In 2015 Every Preemie—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.everypreemies.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 highlights priority areas associated with 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 12 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. In Afghanistan and the Democratic Republic of Congo the 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 births. 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 health and well-being of their children, during, and after pregnancy. Unfortunately many women are accessing 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, Kangaroo Mother Care for low birth weight newborns. (14) 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 health and well-being of their children, during, and after pregnancy. Unfortunately many women are accessing 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.

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.

**DEFINITIONS AND DATA SOURCES**

2. UNFPA, Every Newborn’s Right to Care: Why neonatal care is critical to achieving the millennium development goals, New York, 2007.
9. Data from latest national household survey.
12. Data from Every Preemie—SCALE country stakeholder interviews and document review; 2015.
13. Data from Every Preemie—SCALE country stakeholder interviews and document review; 2015.