

World Prematurity Day 2020 Advocacy Message Guide

The year 2020 has been unique in many ways, leading us into a new decade posing serious challenges such as the SARS-CoV-2 pandemic or rising conflict and humanitarian crises, placing women, newborns, children, and adolescents at particular risks. Yet this is also the start of a new decade with new opportunities for babies to survive and develop to their best potential. Maternal and newborn health is still off track from political agendas in too many countries. The lives of millions of mothers and newborns could be saved by expanding care for women and adolescents during pregnancy, before, during and after birth. Promoting healthy behaviours and practices at household and community levels, investing in quality care, supporting parents physically and emotionally, providing respectful care throughout pregnancy and birth and ensuring basic and specialised in patient-care for newborns and the provision of focused follow-up, are essential. With greater investment, the right political commitment and the will to transform and improve maternal and newborn care, making maternal and newborn health a priority, we can improve the lives of mothers and babies globally and impact the future of our societies. Cost-effective solutions exist to prevent preterm birth, manage preterm birth complications, and helping newborns to survive and thrive. Everywhere.

Babies born too soon refers to babies born before 37 weeks of pregnancy are completed.

Preterm birth complications are the **leading cause of death for children under 5**, causing an estimated 1 million deaths in 2015 globally.

An estimated **15 million babies** are born preterm every year – more than 1 in 10 babies around the world.

Rates of preterm birth are rising in the majority of countries with adequate data. Across 184 countries, the rate of preterm birth ranges from 5% to 18% of babies born.

(World Health Organization, key facts preterm birth (02/2018))

This year's World Prematurity Day slogan:

World Prematurity Day 2020:

Together for babies born too soon - Caring for the future

Working together in the care of preterm, small and sick babies holds many benefits, examples of which are outlined for the groups presented here. **Find background information on the three subthemes Supporting families – Supporting healthcare professionals – Strengthening healthcare systems – to facilitate preparing your individual World Prematurity Day 2020 campaign:**

Supporting families

WHY?

Parents who are actively involved in the care of their newborn and are in close physical and emotional contact with their baby as early after birth as possible and during hospitalisation can have great benefits on the short- and long-term outcome of their baby, including for example: less need for respiratory support, increased weight gain, improved breastfeeding, shortened hospital stay, less readmission to hospital, or better neurodevelopmental outcome. Active involvement reduces parental stress, equips parents in better taking care of their baby and has positive effects on the parent-child relationship and family life at home, after hospitalisation.

- Enabling parents to care for their hospitalised baby and strengthening them to fulfil their parental role decreases parental stress and anxiety, improves physical health and helps to prepare taking care of the baby after hospitalisation at home.
- Skin-to-skin contact as early after birth and continuously as possible has positive and protective effects, including e.g. regulation of cardiac and respiratory rates, prevention of sepsis, hypothermia and hypoglycaemia, reduced hospital readmission. It has been linked to better reflexes at term and better development at preschool age and beyond. It also supports early initiation and continuation of exclusive breastfeeding.
- Early and exclusive breastfeeding and providing breastmilk milk have a positive impact on the baby's short- and long-term physiological and neurodevelopmental outcomes.

HOW?

Promote respectful, culturally appropriate and responsive family centred care and support, including the provision of necessary space and facilities. Educate parents so that they gain self-confidence, feel comfortable in fulfilling their parental role and can bond with their baby.

- Engage parents from the beginning with good communication, education, participation in care giving, and decision-making.
- Keep the baby and parents together (zero separation).
- Facilitate and encourage skin-to-skin contact between baby and parents.
- Provide adequate space in the hospital unit and amenities allowing parents to stay.
- Educate and support parents with breastfeeding.
- Respect the parents' right to information and consent in all treatments and interventions, invite them to participate in medical rounds.
- Recognize parents as the ultimate caretakers for their baby; listen to their concerns, and provide psychosocial support for their own well-being.
- Ensure mothers of inpatient preterm/ small or sick babies receive routine postnatal care and management of complications, including assessment and management of anxiety, depression or any other mental health conditions.
- Promotion of responsive care and early stimulation through a stimulating environment to promote essential neurosensory development for preterm babies whose senses may only be beginning to develop.
- Educate and engage men/partners to understand the needs, risks and danger signs of pregnancy, childbirth, postnatal period and provide space for male partners in health facilities.
- Test innovative parent- community/parent-healthcare provider partnership models to expand access to facility-based services and post-discharge follow-up care.

