**STATUS OF PRETERM AND LOW BIRTH WEIGHT DEMOGRAPHICS, RISK FACTORS AND HEALTH SYSTEM RESPONSIVENESS IN USAID'S 24 MCH PRIORITY COUNTRIES**

**WHERE ARE THE MOST PRETERM BIRTHS?**

<table>
<thead>
<tr>
<th>Country</th>
<th>Babies Born Preterm Per Year</th>
<th>Impaired Preterm Survivors Per Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>INDIA</td>
<td>3,341,400</td>
<td>80,700</td>
</tr>
<tr>
<td>NIGERIA</td>
<td>871,400</td>
<td>21,300</td>
</tr>
<tr>
<td>PAKISTAN</td>
<td>866,100</td>
<td>17,100</td>
</tr>
<tr>
<td>INDONESIA</td>
<td>718,500</td>
<td>18,300</td>
</tr>
<tr>
<td>BANGLADESH</td>
<td>438,800</td>
<td>11,200</td>
</tr>
</tbody>
</table>

**RISK FACTORS**

- Solid fuel used for indoor cooking: 82%
- Hypertension in women: 29%
- Obesity in women of childbearing age: 22%
- Birth interval <24 months: 13%

**ADOLESCENT BIRTH RATE PER 1,000 GIRLS**

- Afghanistan
- Bangladesh
- DR Congo
- Ethiopia
- Ghana
- Haiti
- India
- Indonesia
- Kenya
- Liberia
- Madagascar
- Malawi
- Mali
- Mozambique
- Myanmar
- Nepal
- Nigeria
- Pakistan
- Rwanda
- Senegal
- South Sudan
- Tanzania
- Uganda
- Zambia

**PRETERM BIRTH RATE**

- Afghanistan: NO DATA
- Bangladesh
- DR Congo
- Ethiopia
- Ghana
- Haiti
- India
- Indonesia
- Kenya
- Liberia
- Madagascar
- Malawi
- Mali
- Mozambique
- Myanmar
- Nepal
- Nigeria
- Pakistan
- Rwanda
- Senegal
- South Sudan: NO DATA
- Tanzania
- Uganda
- Zambia

**LOW BIRTH WEIGHT RATE**

- Afghanistan
- Bangladesh
- DR Congo
- Ethiopia
- Ghana
- Haiti
- India
- Indonesia
- Kenya
- Liberia
- Madagascar
- Malawi
- Mali
- Mozambique
- Myanmar
- Nepal
- Nigeria
- Pakistan
- Rwanda
- Senegal
- South Sudan
- Tanzania
- Uganda
- Zambia

**REPRODUCTIVE HEALTH & CARE DURING PREGNANCY**

- At least 4 antenatal care visits: 84%
- 4+ antenatal care visits: 53%

**BIRTH & POSTNATURAL CARE**

- Births attended by skilled attendant: 59%
- Infants weighed at birth: 52%
- PMN within 2 days (newborns): 37%

**HEALTH POLICY**

- RMNCAH plans include preterm component: 14/18
- Policy for kangaroo mother care: 14/18
- Policy for antenatal corticosteroids use: 18/24
- Policy for safe oxygen use and CPAP: 0/24

**COMMUNITY ENGAGEMENT**

- Preterm included in national RMNCAH behaviour change strategy: 3/14

**HEALTH INFORMATION**

- Birthweight captured in health management information system: 20/23
- Gestational age captured in health management information system: 8/22

The numerator refers to the number of countries responding “yes”. The denominator refers to the number of countries for which data are available.

[Source: www.EveryPreemie.org]
In 2017 Every Preemie—SCALE updated country profiles, originally developed in 2015, highlighting the status of preterm birth and low birth weight prevention and care in USAID’s 24 priority maternal and child health countries. These countries and complications due to preterm birth (less than 37 weeks gestation), followed by infectious diseases and complications during labor and delivery are the leading direct causes of death among children under five years of age. The majority of under-five deaths are largely preventable. Prematurity and low birth weight – babies weighing less than 2,500 grams at birth – are also major indirect contributors to newborn and child deaths as well as disability and non-communicable diseases globally (e.g. diabetes). The preterm birth rate among USAID’s 24 priority countries is 13 percent. In 22 countries where data were available, 15 percent of babies are low birth weight. This summary profile and individual country profiles are available online at www.everypreemie.org/country-profiles.

This 24-country summary profile provides an overview of demographic indicators, and health risk and health services data relevant to preterm birth and low birth weight (see data sources below). Data presented highlight risk factors associated with both preterm birth and low birth weight including adolescent birth rate, and birth intervals less than 24 months. Adolescent pregnancy can increase the chances of stillbirth, neonatal and maternal death and disability by as much as 50 percent. Across the 24 countries, the average adolescent birth rate is 102 per 1000 girls aged 15-19 years with the highest rate in Mozambique at 166. Birth-to-pregnancy intervals of less than twelve months also increase the risk for poor maternal and newborn outcomes. For these reasons, spacing pregnancies at 24 months or more between births is recommended. Thirteen percent of babies in these 24 countries have a birth interval less than 24 months. In Afghanistan and the Democratic Republic of the Congo the 32 percent and 27 percent of births, respectively, are too closely spaced. Maternal complications such as hypertension and obesity also significantly increase the likelihood for poor birth outcomes including preterm birth and low birth weight. Overall, 29 percent of women across these countries have hypertension with the highest percent in Mali, Ethiopia and the Democratic Republic of the Congo. Twenty-two percent of women are obese with forty percent of women aged 15-49 in both Afghanistan and Mozambique reported as obese.

