



A New Global Focus on Preterm Births

World Prematurity Day highlights effective, low-cost care

New commitments to address the problem

Preterm birth is the world's largest killer of newborn babies, causing more than 1 million deaths each year, yet 75 percent could be saved without expensive, high technology care.

That's the primary message and motivating theme of **World Prematurity Day**, November 17, a global effort to raise awareness of the deaths and disabilities due to prematurity and the simple, proven, cost-effective measures that could prevent them.

On **World Prematurity Day**, countries in nearly every part of the world will take action to raise awareness of what can be done to reduce preterm births and better care for babies born too soon.

Families affected by premature birth can share stories, photos, and videos, and identify their locations on an interactive world map on facebook.com/WorldPrematurityDay. More than 700,000 visited this website in 2011.

"People think that preterm babies need intensive, high-tech care, but we have simple methods that really work and would save hundreds of thousands of lives," says Joy Lawn, M.D., Ph.D., of Save the Children, a neonatal physician.

12.6 million moderate to late preterm births

Babies born between 32 and less than 37 completed weeks of pregnancy make up 85 percent of the 15 million preterm babies born annually –12.6 million.

"These babies are born too soon, but they are not born to die," says Dr. Lawn. "Their deaths are utterly preventable."

"We know what it takes to address the challenge of prematurity and we are committed to bringing partners together behind proven, affordable solutions," says UN Secretary-General Ban Ki-moon who launched The Global Strategy for Women's and Children's Health in 2010. The Global Strategy is supported by Every Woman Every Child, an umbrella movement that has already leveraged more than \$20 billion in new money and aims to save the lives of 16 million by 2015.

The countries with the greatest numbers of moderate to late preterm births annually are:

India –2,959,300; China –981,050; Nigeria –665,080; Pakistan –633,640; Indonesia –564,350; United States –438,410; Bangladesh –355,030; Philippines –295,780; Democratic Republic of Congo –291,750; and Brazil –233,320.

Essential newborn care

“Essential newborn care is especially important for babies born preterm,” said Elizabeth Mason, M.D., Director of WHO’s Department of Maternal, Newborn, Child and Adolescent Health. “This means keeping them warm, clean, and well-fed, and ensuring that babies who have difficulty breathing get immediate attention.”

Three low-cost interventions that are very effective, but are not commonly used, are:

- **Steroid injections.** When given to mothers in preterm labor, dexamethosone, a steroid used to treat asthma, 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. This can prevent 400,000 deaths annually.
- **Kangaroo Mother Care.** Using this technique, the tiny infant is held skin-to-skin on the mother's chest. This keeps the baby warm and facilitates breastfeeding. Keeping preterm babies warm is especially important because their tiny bodies lose heat rapidly, making them highly vulnerable to illness, infection and death. This could prevent 450,000 deaths annually.
- In addition, basic **antibiotics** can save lives, such as amoxicillin to treat pneumonia and injection antibiotics to fight serious infections.

“Using an essential package of pregnancy, childbirth and postnatal care that includes these interventions will save more than three quarters of preterm babies without intensive care,” says Carole Presern, Ph.D., head of The Partnership for Maternal, Newborn & Child Health (PMNCH) and a midwife. “Most of these infants can grow up healthy and without lifelong disabilities.”

Prevention is the next frontier

A key way to reduce the burden of preterm birth is to find ways to help pregnancies go to full term, or at least 39 weeks.

"Prevention is the next frontier," says Christopher Howson, Ph.D., Vice President of Global Programs for the March of Dimes and an epidemiologist. "We are looking closely at what can be done before a woman gets pregnant to help her have an optimal outcome."

A number of risk factors for mothers to deliver prematurely have been identified, including a prior history of preterm birth, underweight, obesity, diabetes, high blood pressure, smoking, infection, age (either under 17 or over 40), genetics, multiple pregnancy (twins, triplets, and more) and pregnancies spaced too closely together.

“We also know that poverty, lack of women’s education, malaria and HIV all have an impact on the pregnancy and the health of the baby,” says Dr. Howson. “However, little is known about the interplay of these and other environmental and social factors in increasing the risk of preterm birth. We need to know more and this knowledge could have a big impact in the lowest income countries.”