- Develop and implement programmes for financial and social support of families with low social, financial status or in underserved, marginalised areas during hospitalisation as well as for follow-up support.
- Develop, validate, and contextualize tools that measure types of support that parents, families, and newborns receive. Give them opportunities to provide feedback and to evaluate their experience of care.
- Adapt care to the needs of adolescent mothers – ensure ample time is provided during consultations so that they fully understand the care provided to their babies and what is expected of them. Where possible, hold group counselling sessions with adolescents for peer support and to promote positive behaviour. Assess support available from partners and/or families, encourage their participation and if support is not available, explore community options to address this. Ensure linkage to mental health services especially during inpatient care for newborns.
- Experience sharing/ mentoring by other parents to allay anxiety of parents/ families.
- Adopt Water and Sanitation for Health Facility Improvement Tool (WASH FIT): A practical guide for improving quality of care through water, sanitation and hygiene in health care facilities. Emphasize its use in Low- and Middle-Income Countries (LMIC).

With thanks to: *Survive and Thrive: Transforming care for every small and sick newborn, WHO 2019*

Supporting healthcare professionals

WHY?

Evidence based, high-quality treatment and care provided in a timely, people centred manner, by a well-trained, specialised multidisciplinary team and safe staffing levels improve health outcomes and enhance staff satisfaction.

- Newborn health is closely linked to adequate numbers of qualified nurses and/or midwives working per shift in a newborn unit.
- Multidisciplinary teams provide the necessary skill set to deliver appropriate high-quality inpatient care. Specialists help enhance feeding, neurodevelopmental and social outcomes of the baby and form part of a broader support system for families during and after hospital stay.
- Avoid harm to newborns who are receiving more advanced clinical care including, for example, and appropriate supplemental oxygen. Disabilities can be prevented or mitigated with good-quality, developmentally-supportive care.
- Pain affects brain development with potentially long-term effects: It can lead e.g. to hypersensitivity to pain at school age and older and lower motor and intellectual developmental indices. Healthcare providers should ensure that newborns do not experience discomfort and painful procedures where possible and apply interventions that relieve pain during necessary painful procedures.
- Delivering developmentally supportive care to babies born too soon, small or sick, including for example respecting a baby's sleep, correct positioning, minimizing noise and light, recognising signs of stress and pause intervention when possible, improves outcomes for babies.

HOW?

Ensure optimal working conditions including sufficient resources, adequate staff training and supervisory support, as well as support by hospital managers and health policy makers and promote respect for healthcare providers and their work.

- Provide specific and continued training / continuous professional development and supportive supervision to advance skills and competencies, including safe use of WASH (Water, Sanitation and Hygiene) and IPC (Infection, prevention and control) facilities.
- Respect and recognise the profession and highly intense working conditions and responsibilities with e.g. incentives such as increased remuneration, career opportunities or establishment of a neonatal nursing cadre.
- Establish innovative approaches to motivate and facilitate the work of clinical staff and identify ways to prevent distress and burn-out.
- Ensure each level of care has the necessary staff per shift, equipment, commodities, supplies and diagnostics so that providers can safely care for babies born too soon, too small or sick.
- Identify and procure diagnostics/equipment that are affordable, safe, effective and appropriate for use in low resource settings.
- Establish clean, functional health centres to support safe delivery and empower women and families to demand and access quality health services from clean and safe healthcare facilities. Highlight the importance of respectful care, particularly for women at risk of disrespect and abuse due to age, socioeconomic status or marital status – determine conditions under which disrespect and abuse happens and put in place reporting and redress mechanisms.

With thanks to: [Survive and Thrive: Transforming care for every small and sick newborn, WHO 2019](#)

Strengthening healthcare systems

WHY?

Universal access and focus on equitable, high-quality, affordable services during and after birth is critical to ensure the survival and health of women and newborns, and represents a smart investment into the future of our societies.

- There is great need for country policies on universal health coverage, including financial protection mechanisms that guarantee access to a comprehensive package of interventions for small and sick newborns. Social and financial barriers that limit access to care, including for female newborns who are especially vulnerable in some populations, must be eliminated.
- While global data availability remains limited, the latest JMP estimates highlight the urgent need to accelerate progress in Least Developed Countries where, in 2019, 50% of healthcare facilities had basic water services, 37% had basic sanitation services, 74% had hand hygiene at points of care and 30% had basic healthcare waste management services.⁽¹⁾
- More than one million deaths each year are associated with unclean surrounding environment at birth, while infections account for 26% of neonatal deaths and 11% of maternal mortality. Water, Sanitation and Hygiene (WASH) services must be available at every stage before, during and after birth to enable a clean and birth environment and safe inpatient care.⁽¹⁾
- High-quality health systems could prevent one million newborn deaths and half of all maternal deaths each year⁽²⁾. The provision of effective care for all women and babies at the time of birth in facilities could prevent an estimated 113,000 maternal deaths, 531,000 stillbirths and 1.3 million neonatal deaths annually by 2020 at an estimated running cost of US\$4.5 billion per year (US\$0.9 per person).⁽³⁾

