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 Zambia. Data presented highlight a number of risk factors relevant to preterm and low birth weight in Zambia 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 Zambia 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.
ZAMBIA
PROFILE OF PRETERM AND LOW BIRTH WEIGHT PREVENTION AND CARE

RISK FACTORS FOR PRETERM BIRTH

- Adolescent birth rate per 1,000 girls: 145
- Birth interval <24 months: 5%
- Short stature among women of childbearing age: 2%
- Anemia among women of childbearing age: NO DATA
- Obesity in women of childbearing age: 23%
- Adult diabetes prevalence: 9%
- Hypertension in women: 28%
- Adult HIV prevalence: 13%
- Tobacco use amongst women: 2%
- Households with place to wash hands, soap and water: 28%
- Solid fuel used for indoor cooking: 88%
- Violence during pregnancy: 10%

REPRODUCTIVE HEALTH & CARE DURING PREGNANCY

- Contraceptive prevalence rate (all methods): 49%
- Net need for birth spacing: 68%
- At least 1 antenatal care visit: 96%
- 4+ antenatal care visits: 56%
- First antenatal care visit <20 weeks: 24%
- ITN use in pregnancy: 41%
- HIV+ pregnant women receiving ARVs: 86%

BIRTH & POSTNATAL CARE

- Births attended by skilled attendant: 64%
- Births by caesarean section: 4%
- Infants weighed at birth: 66%
- Newborns initiated on KMC: 64%
- Early initiation of breastfeeding within 1 hour: 66%
- Exclusive breastfeeding up to 6 months: 73%
- PNC within 2 days (mothers): 63%
- PNC within 2 days (newborns): 16%

DEMOGRAPHICS

- Total population: 16,212,000
- Annual births: 645,000
- Total fertility rate per woman: 5.3
- Per 100,000 live births Total
  - Maternal deaths: 280
  - Infant deaths: 21
  - Under 5 deaths: 64
  - Babies born preterm per year: 84,000
  - Babies born <28 weeks: 4,000
  - Impaired preterm survivors per year: 2,000
  - Direct preterm child deaths per year: 5,500

HEALTH FACILITY READINESS

- DELIVERY FACILITIES WITH ACS IN STOCK: 38%
- DELIVERY FACILITIES WITH NEONATAL BAG AND MASK IN STOCK: NO DATA
- DELIVERY FACILITIES WITH SPACE DESIGNATED FOR KMC: NO DATA

HEALTH WORKFORCE

- Number of physicians, nurses and midwives per 10,000 population: 8.5
- Clinical standards for preterm care at hospital level: 2/10
- Nursing students receive formal education in neonatal care: NO DATA
- Premature included in national RMNCAH behaviour change strategy: NO DATA

HEALTH POLICY

- National plan for RMNCAH: NO DATA
- RMNCAH plans include preterm component: NO DATA
- Policy for kangaroo care: NO DATA
- Policy for antenatal corticosteroids use: NO DATA
- Policy for safe oxygen use and CPAP: NO DATA
- Perinatal mortality audit in policy: NO DATA
- Birthweight captured in health management information system: NO DATA
- Gestational age captured in health management information system: NO DATA

COMMUNITY ENGAGEMENT

- National advocacy group for parents of preterm babies: NO DATA

WEBSITE

www.EveryPreemie.org

www.EveryPreemie.org
DEFINITIONS AND DATA SOURCES

DEMOGRAPHICS

Total population
Annual number of live births
Annual fertility rate
Maternal mortality ratio
Annual number of maternal deaths
Stillbirth rate
Neonatal mortality rate
Annual number of neonatal deaths
Infant mortality rate
Annual number of infant deaths
Under-5 mortality rate
Annual number of under-5 deaths

PRETERM BIRTHS AND DEATHS

Preterm birth rate
Low birth weight rate
Ratio of boys to girls born preterm
Preterm extreme babies (<28 weeks)
Impaired preterm survivors
Direct preterm child deaths per year

HEALTH FACILITY READINESS

Delivery facilities with antenatal corticosteroids in stock
Delivery facilities with neonatal bag and mask in stock
Delivery facilities with space for kangaroo mother care

COVERAGE OF CARE

Contaxtual prevalence rate
Mat need for birth spacing
At least 1 antenatal care visit
4+ antenatal care visits
First antenatal visit <20 weeks
ITN use in pregnancy

RISK FACTORS FOR PRETERM BIRTH

Adolescent birth rate
Birth interval <24 months
Female short stature
Anemia in women of childbearing age
Female obesity
Diabetes prevalence in women
Hypertension in women
Adult HIV prevalence
Tobacco use amongst women
Households with place to wash hands, soap and water
Household solid fuel for indoor cooking
Violence against women in pregnancy

HEALTH WORKFORCE

Health worker density per 10,000 population
Clinical standards for preterm care at hospital level
RMNCAH behaviour change strategy
Nursing students receive formal education in neonatal care

HEALTH POLICY

National plan for RMNCAH
RMNCAH plans include preterm components
Policy for KMC
Policy for ACS use
Policy for safe oxygen use and CPAP

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

DATA SOURCES:

8. Data from latest national service provision assessment or service availability and readiness assessment.