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 Rwanda. Data presented highlight a number of risk factors relevant to preterm and low birth weight in Rwanda 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 Rwanda 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 Rwanda, 43,000 babies are born too soon each year and 2,070 children under five die due to direct preterm complications.**

| Rwanda - National Clinical Standards for Care of Preterm Newborns at the Hospital Level |
|---|---|---|---|
| ACS | Tocolytics | Magnesium Sulfate | Antibiotics for pPROM |
| Vaginal birth preference | KMC | CPAP for RDS | Safe oxygen |
| | | | No antibiotics w/ intact membranes |
| | | | Surfactant |

Based on the 10 elements of care recommended by WHO for improved preterm birth outcomes.
**RWANDA PROFILE OF PRETERM AND LOW BIRTH WEIGHT PREVENTION AND CARE**

### RISK FACTORS FOR PRETERM BIRTH
- Adolescent birth rate per 1,000 girls: 45
- Birth interval <24 months: 14%
- Short stature among women of childbearing age: 3%
- Anemia among women of childbearing age: 19%
- Obesity in women of childbearing age: 21%
- Adult diabetes prevalence: 5%
- Hypertension in women: 30%
- Adult HIV prevalence: 3%
- Tobacco use amongst women: 2%
- Households with place to wash hands, soap and water: 38%
- Solid fuel used for indoor cooking: 98%
- Violence during pregnancy: 8%

### REPRODUCTIVE HEALTH & CARE DURING PREGNANCY
- Contraceptive prevalence rate (all methods): 53%
- Met need for birth spacing: 26%
- At least 1 antenatal care visit: 99%
- 4+ antenatal care visits: 44%
- First antenatal care visit <4 months: 56%
- ITN use in pregnancy: 69%
- HIV+ pregnant women receiving ARVs: 92%
- Pregnant women <34 weeks receiving ACS for threatened preterm labor: 100%

### BIRTH & POSTNATAL CARE
- Births attended by skilled attendant: 91%
- Births by caesarean section: 13%
- Infants weighed at birth: 92%
- Newborns initiated on KMC: 43%
- Early initiation of breastfeeding within 1 hour: 81%
- Exclusive breastfeeding up to 6 months: 87%
- PNC within 2 days (mothers): 19%
- PNC within 2 days (newborns): 19%

### PRETERM BIRTHS AND DEATHS
- Preterm birth rate (babies born <37 weeks): 12%
- Low birth weight rate (babies born <2,500g): 7%
- Babies born preterm per year: 43,000
- Ratio of boys to girls born preterm: 1.15
- Babies born per year <28 weeks: 2,000
- Impaired preterm survivors per year: 1,000
- Direct preterm child deaths per year: 2,070

### DEMOGRAPHICS
- Total population: 11,918,000
- Annual births: 370,000
- Total fertility rate per woman: 3.9

### HEALTH FACILITY READINESS
- Delivery facilities with ACS in stock: NO DATA
- Delivery facilities with neonatal bag and mask in stock: NO DATA

### HEALTH WORKFORCE
- Number of physicians, nurses and midwives per 10,000 population: 9.0
- Clinical standards for preterm care at hospital level: 8/10
- Nursing students receive formal education in neonatal care: ✔
- National plan for RMNCAH: ✔

### HEALTH INFORMATION
- Perinatal mortality audit in policy: ✔
- Birthweight captured in health management information system: ✔
- Gestational age captured in health management information system: ✔

### 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: ✔

### COMMUNITY ENGAGEMENT
- National advocacy group for parents of preterm babies: ✔
- Preterm included in national RMNCAH behaviour change strategy: ✗

### NO DATA
- Delivery facilities with space designated for KMC

**www.EveryPreemie.org**
DEFINITIONS AND DATA SOURCES

RISK FACTORS FOR PRETERM BIRTH

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth rate</td>
<td>Number of births per 1,000 women aged 15-19.</td>
</tr>
<tr>
<td>Birth interval</td>
<td>Period between two births.</td>
</tr>
<tr>
<td>Female age</td>
<td>Age of the mother at the time of birth.</td>
</tr>
<tr>
<td>Maternal mortality</td>
<td>Ratio of maternal deaths to the number of live births.</td>
</tr>
<tr>
<td>Neonatal mortality</td>
<td>Ratio of deaths of children under 28 days to the number of live births.</td>
</tr>
<tr>
<td>Stillbirth rate</td>
<td>Percentage of stillbirths to the number of births.</td>
</tr>
<tr>
<td>Infant mortality</td>
<td>Ratio of deaths of children under 1 year to the number of live births.</td>
</tr>
</tbody>
</table>

HEALTH POLICY

<table>
<thead>
<tr>
<th>Policy Area</th>
<th>Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>National plan for RMNCAH</td>
<td>Includes antenatal care, delivery care, and neonatal care.</td>
</tr>
<tr>
<td>Policy for RMNCAH</td>
<td>Includes antenatal care, delivery care, and neonatal care.</td>
</tr>
<tr>
<td>Policy for ACS use</td>
<td>Includes antenatal care, delivery care, and neonatal care.</td>
</tr>
<tr>
<td>Policy for safe oxygen use and CPAP</td>
<td>Includes antenatal care, delivery care, and neonatal care.</td>
</tr>
</tbody>
</table>

HEALTH INFORMATION

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birthweight</td>
<td>Weight of the newborn at birth.</td>
</tr>
<tr>
<td>Gestational age</td>
<td>Duration of pregnancy.</td>
</tr>
<tr>
<td>Perinatal mortality</td>
<td>Number of deaths in the first week of life.</td>
</tr>
<tr>
<td>Infant mortality</td>
<td>Number of deaths in the first year of life.</td>
</tr>
<tr>
<td>Preterm included in national RMNCAH strategy</td>
<td>Indicates whether preterm birth is included in national strategy.</td>
</tr>
</tbody>
</table>

COMMUNITY ENGAGEMENT

<table>
<thead>
<tr>
<th>Community Engagement</th>
<th>Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>National advocacy</td>
<td>Provides support for preterm babies.</td>
</tr>
<tr>
<td>Preterm excluded in national preterm birth strategy</td>
<td>Indicates whether preterm birth is excluded in national strategy.</td>
</tr>
</tbody>
</table>

DATA SOURCES:

6. Blencowe H. Newborns at risk: The contribution of small birthweight and mid-trimester preterm birth to low birthweight.  e140. (Countdown 2030) WHO-MNPC Policy Indicator Database