Documented success for steroid use and Kangaroo Mother Care

In high-income countries, steroids have been widely used for women in preterm labor since the 1990s and an estimated 95 percent of women in preterm labor before 34 weeks of pregnancy now receive steroid injections prior to delivery.

By comparison, in low- and middle-income countries, only an estimated 5 percent of women receive these steroid injections.

Dr. Lawn says that these medicines are rarely used in the developing world, despite the low cost and proven effectiveness, because health care professionals do not know about this life-saving use. In fact, antenatal steroids are now identified by a new UN-led Commission on Life-Saving Commodities for Women and Children as an essential medicine that should be available everywhere.

"The use of steroids should be part of the 'to do' list of everyone looking after women in pregnancy. It should be written on hospital walls," says Dr. Lawn. "In America or Europe, if a woman in preterm labor were not given steroid injections, the doctor could be sued for malpractice, as this is the standard of care. Why should a woman in Africa or Asia not get the same care, especially given the low cost?"

Kangaroo Mother Care started as a solution for overcrowded nurseries in Colombia where tiny infants were forced to share what incubators were available. The technique works well for both mothers and babies. Studies show that the mortality rate for babies who benefit from Kangaroo Mother Care can be the same or better than that for babies in incubators.

Though Kangaroo Mother Care was developed in 1967, the spread has been slow despite the well-documented effectiveness and its benefits for child development.

"One reason for the slow spread in some areas could simply be a lack of information about what works," says Dr. Presern. "Another may be that many obstetricians, midwives and nurses find it hard to accept that such a natural approach could be superior to expensive high technology equipment."

Countries make new commitments

On **World Prematurity Day**, a number of countries will announce major commitments to reduce preterm mortality. These countries have each adopted packages of interventions to care for premature babies and are championing initiatives in their countries and others. For example:

- Malawi has the world's highest preterm birth rate, a statistic that led the Vice President Khumbo Kachali and the country's health leaders to prioritize care for preterm babies, instituting Kangaroo Mother Care and providing steroid injections in almost all hospitals.
- India—with nearly 3 million moderate to late preterm births, the largest number in the world, and 304,000 preterm deaths per year—has been working with support from UNICEF to outfit 100 district hospitals to care for preterm babies.
- Uganda has committed to speeding access to steroid injections for all women in preterm labor.

***Born Too Soon* report stimulates activity**

Publication of the **Born Too Soon** report in May 2012 by the March of Dimes, PMNCH, the World Health Organization and Save the Children drew global attention to what many consider one of the world's most overlooked public health problems. The report included the first country-by-country

statistics for both absolute numbers and rates of preterm birth, documenting the extent and severity of the problem, also published in *The Lancet*.

The report showed that preterm births are not solely a problem of the developing world, but that wealthy countries, including the United States and Brazil, were also in the top 10, in terms of absolute numbers. To mark the publication of the report, more than 30 organizations made new or enhanced commitments in support of the Every Woman Every Child effort launched by the United Nations Secretary General Ban Ki-moon.

About World Prematurity Day

Started last year by the March of Dimes and founding parent groups –European Foundation for the Care of Newborn Infants (EFCNI), Africa-based Little Big Souls International Foundation and the National Premmie Foundation of Australia— **World Prematurity Day** will this year spread throughout the world, now involving more than 50 countries and groups globally.

Events are planned in many countries, including the United States, China, Indonesia, Malaysia, Malawi, Uganda and Argentina, to draw public attention to the problem of preterm birth and the simple care that can save many of these babies.

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Born Too Soon Supporters: Governments, United Nations agencies, development partners, foundations, civil society, parents’ organizations, health professional associations, academia, and the private sector.

