

## Preterm Birth: A Neglected Entity

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**P**reterm birth is a major challenge for maternal and perinatal care worldwide and a leading cause of neonatal morbidity and mortality. Children born prematurely have higher rates of learning disabilities, cerebral palsy, sensory deficits and respiratory illnesses compared to children born at term. These negative health and developmental effects of preterm birth often extend to later life, resulting in enormous medical, educational, psychological and social costs.

The Department of Reproductive Health and Research of the WHO (RHR/WHO) and March of Dimes came together to publish new data on the global and regional toll of preterm birth in form of a White Paper as a first step in measuring the extent of preterm birth worldwide(1). The data will serve as a catalyst for policy makers, researchers, donors, clinicians and the general public to address this major public health problem. A future report will provide country-specific rates and suggest strategies to reduce mortality and disability from preterm birth.

### COMMENTARY

Until recently, there was little recognition of preterm birth as a worldwide problem, and this has impeded the development of policies and programs appropriate for implementation in low- and middle-income countries (LMIC). The relative neglect of preterm birth is linked to data gaps on the global toll of prematurity, including the extent of associated death and disability. The new estimates shown in this report make a substantial contribution to addressing this deficiency. Widely held perceptions that effective care of the preterm baby requires costly

interventions well beyond the health budgets of most LMICs, coupled with concerns that greater attention to preterm birth will draw needed funding away from other devastating maternal and perinatal health problems, have also contributed to the reluctance of policy makers to make the problem of preterm delivery a global priority(1).

There is a paucity of data on preterm birth prevalence and mortality and almost complete absence of data on acute morbidity and long-term impairment associated with prematurity in LMICs and many high-income countries. Similarly, there is scarcity of data on preterm birth in India despite having highest number of births and neonatal deaths in the world. The available data indicate that 15% of all neonatal deaths are caused by prematurity and its complication(2). There are many reasons for poor state of preterm birth-related epidemiology in LMICs that include poor infrastructure of primary health care services, poor health-related statistics and information systems, lack of preterm birth surveillance registries or poor coordination among existing registries and reliance on hospital based rather than population-based studies.

### NEED OF THE HOUR

Data in the White Paper paint a grim picture. The high numbers of preterm birth worldwide, the disproportionate toll of preterm births in developing countries, the high rates of preterm birth in Africa and North America, the increasing rates of preterm birth observed wherever data are available and the major data gaps on preterm birth prevalence, mortality, acute morbidity and long-term impairment worldwide are all indications that preterm birth is a

### WHITE PAPER ON PRETERM BIRTHS: KEY FINDINGS

- An estimated 28% of the 4 million annual neonatal deaths are due to preterm birth.
- Approximately 12.9 million babies are born preterm every year, with a global prevalence of 9.6%.
- The regional toll of preterm birth is particularly heavy for Africa and Asia where over 85% of all preterm births occur.
- Rates of preterm birth by regional level of development are highest for low resource regions (12.5%), moderate for middle resource regions (8.8%) and lowest for high resource regions (7.5%). The highest rate of preterm birth is in Africa, followed by North America, Asia, Latin America and the Caribbean, Oceania, and Europe.

global problem that needs greater attention by policy makers, researchers, health care providers, the media, donor organizations and other stakeholders.

Our understanding of the exact causal pathways resulting in preterm labor still remains obscure and more research is needed to find the interventions that are effective at preventing preterm births. However, there is a lot that can be done now. For example, in high-income countries there needs to be more focus on preconception health. Women planning a pregnancy should be encouraged to adopt a healthy lifestyle. In developing countries, there are several simple low-cost interventions that can help promote a healthy pregnancy outcome, such as treating malnutrition in women before and during pregnancy, treating high blood pressure and diabetes, and monitoring pregnancies for problems. Care for preterm babies can also be low cost and effective, such as keeping the baby warm, treating infections, and providing adequate nutrition. Governments need to pay more attention to preterm birth as a serious health issue.

Funding research to find the causes of premature birth, encouraging investment of public and private research institutions to identify causes and to identify and test promising interventions, helping health care providers to improve risk detection and address risk factors, education of women about risk-

reduction strategies and the signs and symptoms of premature labor, providing information and emotional support to families affected by prematurity are the few key strategies that can be adopted at the regional and national level to combat high burden of prematurity at the global level.

### CONCLUSION

Addressing preterm birth is essential for reducing the pronounced inequities in neonatal health and for the world to achieve MDG-4. A greater focus on preterm birth will also benefit maternal health, contributing to global efforts to accelerate progress towards MDG-5. Given the proximity of 2015 and the evidence that MDG-4 and MDG-5 are off track, the time is now for the international community to step up and dedicate greater resources to preterm birth.

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