

A decade of action on global preterm birth: Born Too Soon update

Preterm birth is now the leading cause of child deaths, accounting for more than one in five of all deaths of children occurring before their fifth birthday.¹ Preterm survivors can face lifelong health consequences, with an increased likelihood of disability and developmental delays. Neonatal conditions still occupy the top slot – among all conditions, of all ages – in the global burden of disease.

The 2012 *Born Too Soon* report ignited a movement for action on preterm birth. Now, an updated 2023 report developed by more than 70 organisations in 46 countries takes stock of the journey of the past decade – the good and the bad, the challenges and the opportunities.



152 million babies born preterm in the last decade

Born Too Soon: Decade of Action on Preterm Birth, produced by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF), together with PMNCH (the world's largest alliance for women, children and adolescents) and the United Nations Population Fund (UNFPA), includes updated estimates prepared with the London School of Hygiene and Tropical Medicine, on the prevalence of preterm births. It estimates that 13.4 million babies were born preterm in 2020, with nearly one million dying from preterm complications. This is equivalent to around one in 10 babies born early (before 37 weeks of pregnancy) worldwide. Overall, the report finds that preterm birth rates have not changed in any region in the world in the past decade, with 152 million vulnerable babies born too soon from 2010 to 2020.

The *Born Too Soon* decade report sounds the alarm on a 'silent emergency' of preterm birth, long under-recognised in its scale and severity, which is impeding progress in improving children's health and survival. It provides a comprehensive overview of the prevalence of preterm birth and its profound impact on women, families, societies and economies.

Survival gaps by region, income and race

Too often, where babies are born determines whether they survive. The report notes that only one in 10 extremely preterm babies (<28 weeks' gestation) survive in low income countries, compared to more than nine in 10 in high income countries. Gaping inequalities related to race, ethnicity, income and access to quality care determine the likelihood of preterm birth, death and disability, even in high income countries.

Southern Asia and sub-Saharan Africa have the highest rates of preterm birth, and preterm babies in these regions face the highest mortality risk. Together, these two regions account for more than 65% of preterm births globally. The report highlights that the impacts of conflict, climate change and environmental damage, COVID-19 and rising living costs are increasing risks for women and babies everywhere. For example, air pollution is estimated to contribute to six million preterm births each year. Nearly one in 10 preterm babies are born in the 10 most fragile countries affected by humanitarian crises (Afghanistan, Chad, Central African Republic, Democratic Republic of the Congo, Myanmar,

Somalia, South Sudan, Sudan, Syria and Yemen), according to a new analysis in the report. Many women and preterm babies in these settings face increased challenges in accessing care, especially higher-level care.

Country snapshots

Despite the challenges over the last decade, it is not all doom and gloom. *Born Too Soon: Decade of Action on Preterm Birth*, highlights inspiring examples of progress as 'country snapshots', some of which are discussed in the following sections.

Maternity leave in Brazil

In 2020, the Brazilian Supreme Court upheld a claim for extended paid maternity leave in cases of childbirth followed by hospitalisation, whether due to preterm birth or to any health condition that caused the mother or baby to be hospitalised after delivery. The case was the culmination of years of advocacy and dialogue with politicians and decision makers. The non-governmental organisation Brazilian Parents of Premies Association, together with affected mothers, engaged with inter-ministerial government bodies including representatives of the Ministry of Health, the Ministry of Women, Family and Human Rights and the Ministry of Citizenship and Human Rights, to raise awareness of the struggles faced by the families of preterm babies in Brazil. The law now allows for extended maternity leave when a mother or baby remains in hospital for longer than 14 days. This favours bonding, increases the chances of breastfeeding, and ensures better mental and physical health for mothers and babies, in addition to enabling women to act more productively in the labour market. The law also benefits families of preterm babies, who are likely to have longer hospital stays after delivery than their full-term counterparts.

Midwifery-led continuity of care: a model for addressing inequalities in the UK

Lambeth is an area of south London with high inequalities and markedly higher maternal and perinatal mortality and morbidity risks than elsewhere in the city. In 2018, the Lambeth Early Action Partnership (LEAP) commissioned a midwifery continuity of care service for pregnant people living in areas with high levels of deprivation. Clients are given longer and more frequent appointments; the team is based in a local children's centre and

benefits from well-established referral pathways to wider sources of support, including for infant feeding and in response to domestic abuse.

More than 600 LEAP babies have been born since the service began. Research findings have indicated reductions in preterm birth rates and caesarean births for clients using the LEAP midwifery-led continuity of care service, compared with clients who received traditional midwifery care. Feedback from clients is very positive, with 100% reporting that they trust the staff and feel they understand their needs. These encouraging findings contribute to evidence about the impact of midwifery-led continuity of care on improving outcomes for mothers and babies, including the potential reduction of preterm births.

In 2022, the NHS England strategy to reduce inequalities included midwifery-led continuity of care for women from Black, Asian and other minority ethnic communities and from the most deprived groups. As of 2022, 58 teams are implementing this model of care across England, with more expected throughout 2023.