The Aga Khan University, American Academy of Pediatrics, American University of Beirut Medical Center, Association of Women’s Health, Obstetric and Neonatal Nurses, Australian Aid, Bliss UK, Bill & Melinda Gates Foundation, Canadian International Development Agency, Centers for Disease Control and Prevention, Countdown to 2015, European Foundation for Care of Newborn Infants, Family Care International, Flour Fortification Initiative, GAVI Alliance, General Electric, Global Alliance to Prevent Prematurity and Stillbirth, Home for Premature Babies (China), Institute for Clinical Effectiveness for Health Policy, International Federation of Gynecology and Obstetrics, International Confederation of Midwives, International Pediatric Association, International Preterm Birth Collaborative, Japan International Cooperation Agency, Johns Hopkins Bloomberg School of Public Health, Ecole de Santé Publique, Université de Kinshasa, Little Big Souls International Foundation Africa and UK, London School of Hygiene & Tropical Medicine, National Premmie Foundation Australia, Nationwide Children’s, National Collaborative Perinatal Neonatal Network, Norwegian Agency for International Development, Peking University Center of Medical Genetics, Swedish International Development Cooperation Agency, Tommy’s, UK Department for International Development, UNICEF, United Nations Foundation, United Nations Population Fund, United States Agency for International Development, University College London, University of Malawi, University of Texas Medical Branch, Institute of Human Genetics (University of the Philippines), Women Deliver.

Countries and territories	Number of moderate to late preterm births (32 to <37 completed weeks) (2011)	Number of deaths due to preterm birth complications (2011)
India	2,959,300	304,050
China	981,050	34,560
Nigeria	665,080	83,510
Pakistan	633,640	62,800
Indonesia	564,350	29,220
United States	438,410	6,400
Bangladesh	355,030	35,490
Philippines	295,780	11,290
Democratic Republic of the Congo	291,750	43,600

Brazil	233,320	9,480
Ethiopia	222,110	29,100
United Republic of Tanzania	184,560	16,930
Uganda	176,770	16,090
Kenya	161,690	14,320
Afghanistan	137,010	17,520
Iran (Islamic Republic of)	136,950	7,740
Mexico	135,820	5,280
Turkey	130,000	4,470
Sudan	123,760	12,310
Mozambique	123,000	9,790
Viet Nam	115,870	5,660
Egypt	115,700	6,300
Malawi	104,450	6,680
Yemen	104,390	10,270
Russian Federation	99,730	4,150
Ghana	94,780	8,270
Madagascar	89,460	6,080
Myanmar	85,990	11,550
Nepal	85,460	10,140
Angola	84,320	11,380
Thailand	83,470	2,340
Côte d'Ivoire	80,230	9,250
Cameroon	75,800	8,120
South Africa	71,000	8,320
Mali	70,980	11,800
Zambia	67,930	6,320
Colombia	67,820	3,290
Burkina Faso	66,980	8,280
Iraq	63,100	7,140
Niger	61,680	9,770
Malaysia	60,080	740
Chad	56,210	7,440
Germany	54,510	630
Japan	53,370	210
Zimbabwe	52,560	4,110
United Kingdom	50,280	1,200
Argentina	46,680	2,180
Guinea	46,310	5,120
France	44,750	300
Algeria	44,370	4,940
Uzbekistan	43,080	3,390
Syrian Arab Republic	42,630	1,880
Somalia	41,880	6,490
Venezuela (Bolivarian Republic of)	41,010	2,020
Senegal	38,650	4,250
Republic of Korea	37,140	500
Peru	36,560	2,170
Rwanda	36,040	3,270

Morocco	34,850	5,230
Sri Lanka	33,760	470
Benin	31,650	3,690
Haiti	31,630	2,550
Democratic People's Republic of Korea	31,470	2,700
Spain	31,340	310
Guatemala	30,740	2,430
Saudi Arabia	30,590	1,630
Italy	30,540	420
Cambodia	28,210	2,680
Burundi	27,600	4,270
Ukraine	27,240	750
Kazakhstan	25,680	1,810
Canada	25,440	510
Poland	23,250	700
Togo	21,790	2,490
Honduras	20,950	920
Congo	20,380	1,570
Bolivia (Plurinational State of)	20,080	2,210
Eritrea	19,880	1,520
Australia	19,800	260
Dominican Republic	19,570	1,110
Sierra Leone	19,130	3,540
Jordan	18,660	940
Liberia	18,340	1,450
Tajikistan	17,510	1,650
Central African Republic	16,560	2,340
Mauritania	15,340	1,570
Chile	14,710	420
El Salvador	13,600	290
Romania	13,540	420
Tunisia	13,430	700
Azerbaijan	13,130	1,460
Lao People's Democratic Republic	12,750	890
Ecuador	12,750	1,070
Netherlands	12,250	100
Kyrgyzstan	11,540	730
Papua New Guinea	11,500	1,740
Nicaragua	10,850	690
Israel	10,570	110
Paraguay	10,330	870
Libyan Arab Jamahiriya	10,070	630
Turkmenistan	9,080	910
Costa Rica	8,440	130
Belgium	8,190	70
Gambia	7,880	790
Mongolia	7,400	300
Namibia	7,310	410
Hungary	7,210	140

