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.

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 Rwanda. Data presented highlight a number of risk factors relevant to preterm and low birth weight in Rwanda 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 Rwanda 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, antibiotics for preterm premature rupture of membranes, vaginal birth preference, and kangaroo mother care are currently included in Rwanda’s clinical standards of preterm care at the hospital level.

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

Updated January 2016
**RISK FACTORS FOR PRETERM BIRTH**

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescent birth rate per 1,000 girls</td>
<td>41</td>
</tr>
<tr>
<td>Birth interval &lt;24 months</td>
<td>8%</td>
</tr>
<tr>
<td>Short stature among women of childbearing age</td>
<td>3%</td>
</tr>
<tr>
<td>Anemia among women of childbearing age</td>
<td>17%</td>
</tr>
<tr>
<td>Obesity in women of childbearing age</td>
<td>16%</td>
</tr>
<tr>
<td>Adult diabetes prevalence</td>
<td>6%</td>
</tr>
<tr>
<td>Hypertension in women</td>
<td>30%</td>
</tr>
<tr>
<td>Adult HIV prevalence</td>
<td>3%</td>
</tr>
<tr>
<td>Tobacco use amongst women</td>
<td>4%</td>
</tr>
<tr>
<td>Households with place to wash hands, soap and water</td>
<td>2%</td>
</tr>
<tr>
<td>Solid fuel used for indoor cooking</td>
<td>98%</td>
</tr>
<tr>
<td>Violence during pregnancy</td>
<td>NO DATA</td>
</tr>
</tbody>
</table>

**DEMOGRAPHICS**

<table>
<thead>
<tr>
<th>Category</th>
<th>Total Population: 11,610,000</th>
<th>Annual Births: 363,000</th>
<th>Total Fertility Rate per woman: 3.8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal Mortality</td>
<td>210</td>
<td>800</td>
<td></td>
</tr>
<tr>
<td>Stillbirths</td>
<td>21</td>
<td>9,600</td>
<td></td>
</tr>
<tr>
<td>Neonatal Mortality</td>
<td>20</td>
<td>7,500</td>
<td></td>
</tr>
<tr>
<td>Infant Mortality</td>
<td>32</td>
<td>11,600</td>
<td></td>
</tr>
<tr>
<td>Under 5 Mortality</td>
<td>50</td>
<td>18,000</td>
<td></td>
</tr>
</tbody>
</table>

**PRETERM BIRTHS AND DEATHS**

- Preterm birth rate (babies born <37 weeks): 10%
- Low birth weight rate (babies born <2,500g): 7%
- Babies born preterm per year: 35,000
- Ratio of boys to girls born preterm: 1.15
- Babies born per year <28 weeks: 2,000
- Impaired preterm survivors per year: 1,000
- Direct preterm child deaths per year: 2,600

**HEALTH FACILITY READINESS**

- Delivery facilities with ACS in stock: NO DATA
- Delivery facilities with space designated for KMC: NO DATA
- Delivery facilities with neonatal bag and mask in stock: NO DATA

**HEALTH WORKFORCE**

- Number of physicians, nurses and midwives per 10,000 population: 7.5
- Clinical standards for preterm care at hospital level: 6/10
- Nursing students receive formal education in neonatal care: 99%
- Residents receive formal education in neonatal care: 73%
- Maternal deaths per 100,000 live births: 210

**HEALTH INFORMATION**

- Perinatal mortality audit in policy: ✔
- Birthweight captured in health management information system: ✔
- Gestational age captured in health management information system: ✔

**COMMUNITY ENGAGEMENT**

- National advocacy group for parents of preterm babies: ✔
- Preterm included in national RMNCAH behaviour change strategy: ✔
DEFINITIONS AND DATA SOURCES

**PRETERM BIRTHS AND DEATHS**

- **Preterm birth rate**: Probability of being born alive before 28 completed weeks of pregnancy, expressed per 1,000 live births.
- **Low birth weight rate**: Percentage of infants weighing less than 2,500 grams at birth.
- **Ratio of boys to girls born preterm**: Ratio of newborns of each sex who were born at the same gestational age.
- **Neonatal mortality rate**: Probability of dying before 28 days of age, expressed per 1,000 live births.
- **Infant mortality rate**: Probability of dying before 12 months of age, expressed per 1,000 live births.
- **Under-5 mortality rate**: Probability of dying before 5 years of age, expressed per 1,000 live births.

