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 80 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 Ghana. Data presented highlight a number of risk factors relevant to preterm and low birth weight in Ghana 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 Ghana 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.

In Ghana, 105,000 babies are born too soon each year and 8,260 children under five die due to direct preterm complications.
### RISK FACTORS FOR PRETERM BIRTH

- **Adolescent birth rate per 1,000 girls:** 75
- **Birth interval <24 months:** 16%
- **Short stature among women of childbearing age:** 1%
- **Anemia among women of childbearing age:** 59%
- **Obesity in women of childbearing age:** 40%
- **Adult diabetes prevalence:** 7%

**Other factors:**
- 28% Hypertension in women
- 2% Adult HIV prevalence
- <1% Tobacco use amongst women
- 21% Households with place to wash hands, soap and water
- 70% Solid fuel used for indoor cooking
- 5% Violence during pregnancy

### REPRODUCTIVE HEALTH & CARE DURING PREGNANCY

<table>
<thead>
<tr>
<th>Factor</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contraceptive prevalence rate (all methods)</td>
<td>25%</td>
</tr>
<tr>
<td>Met need for birth spacing</td>
<td>15%</td>
</tr>
<tr>
<td>At least 1 antenatal care visit</td>
<td>98%</td>
</tr>
<tr>
<td>4+ antenatal care visits</td>
<td>89%</td>
</tr>
<tr>
<td>First antenatal care visit &lt;4 months</td>
<td>64%</td>
</tr>
<tr>
<td>ITN use in pregnancy</td>
<td>50%</td>
</tr>
<tr>
<td>HIV+ pregnant women receiving ARVs</td>
<td>66%</td>
</tr>
<tr>
<td>Pregnant women &lt;34 weeks receiving ACS for threatened preterm labor</td>
<td>100%</td>
</tr>
</tbody>
</table>

### BIRTH & POSTNATAL CARE

<table>
<thead>
<tr>
<th>Factor</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Births attended by skilled attendant</td>
<td>79%</td>
</tr>
<tr>
<td>Births by caesarean section</td>
<td>16%</td>
</tr>
<tr>
<td>Infants weighed at birth</td>
<td>66%</td>
</tr>
<tr>
<td>Newborns initiated on KMC</td>
<td>66%</td>
</tr>
<tr>
<td>Early initiation of breastfeeding within 1 hour</td>
<td>56%</td>
</tr>
<tr>
<td>Exclusive breastfeeding up to 6 months</td>
<td>52%</td>
</tr>
<tr>
<td>PNC within 2 days (mothers)</td>
<td>84%</td>
</tr>
<tr>
<td>PNC within 2 days (newborns)</td>
<td>81%</td>
</tr>
</tbody>
</table>

### HEALTH FACILITY READINESS

- **DELIVERY FACILITIES WITH ACS 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: 10.2
- Clinical standards for preterm care at hospital level: 5/10
- Nursing students receive formal education in neonatal care: NO DATA

### HEALTH POLICY

- National plan for RMNCAH: ✔️
- RMNCAH plans include preterm component: ✔️
- Policy for kangaroo care: ✔️
- Policy for antenatal corticosteroids use: ✔️
- Policy for safe oxygen use and CPAP: ✔️
- 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: NO DATA
- Preterm included in national RMNCAH behaviour change strategy: NO DATA

### GHANA PROFILE OF PRETERM AND LOW BIRTH WEIGHT PREVENTION AND CARE

- **Preterm birth rate (babies born <37 weeks):** 12%
- **Low birth weight rate (babies born <2,500g):** 11%
- **Babies born per year:** 105,000
- **Ratio of boys to girls born preterm:** 1.20
- **Babies born <28 weeks:** 5,800
- **Impaired preterm survivors per year:** 2,900
- **Direct preterm child deaths per year:** 8,260

### DEMOGRAPHICS

- **Total population:** 28,207,000
- **Annual births:** 870,000
- **Total fertility rate per woman:** 4.0
- **Contraceptive prevalence rate (all methods):** 25%
- **Met need for birth spacing:** 15%
- **At least 1 antenatal care visit:** 98%
- **4+ antenatal care visits:** 89%
- **First antenatal care visit <4 months:** 64%
- **ITN use in pregnancy:** 50%
- **HIV+ pregnant women receiving ARVs:** 66%
- **Pregnant women <34 weeks receiving ACS for threatened preterm labor:** 100%

### HEALTH INFORMATION

- National advocacy group for parents of preterm babies: NO DATA
- Preterm included in national RMNCAH behaviour change strategy: NO DATA

### www.EveryPreemie.org
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 ≥28 weeks of gestation), expressed per 1,000 births. [3]
Annual number of stillbirths Number of stillbirths (≥1000 g birthweight or ≥28 weeks of gestation). [3]
Neonatal mortality rate Probability of dying between 0 to 26 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. [No data]
Number of preterm births Number of babies 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]
Extensive preterm babies (>28 weeks) 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. [7]
Direct preterm child deaths per year Number of deaths amongst children under 5 years of age directly due to preterm birth complications. [8]

HEALTH FACILITY READINESS

Delivery facilities with antenatal corticosteroids in stock Percentage of facilities conducting deliveries with either dexamethasone or betamethasone in stock. [No data]
Delivery facilities with neonatal bag and mask in stock Percentage of facilities conducting deliveries with ambu bag and neonatal mask size in stock. [No data]
Delivery facilities with space for kangaroo mother care Percentage of facilities conducting deliveries with space designated for kangaroo mother care. [No data]

COVERAGE OF CARE

Corticosteroids prevalence rate Percentage of women age 15–49 in union currently using corticosteroids. [9a]
Met need for birth spacing Percentage of women in union who are using contraception and who wish to postpone their next birth. [9a]
At least 1 antenatal care visit Percentage of women attended by any provider at least once during pregnancy. [9b]
4+ antenatal care visits Percentage of women attended by any provider at least four times during pregnancy. [9a]
First antenatal care visit <4 months Percentage of women less than 4 months pregnant at time of first antenatal visit. [9a]
ITN use in pregnancy Percentage of pregnant women using an insecticide treated bednet the night before the survey. [9c]

HIV+ pregnant women receiving ARVs Percentage of pregnant women testing HIV-positive during visits to antenatal clinics who were provided with antiretrovirals (ARVs) to prevent mother-to-child transmission. [10]
Women >34 weeks receiving ACS Percentage of women >34 weeks gestation receiving antenatal corticosteroids for threatened preterm labor. [No data]
Deaths attended by skilled attendant Percentage of deaths attended by skilled health personnel (doctors, nurses or midwives). [9a]

DATA SOURCES:

10. Ghana Statistical Service (GSS), Ghana Health Service (GHS), and ICF International. 2015. Ghana Demographic and Health Survey 2014. Rockville, Maryland, USA: GSS, GHS, and ICF International.
15. Data from EveryPreemie—SCALE country stakeholder interviews and document review, 2015, 2017, and 2019

www.EveryPreemie.org