- Health system investments alongside investments in high-impact health interventions for health of mothers, newborns, children and adolescents, at a cost of US\$5 per person per year up to 2035 in 74 high-burden countries, could yield up to nine times that value in economic and social benefits. These returns include greater GDP growth through improved productivity and preventing 32 million stillbirths and the deaths of 147 million children and 5 million women by 2035. ⁽³⁾
- A child’s brain and other systems develop most rapidly through the first three years of life. Investments in early development are essential to promote the physical, mental and social development that shape each individual’s present and future health. Enabling children to develop their physical, cognitive, language and socioemotional potential, particularly in the three first years of life, has rates of return of 7-10% across the life course through better education, health, sociability, economic outcomes and reduced crime. ⁽³⁾
- A decrease of 70% in a country’s maternal mortality rates and 3% in infant mortality rates could be achieved by a 10% reduction in child marriage. High rates of child marriage are linked to lower use of family planning, higher fertility, unwanted pregnancies, higher risk for complications during childbirth, limited educational advancement, and reduced economic earnings potential. ⁽³⁾
- Investments to ensure girls complete secondary school yield a high average rate of return (around 10 per cent) in low- and middle-income countries. The health and social benefits include, among others, delayed pregnancies and reduced fertility rates, improved nutrition for pregnant and lactating mothers and their infants, improved infant mortality rates. ⁽³⁾

1 [WATER, SANITATION, AND HYGIENE IN HEALTH CARE FACILITIES PRACTICAL STEPS TO ACHIEVE UNIVERSAL ACCESS TO QUALITY CARE, WHO/UNICEF 2019](#)

2 [High-quality health systems in the Sustainable Development Goals era: time for a revolution, Margaret E Kruk et al. THE LANCET GLOBAL HEALTH COMMISSION| VOLUME 6, ISSUE 11, E1196-E1252, NOVEMBER 01, 2018](#)

3 [The Global Strategy for Women’s, Children’s and Adolescents’ Health \(2016 - 2030\), Every Women Every Child 2015](#)

HOW?

Establish/update evidence-based laws, policies and regulations, as well as organisational structures around the time of birth and care for early, small and sick newborns to ensure equitable access to high-quality care for all newborns in need.

- Provide political leadership at all levels, supporting the prioritisation of the needs and rights of women and newborns across government sectors.
- Achieve and maintain WASH (Water, Sanitation and Hygiene) services in healthcare facilities, for better infection prevention and control and patient safety, particularly during the time around birth.
- Integrate “the LINC Factors” (lifestyle, infection, nutrition and contraception) into service delivery. Link these with other strategies targeting families and communities to increase awareness on prevention of preterm birth.
- Develop context specific national action plans and allocate adequate financial resources to include inpatient care for mothers and newborns and effective follow-up after hospitalisation.
- Make care services for mothers and newborns available for populations in humanitarian settings.
- Adapt WHO global maternal and newborn care standards, standards for improving the quality of care for small and sick newborns in health facilities, European Standards of Care for Newborn Health and make them available in local facilities.
- Support the maintenance of equipment and adequate supplies of drugs and other items contribute to fight the low quality of maternity services and delay in care provision, particularly found in rural settings in Low- and Middle-Income Countries.

- Support data collection efforts and harmonisation to increase understanding of where, when and why mothers and newborns are dying – and how this connects to care delays.
- Decide on measures to attract and retain healthcare providers in rural areas (including e.g. housing, good working conditions, performance recognition and remuneration).
- Involve women, children and adolescents in decision-making for health policies and programmes that affect their health and well-being. Include the respective organisations supporting and representing these groups.
- Develop/expand context specific national action plans to include antenatal care, high risk identification and prioritized care, inpatient newborn care, post-discharge follow-up care and allocate adequate financial resources.
- Use of mass/mid/social media to create awareness on risk factors and care for preterm birth.