**HEALTH FACILITY READINESS**

- **Delivery facilities with antenatal corticosteroids in stock**: Percentage of facilities conducting deliveries with antenatal corticosteroids in stock.
- **Delivery facilities with neonatal bag and mask in stock**: Percentage of facilities conducting deliveries with a bag and mask in stock.
- **Delivery facilities with space for kangaroo mother care**: Percentage of facilities conducting deliveries with space designated for kangaroo mother care.

**COVERAGE OF CARE**

- **Contraceptive prevalence rate**: Percentage of women aged 15–49 in union currently using contraception.
- **Mat need for birth spacing**: Percentage of women in union who are using contraception and who wish to postpone or avoid their next birth.
- **At least 1 antenatal care visit**: Percentage of women attended by any provider at least once during pregnancy.
- **4+ antenatal care visits**: Percentage of women attended by any provider at least four times during pregnancy.
- **First antenatal visit ≤20 weeks**: Percentage of women less than 20 weeks pregnant at time of first antenatal visit.
- **ITN in use at pregnancy**: Percentage of pregnant women using an insecticide-treated bednet the night before the survey.
- **HIV+ pregnant women receiving ARVs**: Percentage of pregnant women tested HIV positive during visits to antenatal clinics who were provided with antiretrovirals (ARVs) to prevent mother-to-child transmission.
- **Women ≤34 weeks receiving ACS**: Percentage of women ≤34 weeks gestation receiving antenatal corticosteroids for threatened preterm labor (No data yet).
- **Births attended by skilled attendant**: Percentage of births attended by skilled health personnel (doctors, nurses or midwives).
- **Births by caesarean section**: Percentage of births delivered by caesarean section. Caesarean section rates between 5 and 15 percent may reveal adequate levels of emergency obstetric care.
- **Infants weighed at birth**: Percentage of babies weighed at the time of birth.
- **Newborns initiated on KMC**: Percentage of newborns receiving KMC. (No data yet).
- **Early initiation of breastfeeding**: Percentage of infants who are put to the breast within one hour of birth.
- **Exclusive breastfeeding up to six months**: Percentage of infants aged 0–5 months who were fed exclusively with breast milk in the past 24 hours.
- **PNC within 2 days (mothers)**: Percentage of women with a live birth in the 5 years preceding the survey who received postnatal care (PNC) for their most recent live birth within two days of giving birth, and the percentage of last-born newborns in the 5 years preceding the survey who received PNC during the first 2 days.

**RISK FACTORS FOR PRETERM BIRTH**

- **Adolescent birth rate**: Number of births to women aged 15-19 as a percentage of all births to women.
- **Birth interval ≤24 months**: Percentage of women with two live births within 24 months.
- **Female short stature**: Percentage of women who are less than 152 cm tall.
- **Anemia in women of childbearing age**: Percentage of women aged 15-49 with anemia (cut-off ≤12.0 g/dl).
- **Blood pressure is administered**: Percentage of women attended by any provider at least once during pregnancy.

**HEALTH WORKFORCE**

- **Medical doctors (physicians)**: Percentage of women with complications.
- **Nurses and midwives per 10,000 population**: Percentage of women with complications.
- **Surveillance system**: Percentage of women with complications.
- **Women with anemia (≤12.0 g/dl)**: Percentage of women with complications.
- **Anemia in women of childbearing age**: Percentage of women with complications.
- **Birth interval ≤24 months**: Percentage of women with complications.
- **Female short stature**: Percentage of women with complications.

**HEALTH POLICY**

- **Preterm care at hospital level**: Percentage of women with complications.
- **Clinical standards for preterm care**: Percentage of women with complications.
- **Rough cut**: Percentage of women with complications.
- **$5.00**: Percentage of women with complications.
- **$12.00**: Percentage of women with complications.

**COMMUNITY ENGAGEMENT**

- **National advocacy group for parents of preterm babies**: Percentage of women with complications.
- **Preterm included in national RMNCH behavior change strategy**: Percentage of women with complications.

**DATA SOURCES**

3. Management information system
8. Data from latest national service provision assessment or service availability and readiness assessment.
13. Data from Every Preemie SCALE country stakeholder interviews and document review; 2015.