

WHERE ARE THE MOST
PRETERM BIRTHS?

BABIES BORN PRETERM PER YEAR
IMPAIRED PRETERM SURVIVORS PER YEAR

INDIA
3,341,000
80,700



NIGERIA
871,000
21,300



PAKISTAN
860,000
17,700



INDONESIA
779,000
18,900



BANGLADESH
439,000
11,200



RISK FACTORS

Average across countries
where data are available



Solid fuel used for
indoor cooking
85%



Hypertension in
women
29%



Obesity in women of
childbearing age
20%



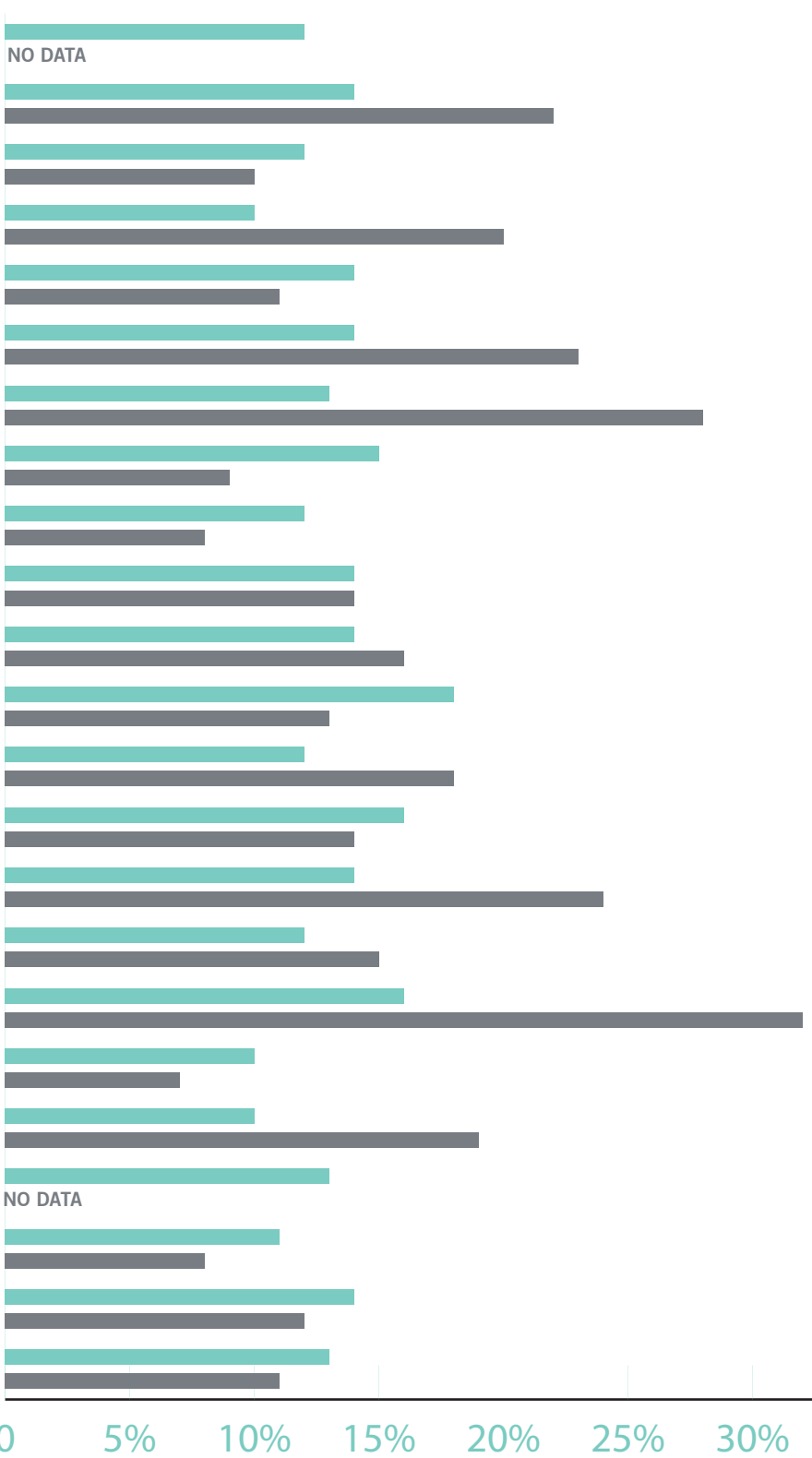
Birth interval
<24 months
12%

ADOLESCENT BIRTH RATE PER 1,000 GIRLS



PRETERM BIRTH RATE

LOW BIRTH WEIGHT RATE



HEALTH POLICY



RMNCAH plans include
preterm component
13/17
Policy for kangaroo
mother care
20/23
Policy for antenatal
corticosteroids use
17/23
Policy for safe oxygen use
and CPAP
0/23

