

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

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

WHERE ARE THE MOST PRETERM BIRTHS?

BABIES BORN PRETERM PER YEAR
IMPAIRED PRETERM SURVIVORS PER YEAR



RISK FACTORS

Average across countries where data are available



Solid fuel used for indoor cooking
82%



Hypertension in women
29%



Obesity in women of childbearing age
22%

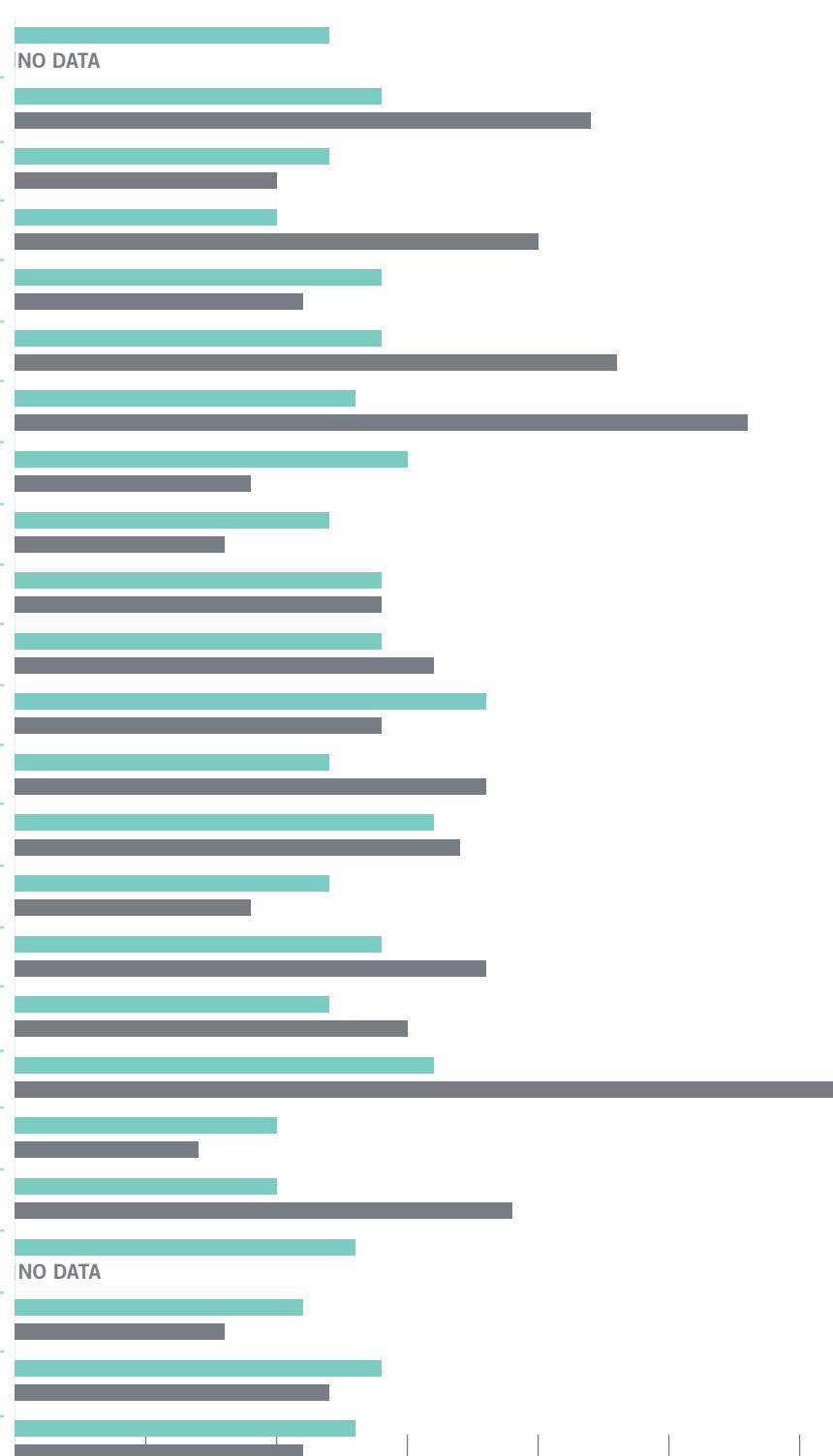


Birth interval <24 months
13%

ADOLESCENT BIRTH RATE PER 1,000 GIRLS



PRETERM BIRTH RATE



LOW BIRTH WEIGHT RATE

0 5 10 15 20 25 30



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

REPRODUCTIVE HEALTH & CARE DURING PREGNANCY

At least 1 antenatal care visit

84%

4+ antenatal care visits

53%

Average across countries where data are available

BIRTH & POSTNATAL CARE

Births attended by skilled attendant

59%

Infants weighed at birth

52%

PNC within 2 days (newborns)

37%

100 %

Average across countries where data are available

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 represent more than 70 percent of maternal and child deaths globally. Complications due to preterm birth (births 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.¹ 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 least two years apart is recommended.² Thirteen percent of births in these 24 countries have a birth interval less than 24 months. In



Among the 24 USAID priority countries there are approximately 8.8 million babies who are born too soon each year. Direct preterm birth complications account for 745,000 deaths of children under five annually, or approximately 2,000 each day. Of those who survive just over 200,000 have moderate to severe impairment including cerebral palsy, and cognitive, hearing and vision difficulties.