Whole community approach to caring for preterm babies in Uganda

Research in Eastern-Central Uganda by the Makerere University Centre of Excellence for Maternal Newborn and Child Health reveals the need for a 'whole-family' support culture for women with preterm babies who are admitted to hospital. Mothers are encouraged to play an active role in caring for their preterm babies, for example by checking their temperature, feeding them and providing skin-to-skin contact. However, care for preterm babies is not left only to the parents – many relatives also provide logistical, emotional and financial support. Although it is still difficult for many other facilities, newborn care centres of excellence such as Kiwoko Hospital are making strides in improving the comfort of mothers in newborn care units, for instance by providing meals, guaranteeing privacy and providing laundry services and beds for mothers in the unit. Such family-centred care improves mother-baby bonding, results in earlier discharge, and decreases mothers' anxiety by boosting their confidence in their ability to care for their baby. This excellent example of a whole-of-community approach to supporting women and preterm babies can inspire other facilities.

Abhishek and Koresh Gurung

Anita Gurung is from Chitwan, Nepal, one of the least developed countries in the world. Anita went into labour when she was seven months pregnant with twins. She had not made any preparations for the babies, not expecting delivery to be so early.

Anita was worried and questioned whether the babies would survive. She had previously had a miscarriage and feared a repetition of that loss. She gave birth to twin boys in October 2020. At birth, baby Abhishek weighed 1,250g while baby Koresh weighed only 950g. Both were taken to the neonatal intensive care unit (NICU) at Bharatpur Hospital.

Anita felt well taken care of by the healthcare providers. She says: "They took good care of me and my babies. They wrapped my babies in clothes, washed and cleaned up all the blood and put me into bed. I felt very good."

Five days after birth, Anita and Abhishek were transferred to the kangaroo mother care (KMC) unit while Koresh remained in the NICU because he had developed pneumonia and required oxygen.



Anita and her sons Abhishek and Koresh – an inspiring example of progress from Chitwan, Nepal.

With guidance and help from the nurses, Anita was eventually able to provide KMC and breastfeed both babies.

For Anita, the KMC unit was important for both her own hospital experience and the care she was able to provide to her babies. While in hospital she could see them frequently and was guided on how to express breast milk. She was also taught about the importance of skin-to-skin contact between preterm babies and their parents. Anita says KMC helped both her babies to gain weight. By the time she and the babies were discharged two months after their birth, Abhishek weighed 1,800g and Koresh weighed 1,700g.

Anita says: "I was told that if I kept my babies warm, they would gain weight. I was taken very good care of during my stay. Health workers used to come and see me and take care of my babies. They helped when I was not feeling well and they played with the babies and helped me to produce and feed milk to my babies."

Agenda for action: more country investment and parent-led activism

The report emphasises the critical link between maternal health risks (such as adolescent pregnancy and pre-eclampsia) and preterm births. This underlines the need for comprehensive sexual and reproductive health services, including effective family planning, with high quality care in pregnancy and around the time of birth.

The past decade has seen a growth of community activism on preterm birth and stillbirth prevention, driven by networks of parents, health professionals, academia, civil society, and others. Throughout the world, groups for affected families of preterm birth have been at the forefront of advocating for access to better care and policy change and supporting other families.

WHO, UNICEF, UNFPA and PMNCH are calling for immediate actions to improve care for women and newborns and mitigate risks from preterm births, including:

1. **Increased investments:** mobilising international and domestic resources to optimise maternal and newborn health, ensuring high quality care is provided when and where it is needed.
2. **Accelerated implementation:** meeting country targets for progress through implementing established national policies for maternal and newborn care.

3. **Integration across sectors:** promoting education through the life cycle; supporting smarter economic investments with co-financing across sectors; strengthening climate adaptation responses; and advancing the coordination and resilience of emergency systems.
4. **Locally driven innovation:** investing in locally led innovation and research to support improvements in quality of care and equity in access.

Summary

Born Too Soon: Decade of Action on Preterm Birth looks to the future, setting an ambitious agenda to reduce the burden of preterm birth by ensuring that every woman and every newborn, even if they face a preterm birth, can survive and thrive. As *Born Too Soon* Co-Lead Professor Joy Lawn at the London School of Hygiene and Tropical Medicine says: “The cost of inaction over the last decade was 152 million babies born too soon. While some regions are more affected, preterm birth threatens health progress

in every country. Greater investment in the care of vulnerable newborns can save millions of families from heartbreak. More work is also needed to prevent preterm birth, which will also improve progress in reducing stillbirths and maternal deaths. Together these twin tracks of preterm prevention and care will produce healthier individuals and societies to deliver on economic and social development.

“Our next generation depends on us all acting now – the investment may not be small but the returns on this investment will be major for every country.”

Reference

1. **World Health Organization.** 152 million babies born preterm in the last decade. 2023 online at: www.who.int/news/item/09-05-2023-152-million-babies-born-preterm-in-the-last-decade

To read the report visit:

www.who.int/publications/i/item/9789240073890

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