Czech Republic	7,110	60
Austria	6,740	70
Greece	6,520	210
Portugal	6,240	50
Serbia	6,160	270
Lesotho	6,070	860
United Arab Emirates	6,010	170
Botswana	6,000	210
Oman	5,960	110
Cuba	5,870	50
Gabon	5,720	380
Sweden	5,660	30
Guinea-Bissau	5,560	850
Switzerland	4,800	80
Panama	4,790	190
Bulgaria	4,730	190
Singapore	4,570	20
Timor-Leste	4,520	370
Kuwait	4,480	90
Republic of Moldova	4,380	50
Armenia	4,360	200
Jamaica	4,320	230
Lebanon	4,290	140
Uruguay	4,230	80
New Zealand	4,100	60
Swaziland	4,080	460
Comoros	3,900	290
Ireland	3,870	50
Georgia	3,780	270
Belarus	3,730	90
Equatorial Guinea	3,650	310
Denmark	3,590	70
Albania	3,120	110
Norway	3,080	20
Slovakia	3,070	110
Finland	2,850	30
Bahrain	2,770	30
Djibouti	2,620	300
Bosnia and Herzegovina	2,110	50
Croatia	2,000	20
Qatar	1,890	40
Solomon Islands	1,810	60
Mauritius	1,740	60
Lithuania	1,680	20
Cyprus	1,600	10
Fiji	1,530	60
Guyana	1,500	90
Trinidad and Tobago	1,350	90
Slovenia	1,280	10

Bhutan	1,270	150
Former Yugoslav Republic of Macedonia	1,250	80
Latvia	1,090	10
Cape Verde	960	40
Estonia	790	-
Brunei Darussalam	780	10
Vanuatu	780	10
Suriname	710	70
Belize	680	-
Montenegro	590	10
Sao Tome and Principe	460	50
Bahamas	430	10
Luxembourg	410	-
Other	2,920	110
World	12,592,050	1,032,710

Born Too Soon: The Global Action Report on Preterm Birth – Updated for 2011 with live births and neonatal mortality estimates for 2011 from The UN Interagency Group for Child Mortality Estimation.

Data sources:

Numbers of babies with moderate to late preterm birth: Blencowe H, Cousens S, Oestergaard M, Chou D, Moller AB, Narwal R, Adler A, Garcia CV, Rohde S, Say L, Lawn JE. National, regional and worldwide estimates of preterm birth, *The Lancet*, June 2012.

Deaths due to preterm birth complications data: Liu L, Johnson HL, Cousens S, Lawn JE et al. 2012. Global, regional, and national causes of child mortality in 2000–2010: an updated systematic analysis. *The Lancet*, June 2012. doi:10.1016/S0140-6736(12)60560-1.

Preterm birth prevention analysis: Hannah H. Chang, Jim Larson, Hannah Blencowe, Catherine Y. Spong, Christopher P. Howson, Sarah Cairns-Smith, Eve M. Lackritz, Shoo K. Lee, Elizabeth Mason, Andrew C. Serazin, Salimah Walani, Joe Leigh Simpson, Joy E. Lawn. Preventing preterm births: trends and potential reductions with current interventions in 39 very high human development index countries. *The Lancet* in press.

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Interviews with experts are available by phone and in person in New York City, London and Geneva

For TV Producers: B-roll on the Hoffman & Hoffman website: www.hoffmanpr.com/world/preterm/B-roll

Facebook for parent stories and an interactive map of preterm births: www.facebook.com/WorldPrematurityDay

Background materials on preterm birth: www.who.int/pmnch/media/news/2012/20121117_world_prematurity_day

Every Woman Every Child commitments to preterm birth: www.everywomaneverychild.org

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