Afghanistan and the Democratic Republic of the Congo 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. 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 Ghana and Pakistan reported as obese.

Because preterm birth is intricately tied to a woman's reproductive health lifecycle, 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 preeclampsia/eclampsia 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 in preterm and low birth weight 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 prevent preterm birth 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.

¹ UNFPA, *Girlhood, Not Motherhood: Preventing Adolescent Pregnancy*, New York, 2015.

² http://www.who.int/maternal_child_adolescent/documents/birth_spacing.pdf. Published 2006.

DEFINITIONS AND DATA SOURCES

PRETERM BIRTHS AND DEATHS

Preterm birth rate	Probability of baby being born alive before 37 completed weeks of pregnancy, expressed per 100 live births. [5]
Low birth weight rate	Percentage of infants weighing less than 2500g at birth. [1]
Preterm births	Number of babies born alive before 37 completed weeks of pregnancy. [5]
Impaired preterm survivors	Number of preterm babies who survive with moderate or severe neurodevelopmental impairment. [6]
Direct preterm child deaths per year	Number of deaths amongst children under 5 years of age directly due to preterm birth complications. [7]

COVERAGE OF CARE

At least 1 antenatal care visit	Percentage of women attended by any provider at least once during pregnancy. [9]
4+ antenatal care visits	Percentage of women attended by any provider at least four times during pregnancy. [9]
Births attended by skilled attendant	Percentage of births attended by skilled health personnel (doctors, nurses or midwives). [9]
Infants weighed at birth	Percentage of babies weighed at the time of birth. [9]
PNC within 2 days (newborns)	The percentage of last-born newborns in the 5 years preceding the survey who received PNC during the first 2 days after birth. [9]

RISK FACTORS FOR PRETERM BIRTH

Adolescent birth rate	Number of births per 1,000 adolescent girls aged 15–19. [1,9]
Birth interval <24 months	Percentage of women with two live births within 24 months. [9]
Female obesity	Percentage of women age 15-49 with a body mass index (expressed as the ratio of weight in kilograms to the square of height in meters [kg/m ²]) of more than 25.0 kg/m ² . [9,11]
Hypertension in women	Percentage of adult women with raised blood pressure (systolic blood pressure ≥140 OR diastolic blood pressure ≥90), or using antihypertensive medication. [11]
Household solid fuel for indoor cooking	Percentage of households using solid fuel for cooking indoors. [9]

DATA SOURCES:

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- WHO. Global Health Observatory Data. Geneva: World Health Organization; 2014.
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HEALTH WORKFORCE

Clinical standards for preterm care at hospital level	Number of 10 critical elements of preterm care (antenatal corticosteroids, tocolytics, magnesium sulphate, antibiotics for preterm premature rupture of membranes, no antibiotics with intact membranes, vaginal birth preference, kangaroo mother care, continuous positive airway pressure for respiratory distress, safe oxygen therapy, surfactant) included in national clinical standards or guidelines. [13]
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HEALTH POLICY

RMNCAH plan includes preterm components	Yes: RMNCAH strategy includes mention of any critical elements of preterm care. / No: No mention of any critical elements of preterm care. [13]
Policy for KMC	Yes: National policy recommends Kangaroo Mother Care for low birth weight newborns. / No: National policy does not recommend Kangaroo Mother Care for low birth weight newborns. [14]
Policy for ACS use	Yes: National policy recommends use of antenatal corticosteroids for preterm labor. / No: National policy does not recommend use of antenatal corticosteroids for preterm labor. [14,15]
Policy for safe oxygen use and CPAP	Yes: National policy specifies safe oxygen use when continuous positive airway pressure is administered. / No: National policy does not specify safe oxygen use. [13]

HEALTH INFORMATION

Birthweight captured 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. [13]
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. [13]

COMMUNITY ENGAGEMENT

Preterm included in national RMNCAH behaviour change strategy	Yes: Messages regarding preterm birth are included in national strategy. No: National behavior change strategy does not include preterm birth messages OR no national behavior change strategy. [13]
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