COMMUNITY ENGAGEMENT



Preterm included in national
RMNCAH behaviour change
strategy
3/14

HEALTH INFORMATION



Birthweight captured in health
management information
system
19/22
Gestational age captured in
health management
information system
7/21

The numerator refers to the number of countries responding "yes". The denominator refers to the number of countries for which data are available.

REPRODUCTIVE HEALTH & CARE DURING PREGNANCY

At least 1 antenatal care visit

82%

4+ antenatal care visits

50%

100%

Average across countries where data are available

BIRTH & POSTNATAL CARE

Births attended by skilled attendant

57%

Infants weighed at birth

49%

PNC within 2 days (newborns)

30%

100%

Average across countries where data are available




STATUS OF PRETERM AND LOW BIRTH WEIGHT DEMOGRAPHICS, RISK FACTORS AND HEALTH SYSTEM RESPONSIVENESS IN USAID’S 23 MCH PRIORITY COUNTRIES

AFGHANISTAN | BANGLADESH | DR CONGO | ETHIOPIA | GHANA | HAITI | INDIA | INDONESIA | KENYA | LIBERIA | MADAGASCAR | MALAWI
MALI | MOZAMBIQUE | NEPAL | NIGERIA | PAKISTAN | RWANDA | SENEGAL | SOUTH SUDAN | TANZANIA | UGANDA | ZAMBIA

In 2015 Every Premie—SCALE developed country profiles highlighting the status of preterm birth and low birth weight prevention and care in USAID’s 23 priority maternal and child health countries. These countries represent more than 70 percent of maternal and child deaths globally. Complications due to preterm birth (births less than 37 weeks gestation), followed by infectious diseases and complications during labor and delivery are the leading direct causes of death among children under five years of age. The majority of under-five deaths are largely preventable. Prematurity and low birth weight – babies weighing less than 2,500 grams at birth – are also major indirect contributors to newborn and child deaths as well as disability and non-communicable diseases globally (e.g. diabetes). Among 21 countries where data were available, 21 percent of babies are low birth weight. This summary profile and individual country profiles are available online at www.everypreemie.org/country-profiles/.

This 23-country summary profile provides an overview of demographic indicators, and health risk and health services data relevant to preterm birth and low birth weight (see data sources below). Data presented highlight risk factors associated with both preterm birth and low birth weight including adolescent birth rate, and birth intervals less than 24 months. Adolescent pregnancy can increase the chances of stillbirth, neonatal and maternal death and disability by as much as 50 percent.¹ Across the 23 countries the average adolescent birth rate is 106 per 1000 girls aged 15-19 years with the highest rate in Mali at 178. Birth-to-pregnancy intervals of less than twelve months also increase the risk for poor maternal and newborn outcomes. For these reasons, spacing pregnancies at least two years apart is recommended.² Twelve percent of births in these 23 countries have a birth interval less than 24 months.



Among the 23 USAID priority countries there are approximately 8.7 million babies who are born too soon each year. Direct preterm birth complications account for 767,000 deaths of children under five annually, or approximately 2,100 each day. Of those who survive just over 200,000 have moderate to severe impairment including cerebral palsy, and cognitive, hearing and vision difficulties.

In Afghanistan and the Democratic Republic of the Congo 37 percent and 27 percent of births, respectively, are too closely spaced. Maternal complications such as hypertension and obesity also significantly increase the likelihood for poor birth outcomes including preterm birth. Overall, 29 percent of women across these countries have hypertension with the highest percent in Mali, Ethiopia and the Democratic Republic of the Congo. One fifth of women are obese with forty percent of women aged 15-49 in both Ghana and Pakistan reported as obese.

Because preterm birth is intricately tied to a woman’s reproductive health lifecycle, it can provide valuable insights into the health and well-being of women, and the quality of health care they receive before, during, and after pregnancy. Unfortunately many women are accessing and receiving minimal or poor quality health care services. Many conditions such as those listed above can be effectively managed prior to and throughout a woman's pregnancy thus lowering the likelihood of compromised birth outcomes. While 82 percent of women across the priority countries attend at least one antenatal care (ANC) visit, only half attend four or more visits. At the same time, only 57 percent of women are accessing skilled care at birth with a high of 91 percent in Rwanda and a low of 15 percent in Ethiopia. Skilled health practitioners can provide life-saving care to mothers and their neonates within the first critical moments after birth, including resuscitation for babies born too soon.