Because preterm birth is intricately tied to a woman’s reproductive health lifestyle, it can provide valuable insights into the health and well-being of women, and the quality of health care they receive before, during, and after pregnancy. Unfortunately many women are accessing and receiving minimal or poor quality health care services. Many conditions such as those listed above can be effectively managed prior to and throughout a woman’s pregnancy thus lowering the likelihood of compromised birth outcomes. While 84 percent of women across the priority countries attend at least one antenatal care (ANC) visit, only 53 percent attend four or more visits. At the same time, only 59 percent of women are accessing skilled care at birth with a high of 94 percent in the Democratic Republic of the Congo and a low of 19 percent in South Sudan. Skilled health practitioners can provide life-saving care to mothers and their neonates within the first critical moments after birth, including resuscitation for babies born too soon.

As the global dialogue around newborn health advances, many countries are responding and including preterm care components in their national reproductive, maternal, newborn and child health policies and standards of care. Skin-to-skin contact for thermal care of the preterm neonate (referred to as Kangaroo Mother Care) is included in the majority of national policies across these countries. Over 60 percent of countries include both magnesium sulfate for preterm/pseudo/scoliosis and the use of antenatal corticosteroids for fetal lung maturation in their clinical standards or guidelines, while two-thirds include tocolytics. Other essential preterm components of care that need greater attention include vaginal birth preference, CPAP for respiratory distress syndrome and the safe use of oxygen and preterm birth neonates.

To build the momentum for improved child health established during the Millennium Development Goal era (2000-2015) and continuing into the Sustainable Development Goal era, more needs to be done to improve and link neonatal and low birth weight and to improve outcomes for small babies going forward. Please use this summary profile to advocate for this critical issue and to inspire the change that will save thousands of lives and improve health for generations to come.


**DEFINITIONS AND DATA SOURCES**

**RISK FACTORS FOR PRETERM BIRTH**
- **Adolescent birth rate:** Number of births per 1,000 adolescent girls aged 15-19.
- **Birth interval 24+ months:** Percentage of women with two live births in 24 or more months.
- **Female obesity:** Percentage of adult women with raised blood pressure (systolic blood pressure over 140 mm Hg or diastolic pressure over 90 mm Hg).
- **Hypertension in women:** Percentage of adult women with raised blood pressure (systolic blood pressure over 140 mm Hg or diastolic pressure over 90 mm Hg).
- **Household solid fuel for indoor heating:** Percentage of households using solid fuel for cooking indoors.

**COMMUNITY ENGAGEMENT**
- **Preterm birth messages:** OR no national behavior change strategy.
- **RMNCAH strategy includes mention of any critical elements:** RMNCAH plan includes preterm components.
- **Policy for ACS:** No: National policy does not recommend use of antenatal corticosteroids for preterm labor. / Yes: National policy does recommend use of antenatal corticosteroids for preterm labor.
- **Policy for use of oxygen:** / No: National policy does not specify safe oxygen use. / Yes: National policy specifies safe oxygen use when continuous, positive airway pressure is administered.
- **Place to capture birthweight on facility registers, or in annual health sector reports, where forms or registers were not positive airway pressure is administered. / No: National policy does not recommend use of antenatal corticosteroids for preterm labor. / Yes: National policy recommends use of antenatal corticosteroids for preterm labor.
- **Place to capture gestational age in weeks, on facility registers, or in annual health sector reports, where forms or registers were not available:**
- **Preterm births**:

**HEALTH INFORMATION**
- **Birthweight-capturing in health management information system:** Place to capture birthweight on facility registers, or in annual health sector reports, where forms or registers were not available.
- **Gestational age captured in health management information system:** Place to capture gestational age in weeks, on facility registers, or in annual health sector reports, where forms or registers were not available.

**HEALTH WORKFORCE**
- **Clinical standards for preterm care at hospital level:** Number of critical elements of preterm care (antenatal corticosteroids, tocolytics, magnesium sulfate, antibiotics for preterm premature rupture of membranes, no antibiotics, etc).
- **Policy for ACS:** No: National policy does not recommend use of antenatal corticosteroids for preterm labor. / Yes: National policy does recommend use of antenatal corticosteroids for preterm labor.
- **Policy for use of oxygen:** / No: National policy does not specify safe oxygen use. / Yes: National policy specifies safe oxygen use when continuous, positive airway pressure is administered.

**CONFLICT OF INTEREST**
- **Preterm birth messages:** OR no national behavior change strategy.
- **RMNCAH behaviour change strategy:** / No: National policy does not include in national strategy.
- **RMNCAH behaviour change strategy:** / No: National policy does not include in national strategy.

**DATA SOURCES**