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 Mozambique. Data presented highlight a number of risk factors relevant to preterm and low birth weight in Mozambique. Data presented information on the status of prevention and care for preterm birth and low birth weight in Mozambique. Data presented also have 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 Mozambique 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.

**Mozambique - National Clinical Standards for Care of Preterm Newborns at the Hospital Level**

- ACS
- Tocolytics
- Magnesium Sulfate
- Antibiotics for pPROM
- No antibiotics w/ intact membranes
- Vaginal birth preference
- KMC
- CPAP for RDS
- Safe oxygen
- Surfactant

*Based on the 10 elements of care recommended by WHO for improved preterm birth outcomes.*
Adolescent birth rate per 1,000 girls: 166
Birth interval <24 months: 4%
Short stature among women of childbearing age: 4%
Anemia among women of childbearing age: 54%
Obesity in women of childbearing age: 16%
Adult diabetes prevalence: 6%

31% Hypertension in women
13% Adult HIV prevalence
3% Tobacco use amongst women
NO DATA Households with place to wash hands, soap and water
96% Solid fuel used for indoor cooking
4% Violence during pregnancy

Reproductive Health & Care During Pregnancy

Contraceptive prevalence rate (all methods): 27%
Met need for birth spacing: 16%
At least 1 antenatal care visit: 93%
4+ antenatal care visits: 55%
First antenatal care visit <4 months: 13%
ITN use in pregnancy: 51%
HIV+ pregnant women receiving ARVs: 51%
Pregnant women <34 weeks receiving ACS for threatened preterm labor: No Data

Birth & Postnatal Care

Births attended by skilled attendant: 73%
Births by cesarean section: 4%
Infants weighed at birth: 51%
Newborns initiated on KMC: No Data
Early initiation of breastfeeding within 1 hour: 88%
Exclusive breastfeeding up to 6 months: 43%
PNC within 2 days (mothers): No Data
PNC within 2 days (newborns): 28%
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 live births. (3)

Annual number of stillbirths
Number of stillbirths (<1000g birthweight or ≥28 weeks of gestation). (3)

Neonatal mortality rate
Probability of dying between 0 to 28 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. (6)

Extreme preterm babies (<28 weeks)
Number of babies born alive before 28 completed weeks of pregnancy. (6)

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
Continence prevalence rate
Percentage of women age 15-49 in union currently using contraception. (9a)

Method 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. (9a)

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. (9b)

ITN use in pregnancy
Percentage of pregnant women using an insecticide treated bednet the night before the survey. (9a)

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. (9c)

Women <34 weeks receiving ACS
Percentage of women <34 weeks gestation receiving antenatal corticosteroids for threatened preterm labor. (No data)

Births attended by skilled attendant
Percentage of births attended by skilled health personnel (doctors, nurses or midwives). (9a)

Births by caesarean section
Percentage of births delivered by caesarean section. Caesarean section rates between 5 per cent and 15 percent may reveal adequate levels of emergency obstetric care. (9b)

Infants weighed at birth
Percentage of babies weighed at the time of birth. (9b)

Newborns initiated on KMC
Percentage of babies receiving KMC. (No data)

Early initiation of breastfeeding
Percentage of infants who are put to the breast within one hour of birth. (9b)

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. (9b)

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 (No data), and the percentage of laid-born newborns in the 5 years preceding the survey who received PNC within the first 2 days. (9a)

PNC within 2 days (newborns)
Percentage of infants aged 0-5 months who were fed exclusively with breast milk in the past 24 hours. (9b)

RISK FACTORS FOR PRETERM BIRTH
Adolescent birth rate
Number of births per 1,000 adolescent girls aged 15-19. (9b)

Birth interval <4 months
Percentage of women with two live births within 24 months. (9b)

Female short stature
Percentage of women age 15-49 less than 145cm tall. (9b)

Anaemia in women of childbearing age
Percentage of women age 15-49 with anaemia (cut-off ≤12.0 g/dl). (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)

Diabetes prevalence in women
Percentage of adult women with fasting glucose ≥126 mg/dl (7.0 mmol/l) or on medication for raised blood glucose. (11)

Hypertension in women
Percentage of adult women with raised blood pressure (systolic blood pressure ≥140 or diastolic blood pressure ≥90), or on medication for hypertension. (11)

Adult HIV prevalence
Percentage of adults living with HIV. (10)

Households with place to wash hands, soap and water
Percentage of households with a place for washing hands that includes water, soap or other cleansing agents. (No data)

Household solid fuel for indoor cooking
Percentage of households using solid fuel for cooking indoors. (9b)

Violence against women in pregnancy
Percentage of women age 15-49 who have ever experienced physical violence during pregnancy. (9b)

HEALTH WORKFORCE
Health worker density per 10,000 population
Number of medical doctors (physicians), including generalist and specialist medical practitioners, nursing and midwifery personnel per 10,000 population. (12)

Clinical standards for preterm care at hospital level
The highest level of care available, either at the hospital or in the community, that should be available. (13)

Nursing students receive formal education in neonatal care
Yes: Diploma or certificate program available for nurses in neonatal care. No: No formal additional certification. (13)

HEALTH POLICY
National plan for RMNCAH
Yes: Coordinated plan or plans to scale up maternal, newborn and child health interventions available at the national level. / Partial: Coordinated plan available but not for all components. / No: No coordinated implementation plan for maternal, newborn and child health available. (13)

RMNCAH plans include 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. (13)

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. (13)

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
Perinatal mortality audit in policy
National policy adopting health workers to review perinatal deaths occurring in health facilities. Yes: national policy in place / No: No national policy. (13)

Birthweight captured in health management information system
Place to capture birthweight on facility registries, 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 registries, or in annual health sector reports, where forms or registers were not available. (13)

COMMUNITY ENGAGEMENT
National advocacy group for parents of preterm babies
Yes: Existence of at least one support group for parents and family members affected by preterm birth. / No: Group information is available. (13)

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)

DATA SOURCES:
8. (Countdown 2030) WHO-UNICEF Policy Indicator Database

www.EveryPreemie.org