As the global dialogue around newborn health advances, many countries are responding and including preterm care components in their national reproductive, maternal, newborn and child health policies and standards of care. Skin-to-skin contact for thermal care of the preterm neonate (often referred to as Kangaroo Mother Care) is included in the majority of national policies across these countries. Roughly 50 percent of countries include both magnesium sulfate for preeclampsia/eclampsia and the use of antenatal corticosteroids for fetal lung maturation in their clinical standards or guidelines, while over 60 percent include tocolytics. Other essential preterm components of care that need greater attention include vaginal birth preference, CPAP for respiratory distress syndrome and the safe use of oxygen in preterm and low birth weight neonates.

To build the momentum for improved child health established during the Millennium Development Goal era (2000-2015), more needs to be done to prevent preterm birth and low birth weight and to improve outcomes for small babies going forward. Please use this summary profile to advocate for this critical issue and to inspire the change that will save thousands of lives and improve health for generations to come.

¹ UNFPA, *Girlhood, Not Motherhood: Preventing Adolescent Pregnancy*, New York, 2015.
² http://www.who.int/maternal_child_adolescent/documents/birth_spacing.pdf. Published 2006.

DEFINITIONS AND DATA SOURCES

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. [1]
Preterm births	Number of babies born alive before 37 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]

COVERAGE OF CARE

At least 1 antenatal care visit	Percentage of women attended by any provider at least once during pregnancy. [9]
4+ antenatal care visits	Percentage of women attended by any provider at least four times during pregnancy. [9]
Births attended by skilled attendant	Percentage of births attended by skilled heath personnel (doctors, nurses or midwives). [9]
Infants weighed at birth	Percentage of babies weighed at the time of birth. [9]
PNC within 2 days (newborns)	The percentage of last-born newborns in the 5 years preceding the survey who received PNC during the first 2 days after birth. [9]

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

HEALTH WORKFORCE

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]
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HEALTH POLICY

RMNCAH plan 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 labor. / No: National policy does not recommend use of antenatal corticosteroids for preterm labor. [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]

HEALTH INFORMATION

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

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

1. UNICEF, *State of the World’s Children 2015*. New York: UNICEF; 2014.
2. WHO, UNICEF, UNFPA, The World Bank, United Nations Population Division. *Trends in Maternal Mortality: 1990 to 2013*. Geneva: WHO; 2014.
3. Cousens S, Blencowe H, Stanton C, Chou D, Ahmed S, Steinhardt L, et al. National, regional, and worldwide estimates of stillbirth rates in 2009 with trends since 1995: a systematic analysis. *Lancet* 2011;377:1319-1330.
4. UN Inter-Agency Group for Child Mortality Estimation. *Levels & trends in child mortality* New York: UNICEF, WHO, World Bank; 2014.
5. Blencowe H, Cousens S, Oestergaard MZ, Chou D, Moller AB, Narwal R, et al. National, regional, and worldwide estimates of preterm birth rates in the year 2010 with time trends since 1990 for selected countries: a systematic analysis and implications. *Lancet* 2012;379:2162-2172.
6. Blencowe H, Lee AC, Cousens S, Bahalim A, Narwal R, Zhong N, et al. Preterm birth-associated neurodevelopmental impairment estimates at regional and global levels for 2010. *Pediatr Res* 2013;74 Suppl 1:17-34.
7. Liu L, Oza S, Hogan D, Perin J, Rudan I, Lawn JE, et al. Global, regional, and national causes of child mortality in 2000-13, with projections to inform post-2015 priorities: an updated systematic analysis. *Lancet* 2014.
8. Data from latest national service provision assessment or service availability and readiness assessment.
9. Data from latest national household survey.
10. UNAIDS. *Children and AIDS: sixth stocktaking report* Geneva: UNAIDS; 2013.
11. WHO. *Global Health Observatory Data*. Geneva: World Health Organization; 2014.
12. WHO. *Global Health Atlas of the Health Workforce*. Geneva: World Health Organization; 2014.
13. Data from Every Premie-SCALE country stakeholder interviews and document review; 2015.
14. UNICEF and WHO. *Countdown to 2015. A decade of tracking progress for maternal, newborn and child survival: the 2015 report*. Geneva: World Health Organization, 2015.