Worldwide, 15 million babies are born prematurely each year. Prematurity has become the leading cause of newborn deaths worldwide, resulting in more than 1 million deaths each year.¹ Preterm birth rates around the globe are increasing and are now responsible for 35% of the world’s neonatal deaths; the condition is the second-leading cause of death among children under five, after pneumonia.

Babies are considered to be preterm when born alive before 37 weeks of pregnancy are completed. Over 80% of premature babies are born between 32 and 37 weeks of gestation. Most newborn deaths among this group are caused by lack of simple, essential care such as warmth and feeding support. Babies born before 28 weeks gestation require intensive care to live; however, these cases make up only 5% of preterm births.

Being born preterm increases a baby’s risk of dying due to other causes, especially from neonatal infections. For preterm babies that survive, many face a lifetime of disability: preterm babies are at increased risk of cerebral palsy, learning impairment, visual disorders, and other non-communicable diseases.

The burden of preterm birth is substantial for many developing countries, and scale up of some low-tech, cost-effective interventions can help to reduce newborn deaths from prematurity. Reducing the burden of preterm birth has two main elements: prevention and care.

**Prevention**

Interventions that are proven to help prevent preterm birth are clustered in the preconception, between pregnancy, and pregnancy periods, as well as during preterm labor. The following interventions contribute to prevention of preterm birth:

- The preconception care package, including family planning (e.g., birth spacing and adolescent-friendly services); education and nutrition, especially for girls; and sexually-transmitted infection (STI) prevention
- Antenatal care packages for all women, including screening for and management of STIs, high blood pressure, and presumptive treatment of malaria in endemic areas; behavior change for lifestyle risks; and targeted care of women at increased risk of preterm birth
- Provider education to discourage inappropriate induction and cesarean
- Policy support, including smoking cessation and employment safeguards for pregnant women

**Treatment**

Interventions to reduce death and disability among premature babies can be applied both during labor and after birth. If interventions with proven benefits were universally available to women and their babies (i.e., 95% coverage), almost 1 million premature babies could be saved each year.

Interventions to manage preterm labor aim at reducing serious complications arising from preterm birth. These interventions include medications called tocolytics to slow down labor, antenatal corticosteroids

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*Globally, 3 million newborns die each year, and 2.6 million babies are stillborn. Four out of five newborn deaths result from three preventable and treatable conditions: preterm birth; infections; and complications during childbirth, also known as birth asphyxia. For more information on each of these conditions, visit the Health Newborn Network (http://www.healthynewbornnetwork.org).*
to help the fetus survive preterm birth, and antibiotics to prevent infection when preterm prelabor rupture of membranes (pPROM) occurs.

Care for babies born prematurely should, where possible, include:

- Essential and extra newborn care, especially feeding support
- Neonatal resuscitation
- Kangaroo Mother Care (Box 1)
- Chlorhexidine for umbilical cord care
- Management of premature babies with complications, especially respiratory distress syndrome and infection
- Comprehensive neonatal intensive care, where capacity allows

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**Box 1. Proven Interventions to Care for Preterm Babies**

Spreading the uptake of these low-tech and cost-effective interventions can save thousands of lives and raise awareness about how to reduce preterm birth: the leading cause of neonatal deaths worldwide.

**Antenatal steroid injections:** When given to mothers in preterm labor, dexamethosone helps speed up the development of the baby’s lungs. At a cost of about US $1, two shots can stop premature babies from going into respiratory distress when they are born. Use of these injections can prevent nearly 400,000 deaths a year.

**Kangaroo Mother Care (KMC):** KMC involves placing the newborn skin-to-skin on the mother’s chest and providing supportive care to the mother and baby. This approach helps regulate the newborn’s body temperature, facilitates breastfeeding, and helps brain growth and development. KMC can prevent up to 450,000 deaths annually.

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