive before 37 completed weeks of pregnancy, expressed per 100 live births. [5]

Low birth weight rate
Percentage of infants weighing less than 2500g at birth. [5]

Number of preterm births
Number of babies born alive before 37 completed weeks of pregnancy. [5]

Percentage of infants aged 0-5 months who were fed exclusively with breast milk in the past 24 hours. [1]

Ratio of boys to girls born preterm
Ratio of baby boys to baby girls born alive before 37 completed weeks of pregnancy. [5]

Ratio of boys to girls born preterm
Ratio of baby boys to baby girls born alive before 37 completed weeks of pregnancy. [5]

Number of preterm babies
Number of babies born alive before 37 completed weeks of pregnancy. [5]

Number of preterm babies who survive with moderate or severe neurodevelopmental impairment. [6]

Number of preterm babies
Number of babies born alive before 28 completed weeks of pregnancy. [5]

Impaired preterm survivors
Number of preterm babies who survive with moderate or severe neurodevelopmental impairment. [6]

Direct preterm child deaths per year
Number of deaths amongst children under 5 years of age directly due to preterm birth complications. [7]

Preterm births and deaths

Health information

Postnatal mortality audit in policy
National policy adopting required health workers to review perinatal deaths occurring in health facilities. Yes: national policy in place / No: No national policy available. [13]

Birthweight captured in health management information system
Place to capture birthweight on facility registers, or in annual health sector reports, where forms or registers were not available. [13]

Gestational age captured in health management information system
Place to capture gestational age in weeks, on facility registers, or in annual health sector reports, where forms or registers were not available. [13]

Community engagement

National advocacy group for parents of preterm babies
Yes: Existence of at least one support group for parents and family members affected by preterm birth. / No: No group information available. [13]

Preterm included in national RMNCAH behaviour change strategy
Yes: Messages regarding preterm birth are included in national strategy. / No: National behaviour change strategy does not include preterm birth messages OR no national behaviour change strategy. [13]

Risk factors for preterm birth

Adolescent birth rate
Number of births per 1,000 adolescent girls aged 15-19. [1]

Birth interval <24 months
Percentage of women with two live births within 24 months. [9]

Female short stature
Percentage of women age 15-49 less than 145cm tall. [9]

Anemia in women of childbearing age
Percentage of women age 15-49 with anemia (cut-off <12.0 g/dl). [9]

Female obesity
Percentage of women age 15-49 with a body mass index (expressed as the ratio of weight in kilograms to the square of height in meters (kg/m2)) of more than 25.0 kg/m2. [11]

Diabetes prevalence in women
Percentage of adult women with fasting glucose ≥126 mg/dL (7.0 mmol/L) or on medication for raised blood glucose. [11]

Hypertension in women
Percentage of adult women with raised blood pressure (systolic blood pressure ≥140 or diastolic blood pressure ≥90), or using antihypertensive medication. [11]

Adult HIV prevalence
Percentage of adults living with HIV. [1]

Tobacco use amongst women
Percentage of women age 15-49 who smoke cigarettes or a pipe or use other tobacco products. [9]

Households with place to wash hands, soap and water
Percentage of households with a place for washing hands that includes water, soap/other cleansing agents. [9]

Household solid fuel for indoor cooking
Percentage of households using solid fuel for cooking indoors. [9]

Violence against women in pregnancy
Percentage of women age 15-49 who have ever experienced physical violence during pregnancy. [9]

Health workforce

Health worker density per 10,000 population
Number of medical doctors (physicians), including generalist and specialist medical practitioners, nursing and midwifery personnel per 10,000 population. [12]

Clinical standards for preterm care at hospital level
Number of 10 critical elements of preterm care (antenatal corticosteroids, tocolytics, magnesium sulphate, antibiotics for preterm premature rupture of membranes, no antibiotics with intact membranes, vaginal birth preference, kangaroo mother care, continuous positive airway pressure for respiratory distress, safe oxygen therapy, surfactant) included in national clinical standards or guidelines. [13]

Nursing students receive formal education in neonatal care
Yes: Diploma or certificate program available for nurses in newborn care / No: No formal additional certification. [13]

Health policy

National plan for RMNCAH
Yes: Cooled plan or plans to scale up maternal, newborn and child health interventions available at the national level. / Partial: Cooled plan available but not for all components. / No: No cooled implementation plan for maternal, newborn and child health available. [14]

RMNCAH plans includes preterm components
Yes: RMNCAH strategy includes mention of any critical elements of preterm care. / No: No mention of any critical elements of preterm care. [13]

Policy for KMC
Yes: National policy recommends Kangaroo Mother Care for low birth weight newborns. / No: National policy does not recommend Kangaroo Mother Care for low birth weight newborns. [14]

Policy for ACS use
Yes: National policy recommends use of antenatal corticosteroids for preterm labes. / No: No national policy does not recommend antenatal corticosteroids for preterm labes. [14]

Policy for safe oxygen use and CPAP
Yes: National policy specifies safe oxygen use when continuous positive airway pressure is administered. / No: National policy does not specify safe oxygen use. [13]

Data Sources:
9. Data from latest national household survey.
13. Data from Every Preemie SCALE country stakeholder interviewers and document review. 2015.