With thanks to: [*Survive and Thrive: Transforming care for every small and sick newborn, WHO 2019*](#)

SARS-CoV-2 (COVID-19)

From its identification in late December 2019 to this date, the full impact of the coronavirus SARS-CoV-2 (causing the COVID-19 disease) on health of mothers and babies remains uncertain. At the moment, there is no reason to assume that babies, both term and preterm, are the prime target of this virus, but the current situation is already impacting availability, accessibility and quality of health services for pregnant women and newborns. As an example: for 132 Low- and Middle-Income Countries (LMIC), a modest decline of 10% in coverage of pregnancy-related and newborn healthcare would have disastrous implications: An additional 1.7 million pregnant women and 2.6 million newborns would experience major complications but would not receive the care they need. This would result in additional 28,000 maternal deaths and 168,000 newborn deaths.⁽¹⁾

The policies and procedures on how to handle the spread of the virus differ widely across and within networks. This difference concerns also the time parents can be with their hospitalised baby. However, involving parents as partners in their baby's care should continue to remain a priority particularly now, as it has proven to be best for the babies, for the parents and potentially beneficial for healthcare professionals trying to limit the impact of COVID-19. Keeping mothers isolated from their babies leads to a reduction in breastfeeding, as it becomes more difficult to apply supportive techniques such as skin-to-skin contact and continuous midwifery and lactation counselling. Limiting the time for parents to be with their baby to a few minutes or stopping the access to their babies will have significant health and mental consequences for the parents and the babies.

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World Health Organization (WHO) recommends that during COVID-19 pandemic, healthcare providers should **“enable mothers and infants to remain together and practice skin-to-skin contact, and rooming-in throughout the day and night, especially straight after birth during the establishment of breastfeeding, whether or not the mother or child has suspected, probable, or confirmed COVID-19”**.

For extensive, valid and up-to-date information about COVID-19 please visit the website of your national regional or local governmental health institutions or the World Health Organization (WHO), providing information in several languages.

¹ [*Guttmacher Institute. Estimates of the Potential Impact of the COVID-19 Pandemic on Sexual and Reproductive Health in Low- and Middle-Income Countries. 2020*](#)

Underserved, marginalised populations including in humanitarian settings

Wealth, place of birth, coverage of care at birth, and, in some cultures, also the newborn's gender greatly impact the risk of dying and the health outcome of a newborn. The most vulnerable newborns are those in marginalised groups, rural areas, urban slum environments, conflict areas and humanitarian settings. Too many newborns have only limited or no access to cost-effective, lifesaving interventions and the equity gap is continuously growing. Every day in fragile and humanitarian settings, an estimated 500 women and girls die from complications due to pregnancy and childbirth.

Some concrete examples of what can be done to help newborns survive under these most difficult circumstances:

- Keep babies and parents together: they are the most reliable source of warmth, feeding, and protection in crises.
- Strengthen and scale up essential care for mothers and newborns, focusing on cost efficient and high impact interventions including empowering mothers with information on their individual risk level during pregnancy, thermal care, infection prevention, neonatal resuscitation, early initiation and support for breastfeeding, postnatal checks, delayed cord clamping, vitamin K administration and eye prophylaxis at birth.
- Educate communities and health workers to identify danger signs before, during and after pregnancy and monitor these; Develop systems of reliable transportation and communication to facilitate appropriate referral of mothers and newborns when danger signs are detected.
- Share broadly information of essential medicines and commodities (e.g. [Newborn Health in Humanitarian Settings Field Guide](#)) to support safe birth and newborn survival during emergencies; Integrate these medicines into national essential medicines lists and implementing organisations' supply lists.
- Recognise and guarantee the rights of newborns including birth registration and legal status. Count every newborn in all settings, including humanitarian settings, using birth (and death) registration.
- Integration of family planning during antenatal and postnatal care encouraging early and exclusive breastfeeding and improving spacing between pregnancies.

With thanks to: ENAP, [Roadmap to Accelerate Progress for Every Newborn in Humanitarian Settings 2020 - 2025](#) and JMP [global estimates for WASH in healthcare facilities](#)



To assist your planning, global partners have compiled a toolkit with more information, material and useful links:

World Prematurity Day 2020 Advocacy and Social Media Toolkit

Acknowledgements

We would like to thank the World Prematurity Day Coordinating Committee for their planning efforts and their contributions to this document. To join next year's World Prematurity Day Coordinating Committee, please contact [World Prematurity Day Coordinating Committee](#)

The World Prematurity Day Coordinating Committee includes the following organisations in alphabetical order: EFCNI, including the EFCNI Parent Advisory Board, GLANCE; Jhpiego; LittleBigSouls; March of Dimes; National Premmie Foundation; Prematuridade; Project Concern International (PCI); Save the Children; UNICEF; USAID; White Ribbon Alliance; WHO; World Vision