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 Uganda. Data presented highlight a number of risk factors relevant to preterm and low birth weight in Uganda 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 Uganda 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 Uganda, 108,000 babies are born too soon each year and 9,830 children under five die due to direct preterm complications.
Adolescent birth rate per 1,000 girls: 132
Birth interval <24 months: 24%
Short stature among women of childbearing age: 44%
Anemia among women of childbearing age: 41%
Obesity in women of childbearing age: 11%
Adult diabetes prevalence: 5%

Hypertension in women: 28%
Adult HIV prevalence: 6%
Tobacco use amongst women: 6%
Households with place to wash hands, soap and water: 95%
Solid fuel used for indoor cooking: 4%
Violence during pregnancy: 11%

Preterm birth rate (babies born <37 weeks): 6.6%
Low birth weight rate (babies born <2,500g): 12%
Babies born preterm per year: 108,000
Ratio of boys to girls born preterm: 1.17
Babies born <28 weeks: 11,000
Impaired preterm survivors per year: 5,700
Direct preterm child deaths per year: 9,830

Contraceptive prevalence rate (all methods): 39%
Met need for birth spacing: 22%
At least 1 antenatal care visit: 98%
4+ antenatal care visits: 60%
First antenatal care visit <4 months: 21%
ITN use in pregnancy: 64%
HIV+ pregnant women receiving ARVs: 95%
Pregnant women <34 weeks receiving ACS for threatened preterm labor: 100%

Births attended by skilled attendant: 74%
Births by caesarean section: 6%
Infants weighed at birth: 69%
Newborns initiated on KMC: 54%
Early initiation of breastfeeding within 1 hour: 66%
Exclusive breastfeeding up to 6 months: 66%
PNC within 2 days (mothers): 54%
PNC within 2 days (newborns): 56%

Maternal deaths: 343 (336) — Total 5,700
Stillbirths: 21.0 — Total 34,200
Neonatal deaths: 20 (27) — Total 36,100
Infant deaths: 35 (43) — Total 62,000
Under 5 deaths: 49 (64) — Total 85,000

*Numbers in parentheses refer to mortality estimates from recent national household survey

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